Personal Views

Survival against the odds

K M HAY

One of the privileges that general practitioners can enjoy is the ability to follow the histories of patients and their families over many years. The other day, as my wife and I were on the point of leaving the house, the door bell rang. When we answered it we found that our caller was a cheerful, pleasant faced, middle aged woman whose features were vaguely familiar. We asked her in, and she introduced herself as Fiona (not her real name). This struck a chord in my memory that took me back to when I had first met her in 1950 as a little girl of 10 years of age. She had been seriously ill with a retroperitoneal sarcoma that had been found to be inoperable, though a biopsy specimen had been obtained. This was examined by two eminent pathologists at a teaching hospital. After a blood transfusion that still left her with a haemoglobin of 55% she was discharged to her parents' home, where she was expected to die within a few months. She was subject to febrile episodes, and required enemas for what must have been a partial obstruction. For her this was one of the most unpleasant aspects of her illness.

No medical treatment required

Much to our surprise and delight her condition improved slowly, and she said that she wanted to go to school. Her illness and the poor prognosis were explained to the head teacher and the staff, who promised to help, and she started to attend school part time. After a few months she expressed the wish to go to school full time and to participate in all its activities. By now the tumour had regressed considerably and her health and appetite were what you would expect of a normal child of her age. In fact, she was a bright, lively girl, and the district nurse who attended her as she got better remembers her pleasure at riding a bicycle that her parents had given her. I have a photograph of her before me taken by her parents as she was recovering. It shows a cheerful, smiling face, her hair controlled by ribbons tied in bows. She had no special medical treatment beyond nursing care and the understanding support of her family. At one time it had been debated as to whether she should have deep x ray treatment, but she was thought to be too ill and the outlook too bad to subject her to this. This was fortunate as her ovaries would have been seriously damaged. She grew into a normal and attractive young lady and married a lad who, with his family, was on our list of patients. They went to settle in the west country and eventually she became the mother of three healthy children, now adults, one of whom is a nurse in a London teaching hospital. She enjoys an active life, which includes running a smallholding as a hobby. On her visit to the midlands she had taken the trouble to look me up, though I had moved house. She paid me the compliment of saying that she did not think that I had changed much, and she had retained the same happy personality, which I had remembered and thought about over the years. Her visit set me wondering once again about the whole question of survival against the odds.

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Subject for discussion

Unexpected recovery from diseases with a seemingly hopeless prognosis has been recorded from time to time in medical journals and in the lay press. A few well attested recoveries are claimed to have occurred as a result of pilgrimages, such as those to Lourdes, and visits to healing centres of various faiths and denominations. Most of the medical explanations of these cases have centred on the retrospective questioning of the accuracy of the diagnosis. Sometimes hypotheses are made that some sort of immune response is behind the regression of tumours, but these theories have not been tested.

Some years after Fiona's illness, the midland faculty of the Royal College of General Practitioners was invited to participate in a meeting with a clinicopathological society. The subject for discussion was "Unexpected recovery," where things had turned out more happily than had been expected. Besides the story of Fiona a colleague described the regression of an osteosarcoma of the humerus in a bank manager. We had a case of a rectal carcinoma that was removed by surgery, though it had been impossible to excise all the tissue into which it had spread. This lady died of heart failure 20 years later in her 80s. And there were other less clear cases where the prognosis had been gloomy.

Survival against the odds of a different kind is seen in those who have undergone extreme experiences in prisoner of war camps or in the police cells of extremist régimes, and who have emerged from their ordeals unbroken in spirit. The horrors of war and tyranny in this century have left us with many examples of survival, some of which have been recorded in books. Geoffrey Jackson, when British ambassador in Uruguay, was held hostage in brutal circumstances by the Tupamaros guerrillas, and has described his experiences in *Peoples' Prison*. He determined in his own mind that wherever they took him or whatever they might do, he would remain the ambassador and maintain the codes and traditions of his office. Besides being a man of great courage he is a practising Catholic, and he has a deep love and knowledge of literature. Whenever possible he would divert his mind from his predicament to pleasanter thoughts. At one time he tried to comfort a young student girl guarding him, when she had pangs of homesickness. The Austrian psychiatrist Viktor Frankl was imprisoned by the Nazis and was taken to the Auschwitz concentration camp, where at great personal peril he remained true to his calling and organised medical aid for his fellow prisoners. Believing that mental health requires a sense of meaning and a sense of purpose at the personal level, he and his assistants did much to mitigate the despair and apathy that hinder the chances of survival. He is also a believer in the healing power of a sense of humour. William Sargent in his book on brainwashing, *Battle for the Mind*, points out that the arousal of longlasting fear and anger facilitates a breakdown in mental function and leaves the

brain open to suggestions of personal guilt and the rightness of the oppressor.

When we read about the achievements of those brave men and women who have survived these ordeals we begin to recognise things that we have seen in some of our own patients and friends. There is Mr D who was taken prisoner by the Japanese. He occupied himself in helping his fellow prisoners to survive, and he continued to work for those who returned and who were broken in mind and health. Mr S survived the long winter march of prisoners of war from Poland to Germany in front of the advancing Russian armies in the last year of the war. Mrs S from Czechoslovakia suffered under both the Nazis and the Russians, and many of her relations died in concentration camps or from malnutrition. She, like the others, has emerged unbroken in spirit, her only grouse being about well fed and well clothed people grumbling about their conditions.

As medical people we need to understand more about what it is that enables a few to survive against the odds in conditions where most of us would succumb. In the past few years the subject of the effects of human behaviour and cognition on health has been receiving more attention, and it has been thought that strong life events such as bereavement may affect physiological systems in adverse ways.

I believe that we all have unsung heros and heroines in our practices, and that they have much to teach us about survival, even if their modesty forbids them to harp on their ordeals.

Experience with pituitary tumour

JOHN D CAVENAGH

It was late one autumn afternoon while going on my daily jog that I noted some visual haziness on my left side. Initially, it was intermittent but over the following two weeks it became more and more permanent. I had a previous history of well controlled diabetes mellitus dependent on insulin and I assumed that this decrease in visual acuity was related. I was disappointed that efforts to control my blood glucose values within the normal range were not keeping me "complication free."

I consulted an endocrinologist who referred me to an ophthalmologist. An examination showed no obvious retinal changes related to my diabetes and my general health seemed quite good. I found it difficult to explain to the ophthalmologist exactly what was happening to my vision. Visual acuity in the left eye was 6/12 having been 6/6 six months before. Careful retinal examination with pupils dilated failed to show the expected background retinopathy and perhaps some macular oedema that might explain the reduced visual acuity. The ophthalmologist completed his investigations; he used the word "slippage." This was like hearing a bell ringing loudly and opened up my previous inability to explain what was going on as if it were a door. "Yes, I explained, that is exactly what is happening." This led to the rapid charting of my visual fields and the expected bitemporal hemianopia was demonstrated. Further investigations rapidly followed including lateral skull *x* ray examinations, pituitary tomograms, computed tomography scans, and cerebral angiography. All of these confirmed the presence of a pituitary tumour with evidence of suprasellar extension. The need for neurosurgery to remove the mass was obvious. While this was being organised, we went into the history of the possible endocrine problems a little more fully.

Build up to surgery

There had been an unexplained weight gain which everyone, including myself, had explained away as middle aged spread. In retrospect, however, this was pointing to something more ominous. I had been active and cycled to and from work each day. I had been attending a gymnasium and although my expected improvement in muscle power had been sluggish, it had not been sluggish enough to make me realise that I had some muscle weakness. My ability to do push ups had decreased, and this had coincided with the weight gain and the occurence of ganglia at the wrist joints, hence camouflaging what was probably some triceps muscle weakness. I had been away from home for 12 weeks on a study tour looking at similar units to my own in other countries. I began to recall comments, particularly one made by my mother in law, who had exclaimed how rosy my cheeks had been and how well I looked. This had all been explained away by my wife's excellent cooking and the so called middle aged spread.

After the decision to have neurosurgery, my wife decided to join me in Britain. When she arrived she unexpectedly demonstrated an important clinical sign. As we hugged at the airport, she exclaimed how my neck was notably thickened and humpy at the back. During the next few days we sat down and discussed previous attempts at dieting, remembering that each attempt had been met with only partial success, another sign that all was not well in my endocrine system. In the build up to neurosurgery several midnight cortisols were done and these were indeed raised. The possibility of a Cushingoid state was considered. A transfrontal approach was used by the neurosurgeon to get at the fairly extensive tumour that was dumbbell in shape, with suprasellar extension, and a radical removal was performed. The histology was a little unexpected, that of a basophilic adenoma, which by its secretion of adrenocorticotrophic hormone caused the mild but definite Cushingoid effects.

My prefixed optic chiasm had obviously caused the rapid onset of visual symptoms, by a pressure effect, these being the only signs that alerted me to the possibility of something being amiss. The postoperative course was smooth, I was amazed how little the craniotomy disturbed me, I recovered rapidly from the neurosurgery. Endocrine assessment was then performed to see what function was left and what sort of replacement I would need. To my delight and that of the endocrinologist, all parameters returned to normal and no replacement treatment is necessary at this stage.

Recovery with the National Health Service

During this whole episode I found the following points the most interesting.

My inability to describe my visual symptoms. I was unable to describe exactly what was happening. This persisted until help was given by the use of the word "slippage." I am a doctor and yet I could not get the message across to my colleagues; many patients must experience similar if not even greater difficulties.

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