of better control. I started on lente insulin, which was painful to inject and the control of my sugar was hopeless. I often had to be woken in the morning with sugar because of hypoglycaemia. Semi-lente and ultra lente gave better daytime urine sugar results and fewer early morning hypos but control was far from ideal. The next change was to Actrapid and Monotard, which being monocomponent insulins meant less antibody formation and lower dosage (and hence less volume to inject). It gave good control and acceptable HbA_{1C} results (the glycosylated haemoglobin being an index of glucose levels over the previous eight weeks or so).

Improved administration and lifestyle

The change to an insulin infusion pump has been marvellous. The machine weighs 272 g and its vital statistics are 16 cm long, 8.5 cm wide, and 2.5 cm deep—about the size of a paperback book. It is an Auto-Syringe AS6C pump but this has already been superseded by a smaller version. The insulin is administered through a 27G needle placed at a 45 degree angle subcutaneously into my abdomen and taped down with Op Site or Micropore. I am entirely unaware of its presence and play sport with the needle in place and without pain. Just over two feet of thin plastic tubing connects the needle to the 3 ml syringe which is held in the infusion pump. The plunger is pushed in at a preset rate under battery power and just before a meal I can increase the rate transiently to get a bolus dose to cover the extra requirement for insulin. Most of my dresses now have small holes in the side seam for the tubing to pass through and the pump itself is carried in a black or white pouch that hooks over a belt. It is attached to me almost continuously day and night but the tubing can be disconnected from the pump and capped

when taking a bath or swimming. The needle site is changed every three or four days when irritation starts at the point of insertion. Leaving it too long could lead to infection but this has not happened to me so far.

Most advances, both in medicine and elsewhere, have disadvantages as well as advantages. The disadvantages of the pump are, firstly, the cost, both the initial outlay and the cost of syringes and catheters, which in South Africa are not covered by Medical Aid schemes. Also, the size and weight of the machine make it fairly obvious and it may be too obtrusive for self conscious people. Its owner must be motivated to make it a successful form of treatment and technical and medical advice from someone experienced in its management are essential.

In the two years that I have had the pump I have certainly experienced the advantages. Being an anaesthetist means delayed meals or unpredictable meal times—not ideal conditions for a diabetic. Because the bolus dose is given just before the meal, however, times can be slightly more flexible. This is an advantage in my social life as well. I can now go to the theatre and have dinner afterwards instead of a rushed snack beforehand. Although not a medically recognised advantage, there is some more flexibility in what I eat though this is not something to be abused. I think all my friends agree that they would much rather I was on the pump—they say I am a much easier person to be with, with fewer bad moods because of low blood sugars. More even sugars obviously agree with me.

It is a great boon to feel so much better and have a freer social life. No longer do I need to inject myself on trains, buses, and aeroplanes. Few people comment on my "life support machine" (as my friends call it) and strangers assume that it is a Walkman cassette player, a money purse, or a gun.

Dug out alive

A W J HOUGHTON

It happened on a Saturday afternoon in July a good many years ago at the site of the Roman city of Viroconium (Wroxeter), five miles from Shrewsbury. It happened because we did not observe the rules for safety when digging trenches. A friend and I, together with some sixth form boys and girls, were engaged in the task of putting a trial trench across the site of a suspected military ditch in a field about 100 yards from a lane. The work had been progressing steadily over several weekends and the trench, one and a half metres wide and 40 metres long, was beginning to yield results. A "V" shaped ditch lined with clay had appeared and was a bigger thing than we had anticipated. On that Saturday afternoon we had removed the bottom layers, the findings were collected and labelled, and the ditch profile was clear. The ditch was about three and a half metres wide and about four and a half metres deep. The sixth formers had gone home, it was around half past five, and James and I stayed behind to do some photography, put further touches to the measured drawings, and have the inevitable chat.

The ditch fill was loose in places and sizable stones and earth were not well consolidated in the upper layers. Moreover, the weather had been dry for the past few weeks. We had placed several pieces of

corrugated sheeting against each side, and these were held in position by stout cross battens to give some support to the side of the trench. They held back tons of ditch fill. I was on top and James was crouching near the bottom when I heard a slight rumble. He called out: "Some stones have fallen on my leg and I can't move them." James was a big strong chap. I got down the ladder into the trench, went to the edge of the ditch, and slid down the inner slope. As I started to free his legs there was a kind of roar, a piece of tin sheet fell over him, and a wave of stones, clay, and soil slid down on us from one side. I scrambled upright as it covered the tin sheet and in a few seconds my legs and left arm were pinned.

The rising tide slowed a little and finally stopped about four inches below my shoulder girdle. A strange quietness was broken by a faint voice from below: "Goodbye, John." A few seconds later came a faint and last mumble and I was quite alone, able only to move my head, and look up at a strip of cloudless sky. I remembered that when a dog howls it lifts its head back, and so did I. But after three or four efforts I stopped for the reason that it seemed futile so to waste my precious breath, and each breath became more difficult and had to be forced. A wasp flew around my head and I idly wondered whether it would sting me. I could wriggle my feet and drew slight comfort from that—my spine was intact. I hoped that if the other side should fall in I would get a clout on the head from a really big rock and so be unconscious when I was buried alive. Yet the urge to live remained and I forced each breath in and out against the increasing pressure on my chest. With increasing lack of oxygen, however, I felt hazy and rather ceased to care. I dwelt on events of early childhood.

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Certainly not a hoax

It was, I was told afterwards, about 25 minutes before James's wife Jill appeared and scrabbled furiously at the sea of loose soil looking for her husband. I was just able to get her to go to the lane for help. She stopped a car, and as the occupants started to dig I wondered if they would damage James. From a telephone box Jill got the police. They were hard to convince that it was not a hoax call, but they did send a signal out, and a patrol rider came, took one look, and radioed back. It cannot have been long before the ambulance and fire brigade arrived, and as I was carefully extracted from the soil splint I felt severe pain around my pelvic area. But my attention was distracted by the remarkable sight of James emerging from beneath the piece of tin sheet in a state of maniacal excitement. The firemen with safety ropes around their waists had dug down and found him. As he breathed fresh air I saw him quieten down and allow himself to be lifted to a stretcher. The air pocket under the tin sheet had been enough to save his life.

Our rescuers were just in time, for a few minutes later the other side did collapse. Yes, I was given hot, sweet tea, which I vomited during the ride to the hospital. As I was unloaded I was most

relieved to see an orthopaedic colleague pacing up and down but even more comforted by the faces of two other friends, porters, who knew me well. I shall never forget the sense of security that enveloped my sore and shaken frame as they took charge of me. The only injury I had sustained was a fracture of the left superior ramus of the pubic symphysis, probably due to the lateral crushing force to the pelvis.

After, I think, nine days I was discharged home, and James was not kept in at all. He has never dug since, though I have done a good deal, and in my dreams there has been no vision related to that event but only an occasional recurrent one to do with sullen, deep water, and this has happened ever since my father rescued me from drowning when I was a boy.

Since my experience and the publicity that it received two people have been killed doing archaeological work and at least half a dozen others working in sewer trenches and the like. If you are in a trench and see a vertical crack get out at leisure, but if you see a semicircular one get out at once. This is called the circle of slip. I shall never know what kind of warning appeared in the side of our trench that sunny July afternoon.

Leukaemia in the family

C COOK

What are the most important things in my life? It was an art therapy group at the psychiatric day hospital where I worked that put this question into my mind. God, my wife, Ruth, and my 11 month old son, Andrew, were the priorities that I came up with, in that order. The paintings of the patients showed how much less happy their lives were than mine. As they sometimes said themselves, the staff could not possibly understand. "They either have no problems or else can deal with them easily." I felt grateful to God for my family.

Thirteen years before, Ruth had had acute lymphoblastic leukaemia. As a teenager, in days before the present successes in treatment, her prognosis was poor. But each passing year seemed to make her cure more indisputable. We rarely thought about leukaemia and were looking forward to the birth of our second child.

Sudden relapse

It was only a routine blood count, which I took myself and sent off to the haematology laboratory at the hospital where I worked. A few days passed and I telephoned through for the result. "Platelets 17 000," the girl read down the telephone. "Seventeen thousand?" I thought out aloud. "Don't you mean 170 000 or perhaps even 70 000?" The result was confirmed and so we sent a repeat sample. I struggled, from my rusty memory of haematology, to produce a relatively harmless explanation. The next day my outpatient consultation was interrupted by a telephone call from Ruth. She tearfully shared the news that she had relapsed. Not only did I not want to see a difficult patient with morbid jealousy, I simply could not. Indeed it was hard enough to let out a few words about an emergency and make arrangements for her to be seen by another doctor. I drove, probably quite dangerously, to King's College Hospital, to find Ruth in tears and Andrew, with a big smile, arms

outstretched to his daddy. In a brief moment our world had changed.

Something that I began to learn early on was, how difficult news, once received, has then to be passed on. While feeling vulnerable and in need of support you have to comfort and support others, or perhaps even deal with the anger that is part of their psychological response.

Ruth, meanwhile, spent the first night of many in hospital, apart from her family, and was transferred the next day to the Royal Marsden Hospital. After six weeks of chemotherapy Beth was born, six weeks premature. Ruth, however, was soon isolated even further by the four walls of a sterile room. Perhaps it is a defence against the real issues that makes little things so much more important in isolation. Possessions ruined by the control sterile supply department, overcooked "sterile" food, no flowers (they grow *psuedomonas*), and large numbers of tablets each day, assumed disproportionate importance. From outside, two months in one room seems a small price to pay for a lifetime outside. From within, it is difficult to see anything other than "that room." The opportunity to have Beth in that room a week later meant more than we could say.

Tragic news

Weeks passed with chemotherapy, immunosuppression, and prayerful waiting for the results of investigations. Inability to cope with work in addition to my wife and children was tolerated sympathetically by my colleagues. The Sir Charles Hastings and Christine Murrell Fund of the BMA provided finance for a nanny for the children. At a time when our family seemed to be thrown apart this was a great comfort to us both. Remission was followed by a few brief weeks at home, which were interrupted by readmission for a chest infection, and then two more months in isolation for a bone marrow transplant. Seven months had passed, five of them with Ruth in hospital, three and a half in isolation. Our dream was now to live a boring, normal life. But months of living with leukaemia had taken its toll, as well as leaving that oft unspoken thought, "Will it ever happen again?" Another six months passed before we were almost coping normally again. We were tired and a little resentful