been helicoptered in at great expense, and teams of bronzed young people toil under the guidance of park rangers for a pittance, fetching, carrying, and laying down heavy planks as their contribution to preserving every inch of the park from what they see as an inherent danger from humans.

The park seems to have become the sacred symbol of conservation and preservation in an island that is becoming the twentieth century Iona of a new religion. More than a fifth of Tasmania is now protected by legislation and listed under the World Heritage Area. Visitors to the park who have laboured and trudged across this unique and splendid terrain come away with feelings and thoughts which amount almost to a sense of religious conversion.

These as yet undamaged mountains and rain forests are becoming the new churches and cathedrals of what is now a spiritual and religious movement. Those who

aspire to protect, defend, and worship these areas believe that this is where the modern God resides and where you must go to be in touch. The wardens whose task it is to guard these holy places can be seen as the new high priests who will direct the young people who toil with reverence and without complaint. They in turn can be seen as the equivalent to the citizens and artisans who in earlier centuries devoted their lives and skills to building the great cathedrals of Europe. Those of us who have had the privilege of travelling through are the new congregation, who I hope will have acquired sufficient strength of spirit, courage, and enlightenment to carry the message to others. The message is that our environment is finite and that unless we heed the content of the new gospel then the damage we leave behind may be beyond repair and could be irreversible to the detriment or demise of our children and of our children's children.

Inside madness

Steven Hughes

"It's a funny thing, stress," said the boss, little realising how prophetic his words would prove to be in the ensuing month. He was a worried surgical consultant comforting an even more worried surgical trainee.

The previous night, Saturday, on call in a London teaching hospital, I had suffered a profound, incapacitating, panic attack. For no obvious reason I had suddenly been overwhelmed by a crescendo of blind unreasoning fear, defying all logic and insight. Bewildered and summoning my last reserves of concentration, I had referred myself to the duty psychiatrist and had been sedated and admitted to the psychiatric ward of my own hospital.

As an army medical officer I had served in the Falkland Islands campaign in 1982, but nothing that General Galtieri's men had generated compared with the terrors that my own mind invented that night. Having looked death full in the eye on a windswept isthmus outside Goose Green and again, but two weeks later, on a barren hillside called Wireless Ridge, I think I can honestly say I no longer feared death or the things real and imagined that usually become the objects of phobias. I was afraid that night of the only thing that could still frighten me, myself. I was terrified of losing my control.

No logic could rationalise what had happened. I could not let go in case I lost control, and the more I battled against my fear the more the panic increased. I had been completely physically and mentally exhausted when they had sedated me. Now, in the cold light of Sunday morning, with my parents and my consultant with me, I was feeling foolish but far from sane. What had happened to me? What was to stop it happening again?

In an effort to save me embarrassment the psychiatric staff tried to find me a bed in another London hospital. It took several hours on the telephone but eventually one was found. I was transferred to a world centre, where I was admitted by the duty registrar. He apologised, the only bed available was in a forensic psychiatric ward. Thus, an hour later, I found myself in a side room (a cell), in a ward for the criminally insane. I amused myself with the thought that two years with the parachute regiment must equate to a criminal record. I couldn't be completely mad if I could still smile at my predicament.

So far I had been seen by a senior house officer and a senior registrar at my own hospital and a registrar

and a senior registrar at the second hospital. Sedation had been started and subsequently stopped. I had been clerked several times, but the only person who had really communicated with and helped me was the senior house officer on the night of admission, the newest recruit to the specialty. We had met once before when he had been a medical senior house officer and I a surgical registrar in another hospital.

I struggled not only to regain but also to retain my sanity in an environment out of *One Flew Over the Cuckoo's Nest*. At least the nurses in the film wore name badges and uniforms. Here, you could barely tell staff from patients. Who were the minders and who were the minded? Drugs were dispensed on the Pavlovian stimulus of a bell and the summons to "medication time"; patients shuffled in a queue to receive their pills from a hatch.

Never the same face

After 48 hours in hospital I started to get restless. I wanted to see the same face twice. I wanted to know why it had happened. I knew that getting agitated was counterproductive so I lay on my bed to try and calm down when one of the nurses came in to tell me I had 30 minutes to pack for the move to another hospital. I pointed out that someone ought to tell my parents, who would be setting off to visit me, and that I needed my wallet from the safe.

Hurriedly bundling my possessions, I was escorted to a waiting ambulance, only to be asked to dismount as they didn't yet have clearance to carry me. Clearance eventually forthcoming, we departed for one of the famous Surrey "bins."

The new ward was less forbidding, although the absence of uniform or name badges and the summons to medication proved to be the same. I was told that I would be accompanied by a nurse at all times—it seemed that I was now under a close supervision order. There had been no such restrictions on me until then. I was, after all, a voluntary patient. I couldn't now go for a pee without my shadow, but this was short lived. The duty psychiatric registrar came to admit me. He was dressed reassuringly in a collar and tie; he looked and talked like a doctor. We discussed our attitudes to dress and patients' expectations of their doctor. We held similar opinions; until recently he had been a physician.

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Thankfully, he decided that I might be agitated and depressed but that I was neither dangerous nor suicidal. He dismissed my minder but after he had gone one of the nurses appeared. They had discussed me among themselves and decided that if I wasn't to have a minder they wanted my ties and belts. Holding on to my trousers and my dignity, I handed them over. In jest, I volunteered that perhaps they should take my plastic laundry bag in case I put my head in it. The bag was confiscated, leaving me with an untidy pile of soiled clothes.

I knew by now that things had got out of control. I was no longer confident as a patient. If I was going to keep things together I had to assert myself. Thus I adopted my safe "doctor" persona again. It was no use playing "patient" because all that happened so far had served only to destabilise me. The system wasn't helping me. At least I knew now what discharge entailed. I would have to wait to be seen by the consultant on his ward round at the end of the week. I was discovering that psychiatrists do not share the same time scale as other clinicians, particularly surgeons. This only added to my sense of apprehension and frustration.

During the three days waiting to see the consultant I acquired something of an entourage of fellow patients. I found companionship and comfort and they found reassurance in knowing someone who knew how to stall the system. I found surprising talent and compassion besides the sadness and torment: many remarkable people with surprising abilities but temporarily lacking the capacity to cope with the world outside. It was us against the system. I became indebted to my family and friends visiting. Thank God for the telephone. It was easy to imagine becoming lost to the outside world. How many souls have disappeared into the British psychiatric archipelago?

On Friday I faced inquisition, passed, and was duly released to my home for two weeks to convalesce. Thus a fortnight later, more than a little confused by events, I returned to work.

After 12 days it happened all over again.

Panic consumed me, again out of the blue, at a trauma conference. I sought sanctuary in a nearby casualty department. This time I really thought that I was losing my grip on sanity. I will never forget the bizarre fixations on inanimate objects as I tried desperately to divert my attention from the unhelping of my world—an electric socket, a patient trolley—was this madness?

Help from a young nurse

Human contact and understanding rescued me. A young student nurse talked me out of the fog and calmed me down until the arrival of the psychiatric senior registrar. I related my story, including the nightmare of my earlier stay in hospital, and was by now much calmer. Thankfully, he decided against admitting me. It was a mark of my terror that, despite what I had experienced two weeks before, it had been the lesser evil to return for help to that system, but as the panic passed anything was preferable to another fruitless stay in an NHS ward.

Agitated but functioning I drove home to my country cottage, my only remaining sanctuary. My parents came as soon as I called and stayed with me that night and the next day. It was they who persuaded me to contact a naval psychiatrist friend for advice. As I put the telephone down from speaking to him the penny finally dropped. He had also been with the Falkland taskforce and after speaking to him I flashed back. I suddenly found myself back at Goose Green, in the rain and the smoke and the horror. I felt again the fear, the despair, the grief, and the anger; an

overwhelming maelstrom of emotions long since buried deep in my soul.

I had PTSD—post-traumatic stress disorder.

Distraught by this stage, my parents did the only sensible thing, they called my general practitioner. He was superb—prompt, professional, calm, and reassuring. He had a discussion with the military, and my admission to a service hospital was arranged.

My subsequent treatment was the way out of the abyss. The contrast with the NHS was stark. Crisp pressed uniforms, mutual respect, and the implied expectancy of return to normality and duty were powerful advantages of dealing with predominantly stress related conditions in a service hospital. But is that beyond the NHS? It was not pleasant, but it was the way to normality. I started to address what I had never acknowledged let alone come to terms with—the hidden memories and feelings of those black days of 1982. I had never had the time to release the suppressed emotions that I had dared not show as I fought to keep alive those gallant young men, Argentinians and Brits, friend and foe, on that desolate Goose Green isthmus. Aware of the eyes of my medics on me, their leader, I had got on, seemingly impassively, with the job at hand, even when the bodies of some of my closest friends lay only yards away.

Ultimate nightmare

With the seriously wounded needing lifesaving help, there is no place for the cold, still image of the friend, joking but a few hours before, now with a 7.62 mm entry wound in the middle of his forehead, his body half hidden under a tarpaulin next to that of the charismatic commanding officer we both so admired and loved. Goose Green was my ultimate nightmare. The subsequent memories of the *Galadad* disaster and Wireless Ridge pale into insignificance by comparison. Whatever snapped did so in the burning gorse at Goose Green. They do say you can feel only one pain at a time.

Returning home to a society that had simply watched another war movie on television, I never seemed to get the space to grieve for my friends. As time passed so I supposed and hoped had the need. It was as if I had erased the emotion from the tape in my head that records those memories. Although I had instigated and cowritten a research study on post-traumatic stress disorder in Falkland veterans I had ignored all the symptoms in the mirror.

My rehabilitation is not over yet. Indeed, it may never be. If ever I come fully to terms with the nightmare that is war then perhaps I will have changed for the worse. Perhaps, by sharing my experiences I can find peace. Certainly, the process of treatment seems to be one of sharing and thus dispersing the hurt. In a way it is like the dissipation of energy, the greater the area of impact the less the damage.

What can be learnt from my tale?

Professionally, we must seek a better way of treating sick doctors when it comes to mental illness. Doctors have greater insight of the system than most patients and are often treated by staff and patients alike as aliens. For this reason they are even more vulnerable to the whims of the system and need special efforts to engender reassurance, comfort, and stability.

On an individual level, perhaps we should strive to be less insular about our reactions to stress, particularly when talking to each other. Surgeons are hardly renowned for being caring individuals, most of us affect an impersonal, impassive, protective façade. What surprised me was the tremendous support of my surgical colleagues, contemporary, and senior. The almost universal reaction seemed to be, "If it can

happen to Steve could it happen to me?" It's a pity it takes a breakdown to elicit that support. I would encourage any doctor in similar straits to seek help early from colleagues—we're only human, no matter how invincible we try to appear.

It was the young who coped and communicated best with me. Honesty and humanity are so precious.

Finally, my story represents only the tip of an iceberg. It is not just other Falkland veterans—somewhere in the region of 20% of the combatants—and veterans of other military conflicts who are having

problems, or even the survivors of the string of civilian disasters of recent years. It is the individual whose personal disaster does not rate media or, sometimes, even medical recognition but none the less leaves him or her psychologically damaged and, with the increasing fragmentation of the family, less able than ever to find help. Many, like me, will not even be aware that they have a problem.

It is for these other victims that I regard the telling of my story to be essential. In the words of John Bradford, "But for the grace of God. . . ."

Noel's resurrection

Charles Smith

The last person to see him alive was an Irish prostitute. She shared his Dublin origins and had London as a base. He was there to die there anonymously, she to live anonymously. She had finished another routine night's work and, unwinding wearily, she noticed him motionless at the apartment window opposite. He held her attention for two or three minutes before she moved off to shower away the dirt and sweat of her trade.

For Noel the prostitute did not exist, although others like her had in his relatively short life. He stood there in the stillness and calm of early morning London, the memory bank intact and turning over. London goes to sleep for a few minutes every night when stragglers from the previous day fall silent and the early noise makers are not yet awake. He liked that gap, finding it reassuring. It gave him the courage he needed to do what he had to do. No more playing around. No more talking. The time was right.

Two years before, almost to the day, he lay in a hospital bed returning quite pleasantly from a brush with death that left him without memory of the accident or the subsequent week. It was like surfacing back into light and then noise, shapes, and people. No real problem. Another battle won, another risk survived. There was absolutely nothing to let him know that life would never be the same again. Everybody else in the ward, all the staff, the patients, the cleaners, the visitors even, they all knew that he had lost his leg long before he did and they were used to it by the time that he woke up. He was not about to get used to it, though. Never.

It happens to a lot of people. A lousy accident followed by a battle to save the mangled limb and a cold surgical decision to amputate. Lots of people lose bits and pieces. They have jobs, wives, husbands, girlfriends, compensation—of course they recover. Some of them are even improved by it all. You know the scene. The tragedy brings a family together. Life is a bonus not an entitlement. That sort of self deception. They go on living and denying. It would not be like that for Noel. Not at all.

He deliberated long and hard about killing the surgeon, the one who failed to sew his leg back on. They can transplant hearts and kidneys and livers can't they? But nobody had bothered to reconnect his leg. He asked about that one morning during the ward round and the entourage thought it strange. You see, patients are supposed to keep stupid criticisms and questions to themselves, and what is more they should be grateful and respectful towards surgical and medical experts who save lives. One young student nurse, more sensitive than her seniors, was quite frightened by his inquiries and the way he asked them and she knew he was different. Not for him the usual subservience, the

expected cooperation in recovery. For Noel there was no chance of that.

Phantom sensations

He had plenty of time to think because he was left alone in the ward. That is the way he wanted it. No ties, no friendships, no obligations, no commitments. He drifted through the days and nights. Awake, he worried about the old bit. What did they do with it? Burn it? Bury it? Half awake, half asleep, he was convinced more than once that the leg had regrown and that he was whole again. He had phantom sensations that convinced him the leg was restored in place and he would have to check again and again. He didn't need to check the pain, the anger, the frustration.

The student nurse was not the only one to notice how different he was. Years earlier, in his small local primary school, Mr McDonagh decided to take on the non-conforming Noel. It seemed an unequal struggle with adult size and role pitted against a child, a child with a difference. This one never cried, never apologised, never submitted, never showed fear. Noel won the long battle with Mr McDonagh. McDonagh gave up, but Noel lost out on the way. By the time that he was finished with Mr McDonagh he had arrived at a stage where he couldn't laugh, couldn't play, and he certainly couldn't trust. At home it wasn't much different because his father seemed angry with him all the time as well and nobody seemed to protect him—that's the way it felt. It was like a constant confusing war and he didn't know what side he was on most of the time.

Somebody had to pay for what he had to put up with. Someone else had to suffer. If no one cared about hurting him why should he care about hurting others? There was a score that had to be settled and later, when he was bigger, someone was going to get it. Perhaps Mr McDonagh, perhaps someone who just looked sideways at him. He never liked girls, although plenty were attracted to him. He knew all about physical sex by the time that he was 14, but he knew nothing about being bowled over by a girl, being madly in love, being vulnerable. No, that was never to happen to him. He would continue to get mean and perhaps a bit vicious.

Nora McCawley at the tender age of 16 loved this handsome young warrior and whatever he wanted she gave. He thought it was funny when he once persuaded her to remove her dress in a courting wood and he ran off with it, really ran off. He didn't return to end the joke, though she waited, embarrassed and ashamed, for hours, and she needed a samaritan in a passing car to rescue her and bring her to more humiliation, first to a neighbour's house and then to her angry, confused home. Her parents banned and barred Noel and saved

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