

**Certainly not a hoax**

It was, I was told afterwards, about 25 minutes before James's wife Jill appeared and scabbled 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

when others did not seem to understand how hard it was just to cope with everyday life and two children under 2.

Then came a whole series of complications from shingles to bronchopneumonia and gastroenteritis. More help was needed with the children, even though Ruth so dearly wanted to be able to do without it. Somehow, I fitted in part I of the membership of the Royal College of Psychiatrists rather than postpone the examination yet again.

At the beginning of March Ruth felt more than usually unwell and we attended outpatients for the umpteenth time. We waited anxiously, as so often before, for the results of the bone marrow aspiration. When they came I heard, once more by telephone, the news that we both most feared.

Friends who, like us, were doctors were stunned. Others, while deeply saddened, often seemed less aware of the tragic change in prognosis compared with Ruth's two previous illnesses where the prognosis had been poor enough to start with. What we did not expect was the rapid decline that occurred later the same month. I am so glad that we talked about death while it still seemed months or more away. All too quickly we could no longer talk and suddenly I discovered what anticipatory grief really meant. I appreciated those precious hours alone with Ruth before she died as much as I

regretted the lack of opportunity to talk and share with her any more. When she did die there was all too brief a time to grieve and then a mountain of practical things to do.

### God's share in our grief

In a very real sense I feel as though we both had leukaemia. If "illness" really is a concept to be distinguished from "disease" then perhaps this has some objective as well as subjective validity. Ruth's death has brought release of our family from that illness by removal of her disease. In its place are the pangs of bereavement and the struggle to start a new life as a one parent family. Families matter and are ignored by surgeons or physicians, as well as psychiatrists, at great cost. I am so glad that the doctors and nurses who cared for Ruth cared also for Andrew, Beth, and me.

Did God care? Was our faith in Him unjustified? Five days after Ruth died it was Good Friday. We remembered a God who loves us so much that He shares our suffering. I believe that He shared with us in Ruth's illness and that He shares our tears in bereavement. His death was not a defeat and so, I believe, neither was Ruth's, for she shares in His victory.

## Do gooders: down and outs in Leeds crypt

ROBIN CARMICHAEL

Down and outs do not immediately excite our sympathy; rather we think of them as antisocial alcoholics, who have finally arrived on skid row. Some are like that. Television coverage of the soup kitchens and shelters set up around Christmas time gives us a different view. It usually contrives to show us one or two relatively articulate men, who are portrayed as "characters" choosing to be fiercely independent of any attempt by social services or do gooders to impose some kind of respectability or conformity on them. A few are indeed like that, but most men are not like either of these caricatures.

### Regular patients

Some 55 years ago under the leadership of the church's visionary minister, Don Robins, the crypt of St George's church in Leeds was cleared of its crumbling coffins and their rather gruesome contents. The stench was overcome, the vaults reconstructed, the place renovated and decorated, and its doors opened as a shelter. Twelve years ago, long after the nurses had set the pace and pricked their consciences, doctors began a regular surgery in the crypt on three evenings a week. For six years I have been one of a group of doctors trying to meet some of the medical needs of this strange group of men, who are literally the outcasts of society.

As always happens with voluntary work, participation is a revelation. You realise that although the men have much in common with each other they are very different, and the stereotype group identity begins to separate out into Joe, the low IQ man with

epilepsy and no family; Jimmy, the kindly alcoholic, who has no more aggression in him than the average goldfish; Pat, the one with schizophrenia whose inability to cope with anybody pushes him back on the streets despite endless attempts at providing hostel accommodation. The Salvation Army, Church Army, and social services still seek to help where there are no easy solutions. There is Andy, the illiterate and difficult psychopath, whose explosive temper keeps him from leading any kind of conventional life. There are occasional frightening men, who by clever or bullying tactics hope to obtain drugs of one sort or another. There are inadequate personalities of all sorts, with sad histories behind their dishevelled, unkempt beards; pathetic men, tired and confused; simple men, but so complicated that no-one can help them. There are a few rogues, a few seemingly wicked, a few scroungers and malingerers, but almost all through little fault of their own have ended up homeless and adrift.

### My contribution

I am no saint. After a long or difficult surgery at the end of a working day I have often almost decided to quit as a medical helper. There have been occasions in the clinic when I have been impatient or defensive or unyielding when a little flexibility might have avoided an unpleasant confrontation. I find that I seldom know how to begin solving these men's fundamental problems, nor do I even know how society should provide and care for them. Certainly I know fewer answers than when I started. I no longer believe that more than the odd middle class notion or two has any relevance to the needs of this group at the very bottom of the social pecking order. Most of the men should, I suppose, be in some kind of institution, but some do not have the resources of character to cope with living in any kind of institution. In my more reflective moments as I consider these shortcomings I am aware that I am singularly ill equipped to offer my services, yet I do go back.

I go back because many of the men's problems are those which

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