

surgical colleague, Martyn suddenly collapsed on the court. All efforts to revive him by three experienced doctors were of no avail, and so while I attended a dinner elsewhere Martyn played his very last game.

The mental inquests have been going on since. Should men in their 50s, regular players or not, be playing such a demanding game? Do middle aged doctors seen playing squash give a false sense of security to others? Is there any way of predicting such an event in a man who has no symptoms, plays regularly, and had played an equally hard game only days before?

The experts think not. An abnormal exercise electrocardiogram would be an obvious contraindication, but a normal one doesn't mean you are safe. By its very nature squash carries high cardiac risk. The exercise is in explosive bursts. It is exhausting, and the

very object of the game is to wear your opponent down by working him as hard as possible.

Regular play must lessen the risk but is no guarantee against a disaster, and Martyn's death was the second on our courts in a few months. Set against that it is exhilarating and mentally refreshing and, like all sport, an antidote to the often considerable stresses of work. Martyn loved it dearly. All this means that so far as I'm concerned the jury is still out on middle aged squash.

So I don't mourn for Martyn, who loved his sport and at least never had to suffer the infirmities and indignities of old age. I mourn for his family and his friends, who will miss his laughter and sometimes wish that they could have predicted the unpredictable, achieved the impossible, and persuaded him against that one last game so that he might have been around for at least a little longer.

A modern day Iona

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It was a chilly night for mid-February but that was not surprising as we were camping on a small ledge at 1200 m under the massive columnar dolerite ramparts of Cradle Mountain in central Tasmania. The sun had set and the cool southerly winds had travelled from the cold southern ocean which is all that separates the island from the snows of Antarctica.

My wife and I were on the fifth and penultimate day of the arduous 80 km track through the famous Cradle Mountain National Park. This is the most well known of Tasmania's protected wilderness areas and includes every type of country that the adventurous trekker would wish for. Our journey started on the northern shore of the cold waters of Lake St Claire and the surrounding Mount Olympus range. The boatmen, who left us apprehensive and isolated at Narcissus Bay, told us of the great depth of the lake and of the aboriginal tribes who had previously lived in the area until the end of the last ice age over 10 000 years ago. Not surprisingly, for Australian urbanites, this new experience of total self dependence and reliance on maps, compass, tent, and personal food supplies gave a feeling of isolation and personal vulnerability. The heavily laden rucksacks were a burden and the comforts and security of home, shelter, and warm beds seemed remote.

The first night as the eerie dusk fell we erected our

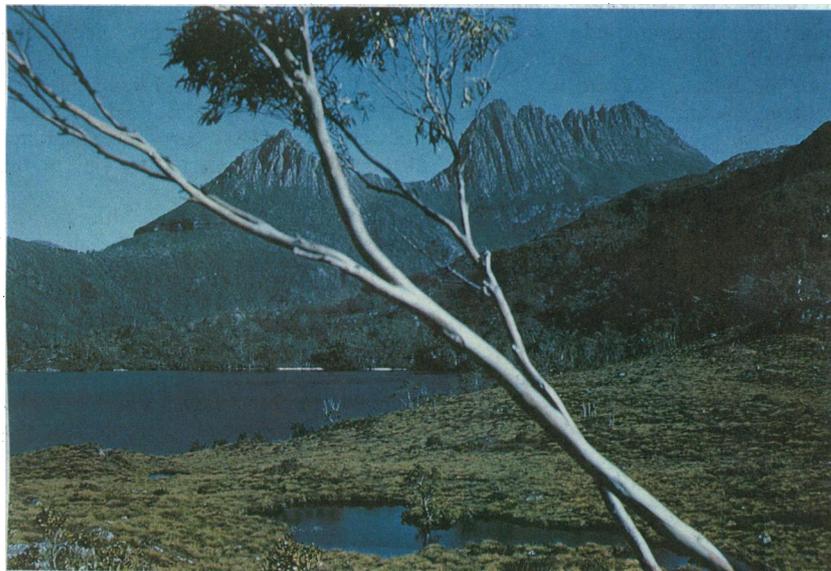
tent. A strange, dark badger like creature emerged from the dense bush and fearlessly sniffed our packs before moving away to a safe distance, apparently satisfied that we had little to offer. I recognised the visitor from memories and from picture postcards as a Tasmanian devil. As the days went by we experienced a remarkable personal change. Our earlier perceptions of apprehension, isolation, and fear were replaced by awe, wonderment, and admiration as massive mountains with jagged peaks and pillars with classical names such as the Acropolis, the Citadel, and Cathedral Rock towered above and around. Dashing rivers and streams accompanied by the sounds of tumbling water were everywhere. Giant trees with massive trunks ascending hundreds of feet into the sky were encountered before giving way to glades of damp green primeval grottos dripping with moss and old man's beard clinging on to ancient gnarled boughs. Strange birds and coloured parrots shrieked loudly as they flew by, going about their lives, lives which we had previously been unaware of.

Shared sense of reverence

On other occasions we were startled by shiny black venomous yet shy tiger snakes, which slithered away on hearing our clumsy approaching feet. The trail sometimes led to high plateaus of open moorland, sometimes with deep pools of mud and shallow lakes, which at times were reminiscent of memories of Dartmoor or the High Peak in Derbyshire. While the sheer physical and geographical splendour leaves the traveller in a constant state of wonderment, the overland track is unique for other reasons. Several times a day you meet fellow travellers who are savouring the delights of these unique and spectacular offerings. Everyone comments, not only on the splendour of the place but of the importance of preserving and sustaining it for future generations. You become aware of a collective sense of reverence and a shared feeling of threat from the destructive elements of man, who could easily damage this fragile environment.

For many kilometres of the walk wooden walkways have been carefully and painstakingly laid down. This is not to help the walker but to protect plants, roots, and fauna from the boots of the increasing number of pilgrims who wish to test themselves against the rigours of untamed nature. Tons of wood paving have

Cradle Mountain



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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.