control,^{6,7} rational prescribing policies, and the need for new antimicrobial drugs and vaccines.³⁻⁵ Validation of reported data on resistance has been undertaken by comparison with centralised testing of nationally representative sample strains.¹³ Regional analyses have been developed for methicillin against *Staph aureus*²² (<http://www.phls.co.uk/facts/bact.htm>). Further analysis of these data could include the determination of the independent effect on antibiotic resistance of region, year, age, and sex by using multivariable methods.¹⁶ This national reporting system should complement local surveillance of bacteraemia in which extensive data on risk factors may be collected.^{23,24}

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A memorable patient

Disability is in the mind of the beholder

I met Dave in 1992, when we were both inpatients at a spinal injuries unit. Dave, a man in his early 30s, had suffered a complete high cervical spinal cord injury after diving into a swimming pool on holiday. His upper limb movement was extremely limited, which meant that he would need the use of an electrically powered wheelchair for mobility and help from others for most other things. I had sustained a complete midthoracic spinal cord injury in a tobogganing accident, resulting in permanent paraplegia.

We had both been in hospital for a couple of months and we were at the stage of being put in wheelchairs. We were sitting in the ward and passing the time of day. I was finding the unsteady and vulnerable experience of wheelchair use quite frightening and unfamiliar. I asked Dave how he was getting on. Dave, who was very articulate, said something that really struck me, especially since my thoughts had been sensitised as to how important independence was. He said that he had been okay with all that had happened to him since his accident, until the other day. It was then that he had been put in a wheelchair for the first time. This chair was not motorised, and so a nurse pushed him to where he wanted to go. He had been left alone for a few minutes and it was at that moment that he felt completely stranded and utterly hopeless. He could not move anywhere unless he

screamed for help. This made me look at myself and think how independent I was, rather than how dependent I was. I could not walk or do many of the things that I previously did, but I had not felt such extremes of isolation and total dependence. At the same time, I thought that there were people with more severe impairments than Dave. Dave was still cerebrally intact and able to attempt to rationalise his situation.

Time has passed. Dave now has the equipment that he needs and a full time carer. He is working again in a worthwhile job. I would never judge the extent of Dave's disablement: only he can quantify that. His few words did, however, drive home that living with a long term impairment is dynamic and idiosyncratic.

Tom Wells *medical senior house officer, Bristol*

We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.