Personal Paper

A second chance

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As I get older time seems to pass ever more quickly, and I sometimes find it difficult to realise that a year has passed until I am reminded of a particular anniversary. Such a day occurred recently when my wife arranged a surprise birthday party with presents and birthday cards saying, among other embarrassing things, "Congratulations on your first birthday" and "Now you are 1." At the time of the party the previous 12 months seemed to have gone in a flash—yet there had been times when each day, each hour, had seemed interminable.

The initial agony

It is difficult to describe adequately the pain of myocardial infarction without lapsing into hyperbole. Suffice it to say that it is a crushing pain but worse, much worse, than any textbook implies. Intramuscular diamorphine administered by our general practitioner, who must have broken all speed restrictions to get to me so quickly, brought glorious relief despite the vomiting induced by repeated dosing, and I had no recurrence of pain after the initial agony. From a patient's point of view a cardiac arrest is no different from a common or garden syncope or falling asleep. You are aware of something having happened only when, or indeed if, you recover or wake up. In my case defibrillation was successful and the drama sufficiently galvanised my attendant physicians, who were literally standing at the bottom of my bed, into deciding to transfer me to a specialist cardiac hospital. I can still remember my cardiologist telling me not to worry, as I came round—something that amused me at the time as I was quite unaware of and unworried by what had happened. My rapid transfer to the specialist hospital, the immediate insertion of a pacing wire, and the audible relief in the cardiologist's voice when this was accomplished did, however, bring home some of the seriousness of my condition.

Intensive care

Intensive care units are like Piccadilly Circus in the rush hour, although as it is a *sine qua non* that you must be seriously ill to be there and, therefore, unconscious or well sedated, I suppose it doesn't matter much. It is not long before you realise the restrictions of being wired up and having intravenous lines; bed soon becomes uncomfortable, and a desire to sit in a chair or walk around can become overwhelming. Your heart rhythm is an everyday talking point, and its eventual return to sinus rhythm is treated as a great victory. It still seems odd that at no time did I have any sensation of abnormal rhythm.

It was also an odd sensation to discern my pulmonary oedema

getting worse and advise the physicians that a higher dose of diuretic was needed. They were less certain of my diagnostic powers when I suggested that the pain in my chest was pleuritic in origin and that I had a chest infection brewing. That was a week after the initial infarction, and my last clear memory for eight days. I am told that I developed staphylococcal septicaemia, which then led on to infective endocarditis, cardiovascular collapse, and eventually the insertion of an aortic balloon pump. My ventricular function was not great before the infection, but this was just about the last straw. I have two vivid recollections of this period. The first was of an intense feeling of anxiety, the like of which I had never experienced before and never wish to experience again. The second was of asking someone whether I was taking part in a "cinema verité" production. I learnt only later that these events occurred about the time I was told I needed a heart transplant.

A second chance

To wake up and be told that you have received a heart transplant is quite a moment, particularly when you are still in great pain and extremely weak from the illness and operation. Over two weeks I had lost two stone in weight, and every muscle, every bone, and every inch of flesh seemed to hurt. The art of getting out of a chair unaided, of walking, and of getting upstairs had to be learnt slowly and painfully. Medication seemed a never ending cycle, and all interest in food was gone. The enlightened policy of allowing the spouse to help with nursing, however, was greatly beneficial to us both. My discharge 12 days after the operation has to be some sort of a record, and the next few weeks were spent in gradually increasing my strength and mobility. An extra yard walked, a few minutes less in bed, a slightly larger portion of food each day were all victories to be savoured.

Regular outpatient visits are still required to monitor the new heart and the lifelong daily antirejection treatment. The immunosuppression and relative neutropenia resulting from antirejection treatment must never be taken lightly. Viral and other opportunistic infections, as well as rejection, can creep up unexpectedly and must always be treated vigorously, if necessary in hospital. In the first year after transplantation regular heart muscle biopsies are performed, and major check ups are conducted at six monthly intervals with coronary angiography each year. It is a remarkable sensation to see your own angiogram and be told while on the table that your new coronary arteries "look pristine." It is also salutary to hear yourself described as one of the most ill patients ever seen before transplantation and a living example of the value of heart transplantation.

Concrete beds

Looking back, I would dearly love to redesign two things. One was the administration of oxygen. Both the mask and nasal tubes irritate, the mask because of the regular blasts of cold water that has condensed in the system and the tubes because they are stuck up

your nose for several hours. In addition, the thin, supposedly weak elastic supports that so easily slip over the ears eventually become as sharp as razors and cut into the skin of the pinna. It was several weeks after I left hospital before the skin eventually healed. My restlessness during this phase was probably mainly due to anoxia, but the irritation caused by the method of administering oxygen didn't help. The second problem was the hospital bed—how I hated that bed by the end of my stay. It was hard and uncomfortable, and as I lay in it every bone in my body seemed to ache. If I slipped down at night or even moved position slightly I had to call a nurse to prop me up again and rearrange the pillows. I had a crude arrangement of a knotted rope attached to the end of the bed for pulling myself up; rubber gloves filled with water acted as support for my heels; a rubber ring supported my buttocks; and a sheepskin eased my back. But the bed was still like concrete—I am sure there must be better ones available.

Comparisons

At Harefield Hospital the outpatient clinic for patients after transplantation is often like a club meeting. One of its main advantages is the swapping of experiences, symptoms and signs, and all the other minutiae associated with a heart transplant that can worry you unnecessarily: the chances are that someone else has already suffered them or found the answer. On one wall of the clinic is a collection of photographs of current patients attending the clinic (to date over 130). In July 1984 I was number 119 and the second doctor. In November 1985 we were at number 260 and four doctors. Twice as many transplant operations are now being conducted at Harefield as at any other unit in the world, and heart and lung transplant operations are becoming more common. The spirit and morale of patients have to be seen to be believed and reflect both the staff's attitude and the fact that the one year survival rate after transplantation is nearly 90%.

Having received a heart transplant after a totally unexpected infarction, I am one of the few patients able to compare life before and after transplantation directly, uncoloured by months or years of chronic illness. For perhaps 90% of the time I feel no different from how I felt before my operation. The other 10% is a mixture of subtle differences in physical ability and mental outlook difficult to describe clearly. I take as much, if not more, exercise than before,

when I played badminton once a week, worked hard in the garden and on the house, and had the occasional round of golf. Despite this relative fitness now I still feel a certain lack of stamina or, rather, a lack of any reserves of energy when tired, yet two patients who underwent transplantation at Harefield have completed marathons. The days of busy schedules and rushing around from morning till night are gone. Such excursions must now be regulated, far apart, and carefully considered. Bursts of several hours' non-stop activity in the garden or on the house have been replaced by much shorter and better planned periods of work, usually directing one of the family for the heavy chores.

It is difficult to get moving in the morning, and fatigue occurs more quickly in the evening. Sleep is interrupted most nights by nocturia, and joints often ache—all part and parcel of the side effects of cyclosporin and a denervated heart. Viral infections are avoided, and this sometimes leads to visitors cancelling at short notice. Yet these are minor inconveniences to what could have happened, and it is difficult to believe that I am now back to almost full time work running a busy medical department. Gone are the days of wishing my life away, and each new day is welcomed with open arms come sun, rain, or snow. Gone too are the excuses for putting off activities until the weather is better or the time more opportune. Life can be so full of unpleasant surprises that now we think twice before delaying or postponing a pleasurable outing.

Crucial support

I still feel intensely saddened by the strain put on my wife and family. Without my wife's support and constant attention I doubt that I would have written this. Then there is the surprise and feeling of humility at the tremendous support received from friends, colleagues, and acquaintances throughout the world. I am also, of course, intensely grateful to all the staff at Harefield who made this second chance possible, but particularly to the parents of the donor who so selflessly agreed to allow their son's organs to be used.

Being a recipient of a heart transplant is undoubtedly a social asset and a great conversation stopper at dinner parties. The final irony, though, is that my wife has been a pharmacist at Harefield Hospital for many years and I have helped with fund raising for the transplant unit since its inception in 1980: surely the perfect example of casting your bread on the water?

MATERIA NON MEDICA

After the fish

It is told of a certain actor that when passing a fish shop, noticing the glazed eyes of the recumbent figures on the marble slab, he said, "Yes, that reminds me: I have a matinee this afternoon." Recent discussions on the merits of a fish diet prompted me to recall an expedition I made with a friend over 50 years ago, not fly fishing on the Spey or the Dee, but as guests on a trawler, the *SS Glenesk*, 180 tons.

We sailed from Aberdeen on a fine September morning taking a northerly course, passed the grey walls of Peterhead prison, then went on to Duncansby Head on the Caithness coast. In the Pentland Firth I was "quite in a state of annihilation," as Boswell described Dr Johnson's seasickness, but I recovered the will to live by the time we reached Cape Wrath, even coming to enjoy the rolling motion of the ship. We diverged a little from our intended course, with all lights out, for a night's illegal trawling for flat fish in Loch Roag, on the west coast of Lewis, and then headed westwards towards the Flannan Islands. Here, after preliminary soundings, the skipper put down a marker buoy and for the next five or six days we trawled in this area. Sometimes the net was damaged by rocks on the seabed and needed repairs, but this was never allowed to interrupt the night and day routine of putting down and hauling up the net every three hours. Dogfish and debris were thrown into the sea with lively expressions of disgust, and acceptable fish gutted and stored in ice boxes ready for the Aberdeen market. In stormy weather this regimen could have been no picnic.

Every day the cook cast his eye over the harvest of fish and picked out choice specimens for our breakfast and supper. Beef or mutton was served at

midday; no green vegetables or fresh fruit, but pastry and frequent mugs of tea. The nine members of the crew neither shaved nor cast off their clothes, except their sea boots, during the ten days we were away, and slept at random in any bunk vacant at the time. They assembled in the dining area at meal times, but always waited before beginning until the skipper had taken his seat. All were hardy and uncomplaining men with long experience on trawlers, not least the skipper, who had been at sea since he was 13. Stormy weather they referred to as "a breeze of wind."

My friend and I clearly had no malign Jonah influence as the catches were abundant, and in due course the skipper decided to return to port (tradition dictated that nobody should ever ask when he proposed to do this). After passing the lighthouse at Cape Wrath we saw three whales plying northwards and had a good view in the setting sun of Ben Hope and Ben Loyal towering behind majestic cliffs. There was no sign of the southeast wind which makes the seas in this area so hazardous and causes ships to run for shelter. The vessel glided along on a calm sea and seemed to gather speed as we drove home, like a horse returning to its stable. As we approached Aberdeen the men shaved and put on clean clothes which they extracted from the blue pillowcases they had brought on board. As soon as we berthed they hurried home, leaving the catch to be sold in the market next morning.

As we parted the skipper said, "We must all earn our living in different ways and your lives will be very different from ours." And so it has been.

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