Personal Paper

Best-dressed casualties

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Scotland enjoys 128 miles of motorway. Within this network, the important M8 is 40 miles long and links our two largest cities, Edinburgh and Glasgow. It has east- and westbound carriageways and they are separated by a 12-foot median strip of grass, yet nowhere throughout its length is this central reservation furnished with safety fences.

Fearful experience

Last Christmas my wife and I were driving on this highway to Glasgow to attend the Annual Dinner Dance of the BMA. For me it was to be a hard day's night of how do you do's, trying to remember names, and being cursed for failing to break the Pay Code. And so, accustomed to my wife's quiet and competent driving, I had dozed off. When I awoke, or rather regained consciousness, I found that my car had stalled and was lying askew the motorway. All our lights had gone and, fearful that we should be run into by the oncoming traffic, she was trying desperately to open her door. But it was jammed. I was disorientated, yet I asked her at once if she was all right. Although her face was splattered with blood, it was mine, and most happily she was intact. She told me to put my handkerchief against my face. I felt unable to get out of my seat but soon my door was opened from the outside by a kind lady who said her husband was 'phoning for an ambulance. We longed for escape from the relentless traffic of the motorway, and the distant sound of the ambulance siren was welcome. Casualties from a motorway are literally bloody dirty and so it contained no blankets to warm us. We were laid on rubber mattresses and pillows. For sheer discomfort a ride in the back of an ambulance has no equal. We arrived at the accident and emergency department, that Mecca of any hospital, to which all are conveyed, living or dying. They told us that we were the best-dressed casualties they had received for a long time. I wore a dinner jacket and my wife a caftan which I had brought home for her from the Pyramids.

The region of the zygoma is a built-up area and difficult to x-ray. It took time before the doctors were satisfied for they were worried about foreign bodies. I required several films and had to sit up on my trolley to centre on the cassette. I could feel blood coursing down my chest and I wondered what was happening to it when it reached the waistband of my trousers. Then I became very tired and shivery. As I lay down again I remembered the sailors who had been sunk in the war. They would come ashore wearing only the pants they stood up in, having lost everything—shaving brush, cigarette lighter, and often their dentures.

Here was I, my car torpedoed, my bifocals gone, being put to bed in borrowed pyjamas. I was experiencing the bereavement of the shipwrecked. Then my arm was grasped by a man who told me his name, that he was the consultant surgeon, and that I would be in his ward overnight. Son of a doctor, he knew by instinct to do just that. He apologised that I would be disturbed every half hour to have my eyes and blood pressure checked. For me it was magic and I felt glad that I would not be allowed to expire unnoticed during the dark hours. When they took me to the ward my wife took herself back to Edinburgh by taxi. She had remained absolutely brave throughout what must have been a fearful experience for her. Despite her perplexities she had managed to telephone Glasgow to say that we would not be dancing that night. When she arrived at our gate she found my assistant, Derek Buchanan, waiting in his car against her return to our empty home. How about that for support? And yet general practitioners understand these situations.

Comforts of modern medicine

Next day was Sunday and at 10 am I was to attend a different Eucharist. Previously I had not experienced the luxury of a plastic operation let alone a lady surgeon. She did me proud, and half an hour beforehand she came to reassure me. At operation she could put her fingers under the zygoma and straight to the floor of the orbit. Today, there is nothing to show for it. I have no recollection of the operation, except that of all our clinical advances, none can match the comfort of modern anaesthesia. It reduces so many other medical developments to the level of dilettanti. Thirty years ago, when I was surgical tutor, part of my remit was to give anaesthetics. We used the rag and bottle with ether and chloroform and every case was a joust when the patient resisted these pungent vapours. Now, I had a proper anaesthetist, with godlike power and gentleness. I was awakened by the strange cooing noises which nurses reserve for the resurrection of the anaesthetised. Gradually, I discovered that my head was encased in a huge dressing, like a boxer's head-guard. My right wrist supported an intravenous drip and from my cheek there emerged drainage tubing which tethered me like a goat. Later, I found freedom by putting the drainage bottle in my pyjama pocket. This drain from my facial wound provided 200 cc on the first day. I thought this remarkable, until I realised that the bottle contained a vacuum and was acting as a sort of innominate leech.

Life in the ward was fun. Every possible member of the staff asked me what it was like to be on the receiving end. In short, you are kept so busy that you have no time to be ill. At 6 10 am, regardless of the position of the sun, all the lights went on. It was like *son et lumière*. At once the place was made shipshape before the day staff arrived. Because my jaw was broken I was put on a fluid diet. All my food came in plastic tumblers. First tea, then the soup course, which was excellent. Next was meat and two veg, which had been through a liquidiser. It poured out out of its tumbler with the same lethargy as cement issues from

a mixer. Pudding was a milkshake, the colour depending on the day of the week.

At the end of dinner, my bed table looked like a pub at closing time. Sister brought me a urine bottle and said that as soon as I required another one, I had only to ask. Having reached the sixties I felt threatened. Moreover, these urine bottles were made of papier maché and so I could not see either what I had done or, much more serious, when the bottle was full. All I could do was to estimate its heaviness by hand, much as one guesses the weight of a salmon. But this was a hardship, and elderly gents should be issued with glass bottles and not be encouraged to pass water blind. On several occasions I received guests with the bottle in situ. However, as an experienced BMA Secretary I knew how to hide what was uppermost in my mind. As a student I was brought up to honour the bowels and a daily movement was a nurse's sine qua non. The fluid diet had failed to impress my colon and I asked Sister for a purgative. I knew from her face that I had asked a silly question and that today bowels have lost out on status.

Morale and camaraderie

Non stop, the staff came in and out doing things for me. By the afternoons, I was tired when a tall girl used to arrive—the only one wearing trousers. She required me to cough, and took my rib cage between her hands and squeezed it as if she was making bread. It was very sore, for my sternum was cracked already. The highlight of the day was the visit of the senior registrar, who, as chief of staff, did his rounds with some six of his junior colleagues, of whom two were Dutch and one Egyptian. These young doctors were possessed of natural good manners and a clinical courtesy which was impressive. If they are representative of our doctors in training today, then we have nothing to fear. They used to reach my bedside each day at 8.30 am and they formed the spearhead of the therapeutic thrust against which I had to survive.

Much of my BMA work concerns the complaints, disenchantments, and the frank boredom which stems from the welfare state. Yet in this hospital nurses sang in the side rooms, porters whistled as they pushed their trolleys, and the doctors had a camaraderie and morale which was obvious. Here was an esprit de corps which I had thought had escaped the NHS, and ever

since I have been wondering about its source. I can only reason that this hospital is isolated in the country, contains only 546 beds and is an old emergency military hospital of hutted design and not a concrete block. It would not be so immodest as to label itself a centre of excellence. Rather I can certify it as an excellent centre for anyone requiring treatment by experts. Although I was glad to get home for a rest, I would recommend that any accident-prone tourist should arrange to crash on the M8 at the Whitburn interchange and then he will be taken to Bangour Hospital, to which I give five stars in my good hospital guide.

Providential escape

What happened on the motorway? My car was cruising at 60 mph on the westbound carriageway. A van coming eastwards to Edinburgh was towing a trailer which came adrift. This trailer had crossed the median strip and was freelancing eastwards on the westbound carriageway. It showed no lights and we collided like two curling stones, almost before my wife had seen it or had time to comprehend what it was. The police could not explain our survival, only to say that unless we had been wearing safety belts we should have perished for certain. It had not occurred to me before that front-seat passengers do not dress identically, as do the Household Cavalry. The driver's belt comes over the right shoulder, whereas the passenger's belt is over the left side. And so it was the right side of my face which presented to the dashboard and the ribs over my liver which felt the force of my belt. We had a brand-new car, which was constructed with the rigid case around the passenger compartment and the doors were reinforced. I believe this was important. In addition, the windscreen was laminated, and it was remarkable to see the glass everywhere like confetti and yet impotent to wound us.

Recovery is gradual and my facial nerve is not what it should be. The lids of my right eye still cannot keep out the bath water and my mouth continues to smile to the north-west. Perhaps the worst feature is the nightmare, which takes an awful time to go away. But we are thankful to divine providence for allowing us second lives.

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What are the relative dangers and merits of synthetic and natural oestrogens?

It has been thought that natural oestrogens may cause less thrombosis and less endometrial cancer production than synthetic ones. The evidence so far is that there is little difference between them, either in dangers or merits. In practice some women tolerate one preparation better than another, but this is also true of the various synthetic oestrogens. It can be found out only by trial. In treatment the natural oestrogens are part of the total armament, probably neither better nor worse than the others in general.

How common is infection after the insertion of IUDs? What precautions should be taken?

It is difficult to give a precise answer to the first part of the question. One study¹ has given the relative risk of infection as 3.1 for users over non-users, but this rose to 6.9 for those users who had never been pregnant and fell to 1.7 for those who had been pregnant at some time. The investigation was made in Sweden, and acute salpingitis was confirmed by laparoscopy. Possibly the infection in those who had never been pregnant was due to gonorrhoea. Experience in the USA,² however, failed to find evidence of gonorrhoea on endometrial culture in 131 IUD users, and positive cultures for pathogens were found in 67% of users and 62% of non-users. Five users were nulliparous, and three of them had to have hysterectomy for tubo-

ovarian abscess. Infection is commoner in those who use IUDs and is probably unrelated to the length of time they have been in place or to the kind of device. Threads coming through the cervix might be a channel of infection theoretically, but the many women who never develop infection suggests that this is unlikely in practice. Patients can only be warned of the possibilities of infection and to report symptoms of discharge, unusual bleeding, and pain early so that antibiotics can be given and the IUD perhaps removed. In some cases a warning about the potentially seductive invitation to promiscuity afforded by the device might be timely.

¹ Weström, L., et al, *Lancet*, 1976, **2**, 221.

² Golditch, I M, and Huston, J E, *International Journal of Fertility*, 1973, **18**, 156.

A patient with Hashimoto's thyroiditis has developed Sjögren's syndrome of the eyes and salivary glands. Hypromellose drops have improved her eyes, but can anything stimulate or simulate salivary production?

Treatment of the dry mouth is often depressingly ineffectual. Two per cent methyl cellulose can be used as a mouthwash, but preparations containing citrates are probably more valuable; common-or-garden acid drops have the virtue of being cheap. Immunosuppressants such as cyclophosphamide used to treat the underlying disease are sometimes effective, and recently high doses of bromhexine—16 mg thrice daily—have been tried,¹ though with only limited success.

¹ Frost-Larsen, K, et al, *British Medical Journal*, 1978, **1**, 1579.