PERSONAL VIEW

The sudden realization that one is reliving a previously experienced pattern of events is always startling. Sometimes the experience is illusory and has the nature of *déjà vu* phenomena. At other times it is real and one's memory of the earlier event then seems to increase one's awareness of the current or succeeding event.

Such a duplicated pattern of events occurred to me in January a few years ago. It started with my wife informing me that a message had arrived asking me to visit a farmer at his home five miles out of town. The farmer, whom I shall name Lloyd, was an elderly man I had not previously met. The neighbour who telephoned could give little information about the illness. All he knew was that Lloyd had been well the night before and had become ill about breakfast time. The request was urgent but not one that demanded an immediate visit. The morning surgery was about to start and I decided to postpone the visit until this was finished.

January is always a busy time of the year, and the absence through sickness of a partner had increased my work load considerably. Shortly after finishing my first surgery I was scheduled to take a second surgery at a nearby village. This village lay about eight miles in the opposite direction to the farm I was to visit. The first surgery completed, I now had to decide whether to visit the man immediately or proceed to the second surgery. Again I decided to postpone the visit.

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The private house at which the second surgery was held had been used as a branch surgery for many years. It was a hospitable house, and after surgery it was customary to drink tea with the owners. On this occasion the tea had been poured but scarcely drunk when the telephone rang and a voice informed me that the man was much worse. I left immediately and hurried to the farm feeling anxious and guilty.

The farm was situated at the foot of a hill about 1½ miles from the main road. It was approached by a dirt track that passed through a number of gates. The neighbour who telephoned accompanied me along the last stretch, to open the gates. Even before we entered the house I knew that Lloyd was dead. It was apparent in the face of his nephew awaiting us in the farmyard. He said a word of greeting but nothing more; the old man was dead and there was nothing to say. Lloyd had been a bachelor, and inside the house his widowed sister sat by the kitchen fire. She was alone. Her face bore the same expression as the nephew and she too said nothing. I was grateful that their looks were not reproachful.

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I left the neighbour in the kitchen and ascended the staircase. The bedroom was at the front of the house, and on entering it I saw a middle-aged woman standing in the centre of the room; she just stood and gazed at the body on the bed. She was Lloyd's niece, and I learnt from her that he had been dead for only a short time; possibly less than three minutes.

Lloyd lay on an old-fashioned double bed. His mouth was open, his pupils fixed and dilated, and neither heart sounds nor breath sounds were detectable. He had consulted a doctor only once in his life and that was four years previously. A post mortem would be necessary to establish the cause of death and

this would certainly add greater distress to the family. With out hope of success, I applied external cardiac massage. Within a few seconds he began to gasp and then to breathe. The heart had responded and was contracting again at a normal rate, but Lloyd remained unconscious. I gave him an injection of chloramphenicol, raised the foot of the bed, and informed the relatives that I would return as soon as I had finished my other visits. I also promised to send the district nurse as soon as I could contact her. With that I left, glad the man was still alive.

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I returned in the afternoon to find him stuporose but responding to stimuli. By evening he could answer simple questions. The next day he was sitting up in bed and much brighter. There was no evidence of any central nervous lesion and my anxieties about resuscitating a man to produce a vegetable were happily unfounded. He was a real character, full of pleasantries and jokes, and was very soon badgering us to let him rise out of bed. On the fifth day I received the results of blood tests I had arranged. His blood urea was 80 mg./100 ml., the blood picture normal, E.S.R. 18, and S.G.O.T. 186. I was pleased that the transaminase level supported my provisional diagnosis of coronary thrombosis, and as soon as I finished my morning surgeries I went to visit him. This time I travelled to the farm feeling slightly elated. My diagnosis seemed correct, the patient was improving, and the successful resuscitation in a private house of an octogenarian by external cardiac massage might perhaps be unique.

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When I arrived at the house I knew he was dead. His nephew was awaiting me in the farmyard and his face bore the same expression I had seen five days previously. I passed him without a greeting. In the kitchen the old lady sat as on the previous occasion, though this time in the company of her daughter. Their faces too bore the same look I had seen before.

Once more I ascended the stairs and entered the bedroom. Again I found a middle-aged woman standing in the centre of the room gazing at the corpse. This was the district nurse. She had arrived twenty minutes earlier and found the old man brighter than ever. She had made him comfortable and then gone downstairs. Five minutes later the nephew shouted from upstairs, "Come up quick!" Nurse hurried up the stairs to find the old man gasping for breath; he died almost immediately. Shortly afterwards I entered the room and once again learnt that he had been dead for less than three minutes.

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On this occasion my mood was different. I no longer felt anxious or guilty, and I knew that the family had now had time to realize that he was seriously ill and to adjust themselves to the idea that he might suddenly die. I did not attempt cardiac massage this second time. He was buried three days later.

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