Vivian Milroy

The Nightmare

A Chinese sage woke up and said that he had dreamed that he was a butterfly. But he was worried: was he a man who had dreamed that he was a butterfly, or was he a butterfly who was now dreaming that he was a man?

My nightmare was this. In the middle of the night I suddenly woke and sat bolt upright in bed and I was in a completely strange place. There were lights, people, other beds. It was the ward of a large hospital. I was utterly bewildered. It seemed so real. And a nurse came towards me, responding to my shocked bewilderment. As she got nearer, I seemed to recognize her. And then I remembered. I did know her. I really was in a hospital ward, And I'd been there for a week. And that nightmare went on for another fortnight, but gradually faded and real life came edging back. Or vice versa. Either way it was a dramatic and wonderful experience. In a way, I am glad I had it, not that I ever want it again. But I am glad that I have had it just once.

To fill in the bare data, it started with violent abdominal pains - suspected food poisoning, appendicitis, or pancreatitis, or twisted gut. In the event, none of these things were proven, or unproven. My many tests of blood, urine, faeces, sputum, have all to date proved negative. X-rays have shown a correctly shaped and operating, although bruised and unhappy gut. My own diagnoses have included *hubris,* psychic invasion, and buried pain. Needless to say, there hasn't been very much agreement

between my models, and the medicos. As there has also been no hard evidence either side.

So what are the advantages I may have got from having chosen to put myself into a state of agony for fifteen days? Perhaps the most important thing is that this must have improved my ability to empathize with other people. I know now what pain is like - in myself - not just from hearing about it, reading about it and being told about it. And if one believes in the Yin/Yang polarity of life then my experience of joy must be the greater now that I have this experience of agony; so it is part of my own development as an individual and has added a dimension to my experience.

Pain and sickness are great levellers and this is a truly classless society - as far as patients are concerned. There's a great deal of mutual caring, understanding and help and an ability to empathize with the other's problems. For me this is particularly valuable as this is an all-male society, which since early days in school I have shunned. I find I am able to fit in here. My next door neighbour, a bacon cutter who blacked out in front of his gas fire and burnt himself very badly - accepts me on a slightly closer relationship basis to the others and the others accept me in varying degrees to their proximity to my bed or frequency with which we come into contact walking about the ward. At the social level of exchange of feelings and information about the world, I seem to relate satisfactorily to most people I come into contact with here from doctors to semi-conscious patients. Moreover I do not seem to feel uncomfortable or embarrassed at being in this for me completely new and unreal situation.

I am pleased at how well I am fitting in here. I enjoy helping the nurses with the tea trolley and making cups of tea in the middle of the night for wakeful patients. To be utterly dependent and then gradually to build up one's skills in standing, walking, serving seems like a kind of primal therapy. To have one's mouth by-passed by a stomach-tube and to have one's body fluids topped up by a kind of placental tube straight into one's veins, is a real regression to a womb-like state: only breathing and elimination remain under one's own control.

In some way, this has seemed to be a kind of duel, or even bullfight. I have been teasing toro/Surgeon with my quivering soft underbelly, and each time that they rush at me with their scalpels, I have managed to turn aside and avoid their penetrating horns. The bull's name is Laporotomy - which being interpreted means, let us open you up and have a look. But this is a cowardly bullfighter and instead of the coup de grace, I will try and slip quietly through the barrier, cover my belly, and slink gratefully home.

So what is going on? The medicos have a hypothesis of an unknown tucked-away focus of infection. I have other levels of explanation. The only difference is that I can accept that both hypotheses be true. They are unlikely to accept that. For them, either they will find an 'organic' cause or it will be 'unknown'.

One thing I have found enormously valuable is to see how the other half lives. That is

to say how the conventional dyed-in-the-wool BMA type medical profession operates. And I must say it's very impressive and, within the limitation of their cognitive map, they are doing a first-rate job. But the limitations they impose on themselves are real - even within their own frame of reference. They can perfectly well say they refuse to accept any kind of psychological causation in 'organic' malfunctioning but even they must be aware of the effects of diet. And from the amount and range of food served here, there is absolutely no indication that anyone with any dietetic knowledge - let alone naturopathic knowledge - has any say in the kitchens. On quantity alone it's ridiculous: sedentary patients would need little more than 1500 calories a day for their rebuilding and energy requirements: in fact they might be very much better off on less. Regularly the meals served total up to over three thousand calories a day. Small wonder that some patients complain of indigestion! And the type of food served indicates that no one down there in the monster kitchens has any knowledge of or interest in recent research into diet-induced diseases. Salt is used freely, so is white sugar and cholesterol-rich butter. Salads are only served if asked for and, needless to say, very few patients ask for them. The standard is good - probably up to a well-run holiday camp: nutritious, varied. well-cooked and deadly. For more than half the patients though, I suppose this policy of *laissez faire* is justified. Patients coming in for seven days or so for a smallish surgical operation are not going to be induced to change the eating habits of a lifetime, even if anyone knew how to do it. However a significant portion of the patients here are suffering from diseases caused by diet - stomach ulcers, bowel cancer and other diseases of the intestines and digestive organs. The failure to treat the whole patient in these cases is grossly negligent. The same applies to smoking. There are no restrictions, and visitors and patients smoke freely on all occasions. There is perhaps one restriction - the nursing and the medical staff do not themselves smoke. At least they are not encouraging by example: only by tacit acceptance. This perhaps is the biggest difference between western and oriental medicine: western medicine is concerned with symptoms and with sickness; oriental medicine is concerned with health, and with the whole person.

Counselling is another dead area. At one time feeling very depressed and wanting to work out with someone who could at least listen, I asked if they had a counselling service? The answer was no. If I said I felt depressed and I mentioned it to the doctor, he would give me some tablets. I was able to cope, but there must be hundreds of people here who are afraid, worried and disorientated at the idea of being in hospital and although the nurses are extraordinarily warm and caring, most of them are very young and would lack any kind of sensitivity in dealing with this sort of problem. Nor of course would they have time. They're run off their feet already. In fact this seems to be an interesting area for lay-helpers. There must be any number of people, either retired or out of work, who are anxious to do something and who could certainly be used for a service like this. What would be necessary would be some way of allowing patients to indicate if they wanted to talk. Which incidentally is something the established church here dosen't do at all either. I have seen black cassocked figures whistling past at intervals but none of them ever offered to stop to talk. Nor, apart from actually tripping them up, did there seem to be any mechanism for bringing this about.

Two Black Feet

The first one belonged - I was conspiratorially advised at 5 a.m. in the morning - to Bishop Musorewa, 'an attack of some kind'. This was exciting. Here I was really in the thick of things, although I was a bit worried about security. If the assassin made a second attack on him, my bed would be directly in the line of fire. I worked out a quick escape route involving throwing myself out of the side of my bed the moment anything suspicious came rushing through the door. Later on the hooded and masked operating staff came in with a swathed figure and accompanying saline drip. He was settled into position and they withdrew. The Bishop was restless and it was then that the black foot appeared. Only, the nails seemed to have been varnished. That seemed a bit rococo for a bishop. And peering closer at the figure in the bed I saw he was indeed much younger than the bishop could have been. In fact it turned out to be his second son who had suffered an extraordinarily inept attempt on his life which left him with burns on his forearm and a cut artery when he broke a window to escape. Lil, the sturdy cockney cleaner, who woke us each morning at 6 a.m. with a 'morning al' of regular and indomitable cheerfulness, was outraged. 'Taking up a bed that could be used by a real patient!' This was partly due to her own insistance that he had fallen asleep while smoking and set fire to himself, in spite of the official version, but mostly I think because he was black. They hadn't much of that trouble where she lived, she said.

I restrained my pinko-liberal sentiments and nodded sympathetically. Unfortunately, young Musorewa, as soon as he was conscious, set Lil's racist feelings back at least ten years by his behaviour. He ordered the nurses about as if they were Cuban mercenaries and he got up the noses of the local Tower Bridge police officers by talking in terms of abstruse political ideas and off-beat philosophy instead of the plain facts of his case - which incidentally never did get very plain. Both during and before visiting hours he was surrounded by a group of friends who chain-smoked and trod their dog-ends into the floor. Lil didn't reckon that at all.

So my problem was to accept him as he was, trying to get in touch with his frame of reference, and trying to understand him. It wasn't too difficult . I too had had a revered and important father - although only in local terms - and probably had the same trouble coping with the desire to love and identify with him while at the same time holding on to my own individuality and therefore revolting from the revered figure. At his age I'd certainly shot my mouth off to admiring friends as much as he did, but I had never had to put to the test being in a position where I was the centre of attention, sought out by police and journalists and, at the same time, waited on hand and foot by a bevy of warm, jolly Malawi nurses.

The next black foot was more difficult to love. It belonged to a drunken Irishman who had presumably fallen over and hit his head. He was carried in in a semi-coma and, as soon as he began to come back to any kind of consciousness, made attempts on the nurses and refused to wash even his face, which was nearly as black as his foot. 'A real subhuman' I thought. I should certainly have to work on this one. And it was difficult.

He made no eye-contact at all, he had a lowering neanderthal face, beetle brows - and quite the blackest feet I had ever seen in my life on a white man. But as the day went on we established some little contact. As I passed his bed I did from time to time catch his eye and once I actually caught him in the washroom, the primitive torso bending towards the mirror, gazing into a very much cleaner, very much younger and very much more human face. He'd washed. Later he was sitting outside his bed and his feet were a beautiful glowing pink. Later we chatted. He'd been a driver in the British Army - had intended to continue the job when he was demobilized ten years earlier but for reasons unexplained, had never driven again. He was now living in a hostel, looked hunted and unhappy, and was on pills 'for his nerves'. Maybe there is a 'dirt trap', similar to the 'poverty trap'. If you are dirty people don't like you and won't give you opportunities to wash. The less opportunities to wash you have, the dirtier you get, and the less friends you have. But of course the frightened and unhappy man with pink feet was exactly the same individual as the filthy neanderthal who'd been propositioning the nurses the night before. The failure was mine. But I can't do everything. So if you want to get close to me, be warned. Wash your feet first.

I suppose one final advantage of this exercise is that I have been able to rely entirely on my own organism to cure whatever it was with the very efficient safety net of the National Health Service directly underneath me. This may be my own lack of courage and readiness to compromise, but it seems to me that for me to have been at home in the same condition would have been completely unbearable and unacceptable for all concerned.

Possibly the most valuable lesson has been the practical experience of a philosophical treatise on the problem of pain worked through at the only level this could be really worked through. I'm still keeping my fingers slightly crossed because I'm still flat on my back and am assuming various things which may or may not happen. If the pain does return, if the medicos do come up with a concrete causal factor, then maybe I may have to think again. In which case this would be continued, unhopefully next month.

In fact your Editor was released from medical custody a week later, still undiagnosed, still producing what the medics call 'pyrexia of unknown origin'. Now feeling like a healthy man who's been sick rather than a sick man who'd been healthy.