Angels of Mercy

Friday, 9 December was sunny, calm, cold and rain-free, much the same as every day had been since the events of Halloween a few weeks before. In fact, we had experienced several months when the weather had not varied a great deal. It was turning out to be a very mild winter. That Friday no doubt started the same as every other day that week. There was no reason why it should not have done. However, there might always be the chance that some unforeseen event happened on the Thursday evening to change the course of my life irrevocably - an event that may have upset the balance, invoking an alteration to my lifestyle.

Unfortunately, I do not have the ability to remember and so do not know of such a phenomenon. This event is so unlikely that it makes that particular Friday perfectly normal, meaning I left on time and proceeded to walk to work, travelling through the back streets of Catford towards the South Circular Road. It may not have been the most pleasant route to walk, but it was fast and direct, avoiding the railway lines, Hither Green sidings and the local cemetery.

I caught a bus though. Don't ask me why; I never used to ride on buses around London. Waiting behind a cue of cars annoys me; I would rather keep moving, even if it takes me longer. As far as I know there was no real reason for me being on the bus, I was not even late for work. It had just gone eight in the morning, and on a Friday as well. I had no reason to hurry to work. Yet I was on a bus. Why, remains one of those mysteries that will probably never find an answer.

The bus stop nearest work is up the hill along St Mildred's Road, Lee, opposite Rayford Avenue - a road that opens out into Ronver Road, leading to Willowtree. The bus pulled over and I 'jumped off and ran across the road' - at least that is what the eyewitnesses say. Sounds like a load of rubbish to me, but I cannot remember any of the events that occurred on that fateful morning. It is frightening to think that I am the only person who can know what happened on the day of my accident, when I cannot now remember the circumstances. Various eyewitnesses all say the same: I just ran out into the road without looking. I do *not* do this.

I have spoken to some of the people who witnessed the accident and have read the police accident report. Using a bit of common sense and knowing the kind of person I am, I think I 'know' what happened, and it shows that evidence can easily be misinterpreted. Eyewitnesses can only say what they saw and cannot get inside the mind of the person they witnessed. In no way am I saying that their statements are false, but saying I ran out into the road without looking is ludicrous. I walk fast; I take fast, fleeting looks. My interpretation would be that they did not see me look and only thought I ran. However, like the Big Bang, nobody knows what really happened and, to be honest, it doesn't matter that much anyway.

How the car came to hit me is in dispute, but there is one thing we all agree on: as I crossed the road I had a slight bump with an eastbound car. Thankfully the car was going relatively slowly, only twenty to thirty miles per hour. The A205, South Circular Road, is South London's major artery, spreading right the way across the south of the city from Kew Bridge in the west all the way to the Woolwich free ferry in the east. Of course, being major, everybody uses it and nobody can go fast along the South Circular Road in rush hour whether they want to or not. Curiously, so many cars were on the road as their drivers 'rushed' to work that my life was spared.

This slight bump, which judging by the damage to the car was all it was, may only have been small, but it did cause my knee to swell up, dislocate my right shoulder and cause a large abrasion to appear on my upper lateral right humerus. As the car (no doubt) braked and I bounced off the bonnet, I was flung into the air and twisted around, banging my right temple against the side of the bus as it pulled away, the fold of metal where the top and bottom halves of the bus meet embossing the side of my head.

As accidents go this had been a bad one. It was to totally change my life and would make me reassess the values that had been foundation stones of the person I had been before, a person I would never be again. Changes occurred that could have turned out to be disastrous, maybe ending with me being 'chained' to a wheelchair for the rest of my life, or even worse. Thankfully, this is not the case, though never must I forget that I had a life to go back to in the first place.

In spite of its grave outcome, this had just been a simple accident, a small prang that should have been forgotten by the next day. It was not for me to forget, though, but the start of a process I somehow had to undergo to better myself; a voyage of self-discovery I maybe had to travel before I would be able to continue with my life. After all, it was up to me to learn from my accident; there was no other way to treat it. No blame could be laid and there would be no recriminations. Neither the car driver nor I had any reason not to be where we were. We were both carrying out our normal lives to the best of our abilities. Neither of us was in the wrong place.

Time, a factor I never quite did get the hang of, was the linchpin. We were both where we should have been, just at the wrong time. It is a very simplistic view yet it has a ring of truth. Of the many thousands of eventualities that could have happened to prevent us from meeting each other at that exact same spot at that exact same time, none of them came about. Was it pure chance that I came to be in front of that car at that instant, or was the event preordained? Was I supposed to greet the bus that morning with my head? Was I going to live or die? It does not bear thinking about, though it did evolve to offer me a reason for my continuing life, a shred of hope for the purpose of my enduring existence.

No matter how bad the accident was it could have been far worse; all said and done, there did not appear to be that much wrong with me. My bones did not break yet the car had a dent in the wing. Even so, as my head melded,

momentarily, with the side of the bus there was a loud noise. My head must be harder than I thought, though maybe there was a hollow ring…

To some extent the traffic had ground to a halt. The car that hit me, the bus and my prone body were causing a fairly effective roadblock. Amidst all this confusion, Louise Dunn heard the noise my head made as it hit the bus. A district nurse, she pulled to the side of the road on the opposite carriageway and rushed over to offer her assistance. To her surprise I had landed in the recovery position. Unfortunately, this meant that she was not able to examine me thoroughly, but she was able to check my airway, making sure that it was clear and that there was no blockage, as well as my breathing and my circulation. Happily, she was able to ascertain that I was lucky in that I was still breathing, my heart was still beating, life was still flowing around my broken body. My breaths were shallow (they were not deep enough and possibly too fast), but she did not dare move me, not knowing whether my neck or back were broken, and she prayed that I kept breathing. If I showed any indication of getting worse she would have had to move me so as to be able to start mouth-to-mouth resuscitation or CPR (cardio-pulmonary resuscitation), neither of which she wanted to start without the proper equipment and services, as she might injure me irreparably. She kept me comfortable and warm, but there was little else she could effectively do. Luckily, I never stopped breathing; my heart never stopped beating.

The driver of the car that hit me had pulled over a few yards further ahead and was by the roadside suffering from shock, being comforted by a passer-by. The bus driver, Gary Plowman, also suffering from shock, was doing what he could; the minds of his passengers had started to mingle, trying to ascertain the situation, their bodies not really able to move around and find out exactly what was happening, too stunned by the incident. Mr Plowman radioed his headquarters informing them of the minor delay to his route. London Buses Control then relayed this information to the police and the London Ambulance Service at 8.10.

When the LAS received the 999 call, stating '… adult male, hit by car, unconscious on the floor, query serious,' they passed on the information to New Scotland yard, and also to Lee Ambulance Station, where it was received by ambulance November 401 at 8.13. The ambulance was driven by Bill Brooks QAP (Qualified Ambulance Paramedic) and attended by Glynn Harris QAP and Richard Ranshaw, the Station Rep, who volunteered to assist hearing the nature of the call. They immediately left the station and headed for the location given: '... junction of Brownhill Road and St Mildred's Road, SE6'. Seeing nothing on arrival five minutes later except for the traffic at a standstill on St Mildred's Road, they continued up St Mildred's Road until the incident was found at the junction of Rayford Avenue, SE12. There I lay on the road, surrounded by a crowd of onlookers.

Before the arrival of the ambulance, however, PC Giovanna Richards turned into the road going about her normal beat moments before receiving the call about my accident on her radio. She had previously been a nurse and had had some

training as a paramedic; she rushed over with the small first aid kit she carried with her in the car to see how I was and to check my vital signs - in the circumstances healthy enough, thanks to Louise - and to start the initial police work.

One of the paramedics checked my 'ABC' (these vital statistics were relatively healthy, considering, due to the wonderful help from Louise and Giovanna) whilst another fitted the appropriate size stiffneck cervical collar. An oropharyngeal airway was inserted and oxygen therapy started, and I was attached to a cardiac monitor. A quick visual check showed no major haemorrhage, so a more thorough secondary survey was started whereby I was checked to see whether there were any obvious wounds or deformities, and my skin condition (colour, texture and moisture) was assessed. This also included a head-to-toe survey of my condition checking my scalp, nose and ears for any deformity or bleeding/CSF (cerebrospinal fluid) discharge. My eyes were checked for injury, pupil equality and movement, and my neck checked for any deviation of the trachea, wounds or distension. My chest, abdomen, pelvis, back and limbs were each checked for any bruising or fracture. The observations found were: a systolic blood pressure of 110 (a little low), a pulse of 96 (a little fast) and a respiration of 12 (normal, but fast for me and probably shallow). My pupils were also fixed and dilated to the left (indication of an internal cerebral bleed); I had brief shaking spells (possible epileptic fits), abnormal reaction to stimuli (e.g. pain), a fractured right humerus (dislocated shoulder), and the possibility of internal injuries. From the Glasgow Coma Score (see the hospital notes: Trauma Unit notes), a scale ranging from three (dead) to fifteen (normal) used to determine the level of consciousness, it was ascertained that I had: verbal, 1 (out of 5); eyes, 1 (out of 4); motor, 3 (out of 6). A total score below five (out of fifteen) is very bad and the chances of recovering without a degree of irreparable brain damage are slim. I had a GCS of five. Looking on the bright side I was haemodynamically stable: my pulse and blood pressure were within normal parameters. To put it another way, I wasn't bleeding!

Even though the ambulance was there, waiting to take me to hospital, it was decided that due to the possible severity of my head injury I was not stable enough to be rushed to hospital in the back of a moving vehicle - London rush hour permitting. However, there was an alternative.

The Helicopter Emergency Medical Service, based at the Royal London Hospital, has been operational since May 1989. HEMS is specifically designed to cope with situations like mine - there being an average of five major incidents a day in London alone. It is the only helicopter of its type in London and is only called out to very bad cases; it would be too inefficient to use it for any trivial undertakings. A HEMS paramedic screens all emergency calls to the London Ambulance Headquarters in Waterloo. He checks to see if any calls are serious enough to warrant the call-out of HEMS.

As this is done, the paramedics assess the patient's injuries against a short list of 'guidelines for requesting HEMS' whilst dealing with them. Several points are taken into consideration, including the extent of multiple areas of the injury, whether the respiration rate is very fast or very slow, the pulse is fast or the systolic blood pressure low, and whether there are extensive burns, paralysed limbs or long bones broken. It is also ascertained if the accident was caused by various events, including a fall of more than twenty feet, a blast or cave-in, or a pedestrian hit at more than twenty miles an hour. The activation of the helicopter depends a great deal on the judgement of the paramedics.

Once I'd qualified, the call was made direct to the HEMS office in Whitechapel at 8.27. Meanwhile my limbs were splinted and a 14g cannula inserted into my right arm to start a saline drip and to administer intravenous Diazemuls if I fitted again. I was then packaged ready for transport by HEMS, and another cannula inserted in my left arm as a precaution against me having internal bleeding, another saline drip started run on a TKVO (To Keep Vein Open) rate. I was then positioned onto the orthopaedic scoop stretcher, my head restrained in a neutral position and taped down, placed onto the ambulance trolley bed and positioned inside the ambulance. Meanwhile, the helicopter was making its way to my position, taking six minutes to cover the 4½ miles and landing in a nearby playground.

A Royal London doctor, Phil Hajimichael, was then able to attend me. Better qualified than a paramedic, a doctor is legally allowed to do many procedures, which paramedics, even though they may know how, cannot perform. There are various drugs - especially hard drugs like morphine - that only a doctor is allowed to prescribe. Having a doctor there was very important, bearing in mind my condition, and he remained with me for over twenty minutes, getting me in as good a condition as he could before I was airlifted back to hospital.

My fluctuating vital signs were measured again and it was shown that my blood pressure was now reading a more respectable 128/67, whilst my pulse rate had returned to a practically normal 71 beats per minute. My breathing rate, though, had increased to a rather fast twenty breaths per minute. By now my breaths were very shallow indeed! My GCS was taken again, but now it was measured as being six. Even at this early point my body had recovered incredibly well, but I was not out of the woods yet.

In the back of the ambulance, Dr Hajimichael anaesthetised and intubated me for the journey, using a size nine endotracheal tube (ETT 9.0). He then administered Mannitol, a diuretic used to prevent brain swelling in head injury patients, and connected me to the ventilator and all the monitoring equipment carried in the helicopter. The ventilator could be adjusted so that breaths could be faster, slower, bigger or smaller than normal. This was very important, preventing the build-up of carbon dioxide in the bloodstream of head injury patients. On arriving in casualty several minutes later, ventilation on Mannitol was kept up - in fact it continued for several weeks afterwards. I was also hooked up to two

peripheral lines (one into each arm) so that IV (intravenous) drugs could be administered.

When Dr Hajimichael considered that I was stable enough to be transported, the ambulance drove the less than 200 yards to the helicopter, where I was transferred. Once airborne, Louise Dunn and PC Richards were able to return to their normal lives and I was able to put that disastrous scene behind me and 'wave goodbye' to the crowd of onlookers, as they stood around watching the changing situation and taking photographs.

The quicker return journey to the Royal London Hospital was carefree as they have their operation very well organised, running like clockwork. Once the helicopter had landed, the pilot and co-pilot, Captain Ian Field and David Gurney, were left to finish dealing with the helicopter, help coming as the ground crew hurried forward to assist, whilst Dr Hajimichael and Gareth Hughes were concerned with me.

Once the doors were opened, I was swung out on the stretcher, lifted down onto a hospital trolley and wheeled off the helipad (situated on the roof of the Royal London Hospital) to casualty, finally being admitted at 9.07. An anaesthetist, a general surgeon and a neurosurgeon had all been bleeped just before nine in the morning and were all ready to greet me when I arrived. These doctors, led by Alastair Wilson, Clinical Director (A&E), were able to patch me up well enough to go to the Trauma Unit - basically to get me off the critical list and onto the 'not doing particularly brilliantly, but is not going to die immediately' list.

I talked to Phil Hajimichael two years later and asked him about his reflections on the accident. He told me that he did not really have any; there was nothing to make that particular day especially memorable. I suggested it had probably been 'run-of-the-mill'.

'No, it wasn't that,' he said. 'It is just that we are all so used to doing things like that, we just do it. We didn't have time to stop and think about what we are doing, we just get on with it. Emotions don't play a part, we are too busy.'

First action on the list once I had arrived in casualty was to reduce the dislocation to my right shoulder. The abrasion just below this shoulder was left open, though Betadine was applied once in the Trauma Unit. My other injury, a minor abrasion on my right patella with ligamentous damage to my right knee, settled spontaneously over the following few days. Shortly afterwards, the three standard X-rays were taken: cervical spine (the neck), chest and pelvis; they showed no abnormalities.

A triple lumen central line was inserted, right subclavian (just below my right collarbone) for ten days, and an arterial line started in my left wrist. After four days this was removed and another started in my right arm for another six days. The small indentation superlateral to my right eyebrow where my right temple had smashed into the bus, about one inch long, was steristripped. These

steristrips, a type of sticky tape used instead of stitches, would finally be removed on the 16 December leaving the site clean and dry, though the wound was covered by loose scalp; this head laceration did not require any other intervention.

A surgical SHO (Senior House Officer) performed a 'diagnostic peritoneal lavage' (DPL) whereby saline (1000 mls) was infused, 900 mls, virtually crystal clear, was returned – 4 mls of peritoneal fluid was also aspirated. These two samples were analysed to determine my blood cell count. It was found my white blood cell (WBC) count was 10/mm^3 and my red blood cell (RBC) count was 600/mm^3. If the WBC count had been greater than 500/mm^3 or my RBC count had been greater than 100,000/mm^3 then the DPL analysis would have been positive. Hence it was negative, and I was not bleeding internally. This procedure is only performed in the A&E department and also involves an incision next to one's navel and the insertion of an endoscope to visually confirm the lavage. After the incision was closed, it left an approximately 2"-long DPL wound which was subsequently sutured and dressed with a dry dressing. These sutures would also be removed on the 16th, leaving the site well healed with no evidence of infection.

Thankfully, I was not bleeding from my nose, my mouth or my ears either. Fortune indeed since any one of these could indicate a much more serious condition. Had I been bleeding internally, the surgeons would have had to perform an operation to stop the bleeding. Although it is probably true to say that my body would have recovered from the shock of an operation concurrent with the shock from my accident, it would not have been very pleasant. Mind you, I would have had a scar that could be attributed to my accident. As it turns out, other than a small scar on my left elbow and small, white 'dots' on my wrists, arm and chest, it is very difficult finding any scars due to any of my three car smashes. I seemed to have emerged from another car accident relatively unscathed.

By 9.55 on the 9th, my blood pressure was measured at 137/82 whilst my heart rate was a little fast at 88 beats per minute. As my respiration was being controlled by the ventilator, my blood oxygen saturation was finally up to 100 per cent, rather than the 90 per cent it had been when I was attempting to breathe on my own. My pupils were measured at being 4 mm on the left, but only 3 mm on the right; they were non-reactive. A neurosurgical registrar took me to have a 'CT' (Computerised Tomography) scan at 9.44 in the evening, long after my move from casualty – maybe the protocols were different then than now. Even if that were the case, they could not take me for the scan until I was stable. Perhaps this took longer than anticipated and, though I was out of immediate danger, I guess having a patient die in the scanner would have brought about too much paperwork! This 'cat scan' showed that there were some intracapsular, though mainly intraventricular, haemorrhages on the left-hand side of my brain, diffuse axonal activity and some evidence of cerebral oedema.

Rather than only a few areas being badly damaged, it seemed as though my whole brain had suffered minor damage. It appears that this is the way with most head injuries. With me, most of the damage had been to a small area to the left-hand side of my brain. Even so, problems remained with my balance, walking, speech and motor skills to my right side. Other areas - some to the right of the brain, some to the back affecting vision - had been damaged to a lesser extent. These injuries were bad, yet I found it hard to explain to friends exactly what was wrong with me. It was nothing as simple as a broken leg, for example. It could only be described with the blanket term, head injury - but what does it mean?

Once I had regained consciousness fully, it was a while before I was able to walk or talk and my balance still worried me decades later. These few physical matters aside, there was nothing that was really wrong with me. Why was that? Put simply, why am I still alive? Was it pure chance? Having potentially died when my car hit that street sign, as well as the most recent collision - not to mention the several times I relapsed whilst in the Trauma Unit - this seems unlikely. Why am I still here, then?

It is almost enough to make one feel quite saintly, believing they are here for a purpose and some higher power will not let them leave this world until they have fulfilled their destiny. I was certainly not destined to die; I was not confronted with a tunnel, swirling with luminous mist, or beckoned by distant ancestors tempting me with the promise of everlasting peace and happiness. I did not even see a bright light. Perhaps I am intensely evil, and God did not want me in Heaven! Personally I do not think my time had come. Why give me a choice between life and death if I *was* going to live? Maybe there is a reason for my continuing life? Then again, maybe I am invincible, a human Superman? More likely I am just very lucky.

This is the problem with surviving near-fatal accidents. It makes the survivor feel that they are unstoppable, that nothing can touch them. It seems as though whatever life throws at these survivors, it just bounces off, leaving them unharmed underneath. Coupled with the lack of fear that these accidents can bring, this creates a very deadly combination. Heaven help anyone who pulls a gun on me, since bullets cannot harm me!

This leads neatly on to my theory of a test for the existence of God. Assuming there is a God and I have a reason to live, if I point a gun at my head and pull the trigger, the gun should jam. Fear or no fear, invincibility aside, my head injury did not leave me with the stupidity to put this test into practice. I do not fear death; I just like life too much.

Whatever can be said about this kind of accident, and whatever your views on the outcome, there is one fact that remains unaltered. Most of my friends have not noticed too much of a change. Even so, I defy anyone to go through this kind of accident and not change. I have changed, and am still discovering the permutations of these changes. Most of them altered the way I had been for years, forcing me to learn a new style of living.

Many of these aspects of life can be learnt very quickly. Making one's bed in the morning, brushing one's teeth twice a day instead of once, or doing up the button on a shirt breast pocket, are all easy changes to make. Some changes, however, go against what has been learnt throughout a person's life, causing a radical reassessment of opinions and feelings.

Of course, mistakes happen. Often I have done or said something, only to regret it later on understanding the meaning. I would realise later that I mostly did not really mean what I did or said either. I had a very good friend whom I love very much, yet I had the foolishness to drive her away by what I said to her. I now have regrets, realising I did not mean what I said, though I came to this conclusion too late; I had said it - sometimes words cannot be unsaid.

I was able to learn though, as a child does. Much of who I am and what I can now do had to be learnt from scratch. Since the area of my brain governing the ability to talk had been destroyed, another area had to learn anew how to talk. All very well, yet I could remember how to talk, it was just that I was not able to. Although having to relearn meant that many activities like talking would not be as good as when I first learnt, I had a second chance, to get things right that I got wrong the first time around through picking up several bad habits. In many ways I am a better person for it.

Just before I left casualty, a Camino ICP monitor was insert; this Intracranial Pressure ventricular bolt was planned to be inserted for three days, and needed to be managed. Having survived the worst and now needing constant nursing, I was transferred to the Trauma Unit. I stayed there for nineteen days and the ventilation and sedation were continued.

By 11 December it was decided that the ICP bolt could come out and I was allowed to wake up on my own. It was even scheduled for me to be extubated on this day. The surgeons 'would be happy for their patient to be woken up'. My waking up was slow, though, and it took a further day before I started to rouse myself from my unconscious state. Mind you, I liked my sleep and, though conscious, I was very dozy; I slept a lot.

I was still having unconscious spasms - extensor in my legs, flexor in my arms. This abnormality, where one's legs stretched out and would not bend, and (usually one) arm was held close to one's chest, refusing to straighten, was typical with extensive brain injury. Over time the biceps muscle becomes locked in this position and it grows increasingly difficult to straighten this bent arm. The longer it is left, the tighter the muscle develops until, eventually, it becomes too difficult to straighten the arm since the resultant 'stretch' on the muscle causes a tremendous amount of pain. It is only by progressing through the pain that the arm can be used properly again.

A day later my pupils were measured again at 4 mm each. They were reactive and I was attempting to open my eyes, though it was several days before I could see anything and a few weeks before I would remember what it was that I saw.

There was flexion in my left limbs and abnormal flexion to the right side. By the second week, there were small, spontaneous movements in my left leg and left arm. Movement was possible to the right, but it brought pain. I spent the subsequent few weeks half awake and half-asleep, remaining semi-conscious.

Even though I was critically injured in hospital I was not allowed to rest. I had physiotherapy every day, including weekends (the therapists' days off), overseen by Ros Wade, assisted by Jackie Newitt. It had all started one day after my arrival with an assessment, though the physiotherapists did in fact treat my chest, as I was on a ventilator. Once I had had the assessment, treatment was started immediately. It was tough in the first couple of days since I spent most of the time unconscious. Thankfully I was never in a coma, though I would spend several weeks drifting in and out of consciousness and I only have hazy half--memories left from that duration, though most of it cannot be remembered at all.

When I was awake, the therapists were starting to sit me over the edge of the bed - not easy when you have no head control and no sitting balance! Consequently, I was given support for my head whilst the physios tried to develop a normal posture. It was good that they did this. In subsequent hospitals, none of the physiotherapists could understand why my balance was so bad when walking yet it was so good when sitting.

Though my chest was treated by the physiotherapists, it developed several infections that prevented the scheduled extubation. Even on the 16th it was noted, 'Still chest preventing extubation.' However, this was only one day before my brother's first visit, when my conscious state was seen to improve. Although I had survived the accident, there was no way of telling how well I would recover, and whether I would end up as a vegetable or not. My mother believed I would be OK, but she had no evidence to back her up; none, that is, until Simon's visit.

As he was in his last year at university, my brother Simon had not seen me since the previous summer. When we were younger, we were forever having little squabbles about silly, inconsequential matters, but as we grew and gained maturity with each passing year, we began to really get on and became very close.

My accident shook Simon and he was seen by a counsellor for a long time afterwards. It was unfortunate that he was in his last year at university, as a couple of potential job interviews taken during the holidays went slightly awry. As Simon approached the foot of the bed, Mother stood to one side and watched me for any sign of reaction. As he spoke, my left eyebrow shot up (my right was still not able to due to the muscle damage from the accident) and Mother smiled with relief. I obviously recognised this voice and knew it belonged to someone who meant a great deal to me, and was not simply one of the nurses I had heard a few times before.

The nurses and therapists also noticed my improvement, as I was beginning to open my eyes to stimulation. This was usually by the physiotherapists - or physioterrorists as Harry Secombe once called them - tapping me or talking to

me very loudly. However, they would regularly pinch me, prod me and tickle me as well, all in an effort to keep me awake. Something else they did when I was sitting was throw a balloon to me to see if I would catch it. I can half-remember playing a game of this with Mother after Christmas. I found this game difficult, though it was not until February that I noticed I was having a problem with my vision. Although I could not do much then - to be honest I was not expected to - I worked hard, my efforts aimed at getting better.

At long last, at 8.30 in the morning of 18 December I was extubated, allowing me to breathe on my own and finally taken off the ventilator. Unfortunately, I found breathing difficult. I was lazy and could not be bothered - it probably felt too much like hard work! I was re-intubated on the 20th using another ETT 9.0. There was 'no real change in neurological status, just a little more fidgety'. Once again my pupils were measured and shown to be much more healthy, at seven to eight millimetres wide; they were equal and reactive, and my gag and cough reflexes were normal.

At 4 p.m. I was extubated again and a percutaneous tracheotomy performed to help make breathing easier and to be used as a bronchial toilet and suction to clear my chest of excess secretions. Unfortunately the tracheostomy tube inserted was too small - I produced lots of secretions. The very next day, a second tracheostomy was inserted below the previous site leaving me with an unusual neck having two small 'trachy' scars. I think that more than any other, this time was very distressing for my parents, especially my mother, as it was her birthday. Almost as if I had had a premonition, I had already filled out a card for her and left it in my room; it was like a letter from the grave. To make matters worse I had written in the card the simple phrase, 'Be optimistic.' Why that was written no one can remember, but mother 'knew' what it meant and reading the card made her very upset.

Throughout this tumultuous time all the physios would not leave me alone. They continued to treat my chest trying to clear it of excess secretions and were forever sitting me on the edge of the bed with support for my head. By 22 December they had me sitting on a chair supported by a lot of pillows. They even had me standing, though it took four people to support me! It was hard work, certainly, but it did me a tremendous amount of good. By the 27th I was managing to hold my head in place for thirty seconds.

There were several nurses who were on duty in the Trauma Unit when I was a patient there, most of whom I do not know and have never met though they doubtless can remember me. Some names - Steph, Fiona, Dermot - are known to me yet they mean very little. However, there were two staff nurses who do mean a lot to me, who I have met and do know. They were my nurses and I was their patient. For Sonja Downey though, I was 'another patient'. She had worked in the Trauma Unit before and had already seen patients like me. Time changes attitudes and a year later she would be the only nurse to come to my celebratory party. On the other hand, for Jo Fresson I was her first - the first patient she had

looked after from the very beginning since becoming qualified to work in the Trauma Unit - though she had helped with other patients for some time. If what they say is true, I was special! Joking aside, my heart goes out to these nurses. They did (and do) a wonderful job, and I could not have expected better care anywhere. In those days, I literally balanced on the line between life and death - I could have fallen either way.

When in the Trauma Unit I had a couple of epileptiform-type seizures, the appearance of which started my yearlong dependence on Phenytoin, starting on the 19th. This drug was given as a precaution against possible epilepsy. My dependence had nothing to do with the drug itself, but with the Driver and Vehicle Licensing Authority. Quite rightly, the mere mention of the word 'epilepsy' and the DVLA takes ones driving licence away with the aim of preventing any harm being brought over someone else as a result of an epileptic having a fit whilst driving. My 'knowledge' that I was not epileptic was not good enough and I had to prove it before I would be allowed to drive. Although there is no cheap and precise proof for the lack of epilepsy, the DVLA have devised a system that has to suffice. Quite simply I had to last for a year on the drug before slowly coming off and then be shown not to have another episode. I applied for a replacement licence on 9 December 1995, was given it without any fuss, and have been driving ever since showing no sign of epilepsy.

These seizures and my chest infections made my progress on the Trauma Unit seem slow, especially just before Christmas, possibly mirroring my 'love' for these seasonal festivities. So slow that many times my parents were noted by the nurses as being very distressed in their extensive daily reports about me. The chest infections were so bad that at around six o'clock on Christmas Eve I was given a 'pint' of blood. 'A pint,' Tony Hancock once said, 'that's very nearly an armful!' Four hours later they filled up the other arm.

Christmas comes at the same time every year; there is no getting away from it. It is not my favourite time of year and I normally spend most of it trying to hide, attempting to ignore it, but it was going to be different in 1994. I had been invited to Mrs P's, to spend Christmas with her and the rest of the family. This was a makeshift excuse to have a party and had little to do with my family's normal interpretation of Christmas. I was really looking forward to it, and to seeing Melissa away from the stables. Since it involved few family celebrations the probability was that I would have enjoyed myself as well. It was going to be my way of avoiding Christmas that year.

And avoid it I did, lying on my back, semi-conscious in hospital, though that was not quite what I had in mind. It may have been one of my least enjoyable Christmases, but on the basis I did not know Christmas had come, maybe it was a good one for me. Not for my parents, though, who came in to see me on Christmas morning. It was surely very different when compared to the family 'celebrations' they were trying to have at home with the American relatives from Oregon.

Christmas or not, as I was in hospital my care had to be continued constantly. Poor Sonja had to stay in with me and spend Christmas Day at my bedside. Even so, it was a special day in hospital. Apparently, she even opened some presents on my bed. Although I should be annoyed at this lack of professionalism, I am happy for her. She tried to make this important day a little bit special. At least *she* could, I didn't even know what year it was let alone that it was December. Besides, the heat in the hospital to keep the temperature constant was higher than a normal summer temperature - there was no way I could realise what season it was supposed to be. The police did not take Christmas off either. Throughout my duration in the Trauma Unit, they had been calling every four hours to check on my condition and kept up this observation over the holiday period.

When I was ready to leave the Trauma Unit, I still had little control over my head. My left-hand side was becoming looser and movement was coming voluntarily, though the right-hand side still had increased tone and the right arm was limited by the dislocation of my shoulder. I was being stood by three or four therapists getting my legs used to taking my weight and trying to reduce the tone in my right leg. By Boxing Day I was able to open my eyes and focus on normal vocal stimuli. There was no doubt that I was getting better. My broken mind, though, was receiving images that were very muddled and confused and often bore no relationship to what was going on around me. I was probably picking up impulses from the senses that I was still able to use, predominately smell and hearing. However, my interpretation of these impulses was unique and they have left me with images that I often do not fully understand.

There is much of my life in the Royal London that I still do not remember and probably never will. Much of it was too traumatic and has been forgotten. The rest of it holds memories that lingered in my subconscious yet are too incomplete to put into words. These faint memories never really registered in my brain and their images are too murky for me to decipher. They may come back, flowing into my consciousness as my brain heals and I start to rationalise what happened to me and am able to cope with the situation. However, I believe that whatever part of my brain was used as storage for the events of my accident and the immediate aftermath has been destroyed, in the same way as those parts of me that knew how to walk and talk: I will never remember. Whatever the outcome of any investigation into my memory, through hypnosis or any other activity, one event remains clear. When I started to come round at the Royal London, and for a short while afterwards some memories were able to come across that void between the conscious knowledge of reality and the unconscious dreamlike state of the imagination.

Two dreams that came over with a crunch are so vivid they deserve to be remembered. The first one I remember, though, is more of a nightmare. It took place some time in the nineteenth Century and involved two sailors who were best friends. They were aboard a submarine that was slowly letting in water,

filling up and sinking. The only way they could survive was to wear the diving gear and have tubes pushed up their noses in order for them to breathe (a common practice, I believed, for the era of the dream). Whilst one of them was getting ready, his friend was making excuses because he was scared. Not wanting to die, he would wear the suit as a last resort if all other avenues had been tried and exhausted. The first man tried everything possible to prevent the submarine from sinking, but failed. He was explaining this to his friend...when it ended - I probably woke up. I have no idea of the outcome, but luckily, the end can be inferred.

Whilst in the Trauma Unit, and for a while afterwards, I had tubes put in every orifice - apart from my ears! Some of them tickled, naturally, and I took offence at them being there. I was forever messing about with them, and even pulled out the urethral catheter. I was told it would hurt, but I did not know to care. Anyhow, my nostrils suffered the most; I would often tug the tube out of my nose. Once, a young nurse was putting it back in, and I guess I took offence because I bit her! In no way did I mean to do this, I didn't even know what I was doing and I am very sorry. If the meaning of the dream is to be taken literally, the diver assented to the tubes up his nose and lived, since I did. Later, I discovered that this NG (nasogastric) tube was used to help *feed* me, not help me breathe – not like me to refuse food!

My second memorable dream is a bit of a mystery, there not quite being enough of it to make any sense. The sense that is available is so vivid and so in keeping with the kind of person I am that it must hold a meaning somewhere, even if I have not been able to define it. The dream started off as a rough collection of snippets from a book about a bird of prey and a falconer. As the dream progressed it became clear that I was reading the book in a library at the top of an old, high, airy tower that appeared to be part of a castle. I can remember feeling safe, secure and very warm - perhaps not unlike being back in the womb. In the back of the book I recall a page to fill out, enabling the reader to order the rest of the books in the series. I was reading by candlelight, the wind was blowing quite hard and the curtains at the holes in the walls where once were located windows were flapping, causing the flame of the candles to dance in the wind. In despair I ran molten wax off the candles down the intricate, lacy pattern of the curtains and stuck them to the wall. I would have been able to read on then, but for whatever reason the dream ended at about this point.

There were other dreams as my recovery continued and my memory became more lucid, including one where I dreamt that my shoelaces were tied around my wrists - very Morten Harket! I seemed to be trying for days to undo the knots, but could not manage it and had to ask for assistance from Mother. Later I was told that the nurses had bound my hands to prevent me pulling out any tubes. These restraints were only removed when my mother came in to see me, and only then so as not to distress *her*. Another dream involved the headquarters of the 'Tyrell Corporation' from *Blade Runner*, though the memories of exactly what happened

were given up to the ether long before I could remember having the dream in the first place. Several involved me fighting fire, including one where I was asked to use a hose to dowse the flames of a Second World War fighter plane that I had just crashed. One of these dreams I know occurred just before (temporary) incontinence caused me to 'spring a leak'!

One of the last dreams I truly remember, before memories of reality swamped this imaginary world, involved my father and me. We lived in an old house, somewhere in Wales. We had no money and survived off charity and the coupons we salvaged from used magazines and from food cartons - perhaps this had something to do with my penny-pinching existence when I worked at Willowtree? I also had many patchy dreams concerning the horses I loved, about how they were coping without me and whether I would see them again. Yet, why was I there? Why could I not see them?

In the very beginning I was not even aware that I was in hospital. In fact, once I had realised that I was in hospital, I had been aware for quite a while, but it was not for several years later, when my time in hospital was a faint memory, that I understood what it had felt like to go to hospital for that very first time. Freewheeling my bicycle down a hill on the way to the doctors, I— The sound of the spinning chain is the last thing I remember. A local resident, who called the ambulance and placed my bike in his shed for safekeeping, said I rode straight into a lamppost! I was knocked out cold, but the crucial thing is that I was conscious as I was driven to hospital. I remember a large abrasion on the palm of my right hand. I remember moving my right thumb to each finger in turn to prevent the hand seizing up. I remember a nurse called Mercy. However, what I never remembered was why I was being taken to hospital in the first place. It is very scary.

Unlike this bike ride, which I mostly remember, the several dreams that I had in hospital are not complete enough for me to remember fully, and I often wonder they hold any relevance. The dreams and images I retain from that period could well have occurred in the Trauma Unit, but no doubt I dreamt once I had been transferred to Royal Ward as well. Consequently, it is impossible to discern where I was when my various dreams occurred, or even if there was a purpose behind them.

However, there was one hazy memory that occurred to me sometime in the first month that gave me a reason for continuing my life. I can remember seeing myself lying in a bed. I remember glancing around what appeared to be some kind of room. Though I cannot remember seeing very much it seemed that I was lying in what looked more like a corridor than a room. Was this an out-of-body experience? It did not feel like one, but then again, do *you* know what one feels like? Whilst lying there I started a conversation with myself - an old habit when there was no one to talk to.

'Where am I?' is the standard question one asks in these situations. It is something of a cliché, and I doubt my first thoughts were any different. 'It looks

like a hospital... It must be a hospital,' my thoughts continued. There was a slight pause whilst I considered the full implication of these thoughts. 'I must be ill then... Well, I don't want to be ill!'

I did not know why I was in hospital, but I wanted to get out sooner rather than later; it did not really matter why I was there. It never occurred to me that there might be a perfectly reasonable explanation for it. I did not even look for a reason. I was there, wasting time, skiving off work. What other reason did I need?

These early thoughts were simple. There was nothing complicated in their meaning. However, they implied far more than I initially realised. Before I knew, it I had promised myself that I would get better - I almost forced myself. In a word, I was stubborn. Depending on where they are used, negative attributes can have a positive meaning, and my stubbornness turned out to be very positive. Without this ability to fight against the world, often with no regard for my own safety, and having the will power not to listen to any of the experts who said I would never walk again, I have no doubt that I would, at the very least, be in a wheelchair without the ability to walk. My own will was strong enough to carry me through my accident and deposit me a long way above the best that my consultant could ever have hoped for. I can certainly be thanked for a lot of my recuperation. Truly, it doesn't really matter how many people help you or what they do, unless you have the will to get better, they may as well give up. My rehabilitation was very successful and a lot of it is due to sheer determination. The promise I made to myself whilst on that hospital bed did not let me give up, regardless of any pain I felt.

Having said that, the Trauma Unit did me a lot of good, it brought me back from the brink of a lifeless existence and thrust me headlong into the real world where my possibilities are endless and I now have the ability to do anything I want. Certainly, it would seem that someone who had been through his third major car accident and only had a small scar on his elbow to show for any of them, appeared to have the ability to do almost anything! My horizons were a long way off. I could reach out and grasp hold of anything that I wished.

In later weeks, my father was to voice his concerns over my ability to get better and if I had it in me to go up against this insurmountable wall that was the severity of my accident and somehow scale it. I replied with a presumption that I do not think he will ever forget.

'Don't worry,' I retorted, words that are understood to make the calmest person panic. 'If I was going to give up,' I told him, 'I would probably be dead by now.' I said it in a very matter-of-fact way and, thinking back, it was probably very true as well.