Epistotherapy

Chris Ellis

I'm not that keen on neologisms but this one seems a reasonable cover for what I have been doing. When I mentioned epistotherapy to a colleague he thought that I was taking my patients on a drinking spree. He was wrong. I have been treating patients with the aid of letters or epistles.

When faced with crises or prolonged illness some patients find it difficult to express themselves during the normal consultation.

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They feel the limitations of time and the occasion. There is a build up to every consultation and after the apprehension of the waiting room they may be at a loss for words or held back by the turmoil of the suffering itself. So to some of these patients I have suggested they write me letters.

Four patients have done so. Two had terminal cancer, one had been in a car accident, and the fourth was getting divorced. Letter writing can be used with any condition but lends itself to the intimate relationship of continuous care in family practice or psychotherapy. The illness is not so important as the person. I find that it works best in the more sensitively literate or artistic patient. Most of course prefer to talk.

Some write anyway; unsolicited evocations of life's afflictions. Letters are distinct from what Charcot called la Maladie du petit papier. Those are shopping lists usually of complaints or items that are so unforgettable that they have to be written down. For nearly eight years one patient has brought in a monthly record of each day's bowel movements. Come drought or flood, tempest or famine, there they are, a stroke for each one completed. An indelible record of many hours presumably well and productively spent.

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It was a patient who first suggested this vicarious substitute for the normal consultation. She was a journalist and a playwright so perhaps she felt easier in the medium she normally worked in. I had the privilege of looking after her for a period that occupied most of her 30s until she died. She fought every day of those years as metastatic carcinoma of the breast inexorably ulcerated her skin, fractured her bones, and broke her back but never her spirit. She was eloquent, self opinionated, and at times impossible but then so am I. She would never believe anything I said until I had talked myself blue in the face. Everything was argued from the obverse. She would have heartily agreed with Oscar Wilde when he said "when people agree with me I always feel I must be wrong." Just before she died she ended a letter, "I'm glad I drive you to distraction, that's my prerogative as you can't heal me. Go and get some inspiration for I need you for my expiration." In her letters she exorcised her admitted fear and her impotent rage. In the consultations she exposed my superficial humanity with her courage.

It is thus from her example that I suggest to some of my patients that they write letters. There are several codicils to this. Firstly, the letters don't necessarily have to be to me—they can be to anyone they relate to. Secondly, they don't have to give me the letters. They can save them for rereading or they can destroy them. If they read a book or poem that explains how they feel or that they can identify with they can copy them instead. It is an occupation for the lonely hours of darkness when the pain is building up or for when the bitterness starts to overwhelm the soul.

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There are several therapeutic values. Writing letters has the immediate effect of something to do. It is an occupier of mind and hands and is an on the spot emotional outlet in which the patient has the opportunity to describe his or her feelings without having to race against the surgery clock. It is a continual contact with the care giver in times of rejection, depression, and despair. The letters can be dropped into the surgery and put with my mail or brought in at the next visit. They are kept in a locked drawer of my desk.

I have never read a startlingly unrevealed truth in these communications probably because I already know the patients well. At a consultation I don't normally read them but put them aside for later. Sitting there and analysing them at the time is not usually needed. The therapeutic effect has already taken place when they are handed over. If you were to read them you would think them banal, repetitive, and trivial. "I wish," wrote one patient, "I was rubber inside then I could be turned inside out and someone could scrub me new and clean then pop me right and then I'd be as good as ever." I find there are many question marks. These are questions that are only answerable by the patients themselves on their journeys to acceptance of their conditions.

Finally, you can use epistotherapy on yourself. If a relative or colleague or someone running the system you work in (the minister of health, for instance) is proving worthy of your attention write a letter. Use explicit language (don't delete the expletives) and use as much venom as you feel necessary for the therapeutic effect. Then file and wait for the healing process to take place. This is usually about a week, which as we know is a long time in politics. Now reread or rewrite or

refile. You can send the letters (do delete the expletives now) if you still have the symptoms, but I find the most benefit comes from rereading old unsent letters written in this way. It reaffirms to me that all vexations of man pass in time.

A word of warning. Never, never let anyone else get hold of your file.

Chris Ellis is a general practitioner from Cullinan, South Africa

Three deaths

William Sellers

A motor cyclist is under my care in the intensive care unit, ventilated, brain dead, but with some spinal reflexes. I tell the parents there is no hope for their boy. I put a hand on the shoulder; a staff nurse is present. Tea arrives as if by magic.

I call the transplant coordinator for advice after the first set of brain death tests. I approach the distraught father who is alone. "I have to ask, do you know what views your son had about donating organs?" He thought, "May be not," but he could not ask his wife, not now. I ask the mother and siblings the same question. She knows – the boy wanted to leave the world with all the bits with which he came. I wonder whether they think that I should not have asked. They are sympathetic and understand perfectly my position. I am not keen about their decision. Does organ donation make grieving relatives feel death is not such a waste?

We do the second set of tests. We do not tell the parents what we are doing. The inotropes go off, the patient is ventilated with air. I do not have the guts to switch off the ventilator; I do not do this sort of thing very often. The overhead monitors have long since been turned off and the parents will come and sit with their son. I turn down the rate of ventilation and stand alone at the side of the bed looking at him sadly. As I watch

the boy slowly rises towards me, arms outstretched, his muscles in spasm, and his eyes open. I am devastated. He is alive. He subsides back on to the bed, the screens are round him. I am the only one to observe. I am really upset, but thank goodness that the parents were not present. I was similarly shocked when Glenn Close rose out of the bath in the film *Fatal Attraction.*

The parents now sit with their boy.

. . . does organ donation make grieving relatives feel death is not such a waste?

Later I am called in, the heart has stopped. I say to the parents "he has gone." They cry again.

I tell our well read Indian registrar what has happened. He knows: I have witnessed a spinal mass reflex.

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Coming back from the beach in the south of France last year we happen on an accident. A motorcyclist and his girl friend, helmets on their forearms, have hit a van. The paramedics are already there, the boy is dead, the girl draped like a rag doll over the curb. Blood is coming from both ears, she is just breathing. I am in my shorts only. I ask the paramedical staff to get her to hospital quickly. I wait while they struggle into cheap plastic gloves to protect them from SIDA (AIDS) – just like in the United Kingdom they are all small size. At the hospital the doctors take over, she will not survive.

Next morning at the best bakery in town I meet a paramedic. The girl went to Marseille and her organs were taken. Her family were eventually traced. She was from Aix en Provence. You have to opt out of donation in France. I wonder who had to tell the parents?

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This year the mistral is blowing on our beach. After lunch we hear cries of "au secours" from the sea. We see a head near the rocks where the kids and I had snorkelled just before lunch. We had felt a rip, but with wet suit and flippers had out run it. I head out. A scuba diver, without tank, is closer and pulls him on to the rocks. The man is blue; white froth on the nose and mouth. Into recovery position, head down, airway, breathing, circulation. None of them, water, water, pouring from nose and mouth. I start mouth to mouth; food and salt water follow closely after my inflations. It smells and tastes awful. Nobody else wants my job.

My assistants are French paramedical staff on holiday. I ask for my unrigged little catamaran from the main beach to get our patient back to shore. It is a child's machine and we load him on one of its floats, continuing our efforts. Someone lets go of the tow rope and we start floating out to sea. A girl says, "the children on the beach will be traumatised." I cannot remember the French word for "tough." I think the man is dead. We decide to continue our efforts until the ambulance arrives.

Through the crowded beach uniformed help arrives. I ask for a laryngoscope and tube. I did this last year so I know the words. Laryngoscope bulb does not work, no endrotracheal tube. When it does come, with extra laryngoscope, no syringe to inflate the cuff. The local doctor is here, dark suit and expensive shoes, takes a look and says "he is dead." We cover the body.

I rinse out my mouth in the salty Mediterranean, gargle and retch.

The blanket is too short and the feet stick out as the drowned man is taken up the beach. I rejoin the family after shaking hands with my fellow resuscitators. The children are excited and argue with each other over the colour of the feet. "They are yellow." "No, they are white." I shout. We pack up to go and the gendarme wants a statement. A woman approaches. Her companion went for a swim after lunch and has not returned. She is his girl friend on holiday with her daughter. I keep quiet, one gendarme goes to get more details. She does not know that he is dead.

In the police wagon I tell what happened, my children are at the door. As I step out the woman is there. She asks, "Is he okay?" I want to say, "I don't know," but I cannot. "Pardon Madame, mais il est mort." She cries, I hold her shoulders. She asks how it happened. She weeps and weeps. The gendarme intervenes and I clear off. My daughter criticises me for the way I broke the news. I protest that I am an anaesthetist. I do not talk to relatives and patients much, not much.

William Sellers is a consultant anaesthetist from Kettering

MATERIA NON MEDICA

In memoriam HKL

After an existence of 145 years Lewis's bookshop and subscription library closed on 6 October. Long established customers received a letter from the director of the firm stating that "I am delighted to advise you that H K Lewis Limited has been acquired by Pentos PLC, the owners of Dillons Bookstores. . . . Dillons, which is only a few hundred yards south of H K Lewis, operates the largest medical, scientific and technical departments in the UK, and these departments are only part of the 30 000 sq ft bookstore, which currently hold stock of over £5 million of books." During the subsequent two weeks 50 000 books, the stock of Lewis's subscription lending library, were offered for sale at £3 a book, reduced to 50p a book on the final day.

The initial reaction to the sudden death of institutions as well as of people may be one of shock and disbelief. For many, friendly and close bonding with Lewis's started as medical students, encouraged by special student subscription rates for the library. In 1950, even after qualifying, the annual subscription rate for 10 books on loan at any one time was £8.10s. The library's catalogue of that year contained 27 000 titles and, with duplicates of all the more frequently required works, the number of books in circulation was then estimated to be 90 000.

The familiar premises at 136 Gower Street were built in 1930. The accommodation then included a reading room for the use of subscribers, though this eventually had to be taken over as an additional stock room. But the friendly and helpful attitudes and personal service continued, in both shop and library. Though it catered also for science and technology, Lewis's was always the leading bookshop for the medical profession.

The bronze bust of Hippocrates in an alcove set back from a small balcony above the entrance now presides over an empty shop. Below Hippocrates is the familiar emblem of the company, carved in stone. Placed above two pages of an open book are a pestle and mortar. The wreath which envelops the book stands on two closed volumes with "Medica Typographia" inscribed on their spines. On the pages of the open book, the words are worn but discernible: "First of Arts without thy light/All the rest would sink in night." The lines were taken from an aria in praise of the noble art of printing, sung in a German morality play of the seventeenth century. Lewis's were pleasant purveyors of the printed word to the profession for nearly a century and a half. Many members, young and old, will remain grateful, retain fond memories, and mourn the passing of the company. —D D GIBBS, *London*