

TRAUMA AND REHABILITATION: A PERSONAL VIEW FIFTEEN YEARS ON

Philip Harrison, Consultant Dermatologist
Lancaster Acute Hospitals Trust

When I previously wrote an article 'A Personal View' for the British Medical Journal⁽¹⁾, I was aware that the passage of time alters one's memory of events. Soon after my accident, the recollection was vivid and easily translated into text. The ability to record information may to some extent parallel the intensity of an experience, and I found it much easier to write then than I do now. Now that I am asked, fifteen years after the accident, to write about it again, I find myself doing so more hesitantly than the first time.

I had gone out on that day in May 1981 to climb some mountains. An accident resulted, and the injuries sustained included a fractured skull and scalp laceration, together with upper and lower limb fractures, a crushed vertebra and damage to acoustic nerves and eardrum. Despite initial unconsciousness and resultant confusion, a difficult self-rescue from the top of the mountain necessitated crawling down through the night. I was very lucky to be alive, particularly with cerebral shock as well as the physical injuries. Fortunately, I can now reflect and retell the story - but what were the effects, how do I feel now, and am I changed?

Bones heal and the memory of pain fades, but the recollection of trauma does not. Some effects of the injuries, although largely overcome, do remain, but are not too significant. There are two specific cerebral challenges: one is the physical recovery of the brain itself and the other is the restoration of normal thought processes. But that is what makes us human - the ability to transcend difficulties, as well as living with our frailties. Initially, after the accident, the difficulties were related to immediate fracture repairs, and just getting on with everyday life. There was relief at being alive, and I at once became calmer, but at the same time more anxious because of the stress and trauma associated with the accident. In the first instance, hospitalisation and good nursing got me over the acute effects. Family, friends and colleagues were extremely supportive and I knew I had to get back to normal.

The dizziness took a while to settle, and initially self-confidence was slow to return and thought processes were difficult at first. Some names were hard to recall, and concentration was sometimes elusive. Fortunately, sleep was unimpaired once the significant back pain, related to a crushed vertebra, settled when a sudden jolt two months after the accident stabilised my back and miraculously cured the discomfort. I was fortunate that the head injury was relatively minor and there have been few sequelae. Headaches have not been a problem and, if anything, I can now function on far less sleep than I used to be able to tolerate - a beneficial side effect of the injury? I sometimes have less tolerance, so I have had to learn to be patient, although my capacity for work seems to be unimpaired, and if anything has increased over the years. There is no doubt that the human body has remarkable powers of regeneration, and given sufficient time, healing does occur. One thing that is difficult is that other people soon forget events, and there is a pressure to be active and fully functional quickly.

I was back at work soon after the accident, but it has taken years of hard work to come to terms with the event. I still have constant tinnitus and some hearing loss. My dermatology skills are unchanged, perhaps even better with the passing of time. Time is the big healer, but it is sometimes difficult to be patient, although I have always realised the importance of perseverance. After all, if I did not give up when I had to crawl off a mountain, I am not going to give up now.

I have never climbed since the accident, and I never shall. I still love mountains and go amongst them, but pay them great respect.

REFERENCES

- 1 Harrison PV A Personal View Br Med J 1982;284:897

OVERHEARD I

Doctor, addressing patient aged 91: Do you have any relatives nearby?

Patient: Yes, my sister, but she's not very well.

Doctor: Oh?

Patient: Yes, she has trouble with her condom (sic) ... You know, that bag on her tummy.

OVERHEARD II

Earnest radiologist, during an abdominal ultrasound scan on an elderly woman: Are you in pain?

Patient: No. (pause) But I know what's wrong with me.

Radiologist: What is it?

Patient: Me ramjatamus is stuck fast around me solar plexus and me bodyflucious refuses to function, thereby causing concussion of me rompompus. It isn't serious. You get over it