

Men in Nappies



Foreword

The aims of this booklet are twofold and modest. Firstly, human beings have a wonderful capacity for humour and most love to laugh. And the humour emerges even under unfavourable conditions e.g. a cancer ward. The following pages chronicle my own experience in such a ward and to my utter astonishment I find myself smiling at the recollection. Everything here is true but sometimes exaggerated very slightly for comic effect. But it is justified. To misquote Mao Tse Tung, "While you're laughing you're forever young".

The second reason for the book is the extraordinary NHS itself. Here tens of thousands of individual people, mainly underpaid, mainly overworked, often harassed and bullied, some with major personal problems, come together to form an amazing machine for the pursuance of human health, compassion and wellbeing. This is unique in a world where commerce and capital are king. We all have to defend it.

A final serious point is to note that all the names of personages here, except my own, have been changed to protect the innocent.

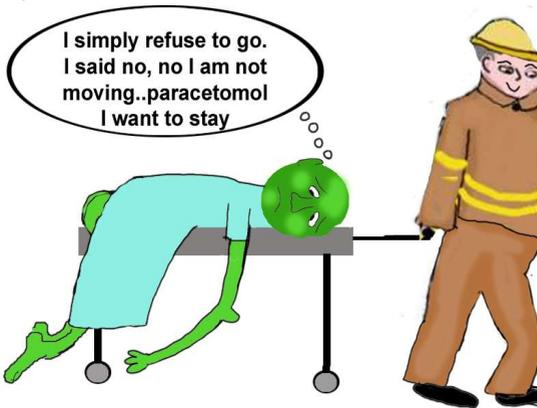
Introduction

Great claims have been made for this little book. It has been called "the essential companion volume to Solzhenitsyn's novel". Other reviewers have claimed "nothing in Dumas rivals the action scenes in "Men in Nappies", again "the personage of Nurse Caligula is one of the great romantic figures in all modern literature" and "the lyrical passages describing the crimson lake in particular are reminiscent of Shelley at his very best".

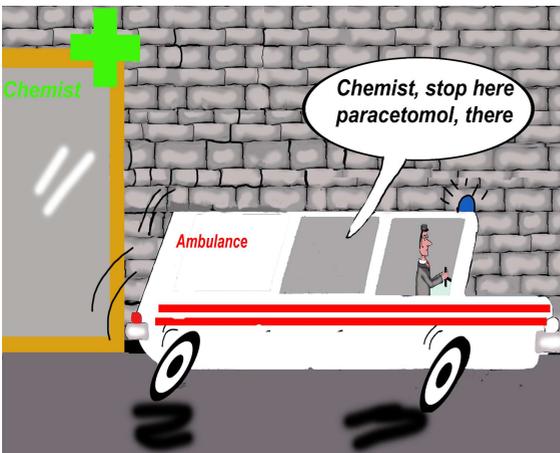
The author is extremely flattered by these comments, but you, dear reader, must judge for yourself. So let's begin.

Chapter 1

I was ill. There was no doubt about it. My partner insisted on calling NHS 111, gave the symptoms and asked their advice. They immediately sent an ambulance for the paramedics to talk to me. After one look and a very brief chat they told me they were taking me to A & E. Once there the doctors insisted I had to be admitted and be operated on the very next morning. At every stage I resisted with everything I'd got, which in all honesty wasn't really very much.



“Don't phone anyone dear, I'll take a paracetamol, I'll be alright”. “It's OK, you needn't take me to the hospital, I'm feeling better already”. And at the hospital, “You needn't admit me, I'll just go home and pack a toothbrush, take a paracetamol and I'll probably be alright in the morning. I don't want to bother anyone”. But nothing I said persuaded anyone.



I should have known myself I was ill. The signs were there. (Those readers of a delicate disposition may want to skip this paragraph and proceed to the next). Persistent diarrhoea is decidedly unpleasant, persistent vomiting too is quite horrible and debilitating. I had persistent vomiting of diarrhoea. But funnily enough it wasn't this that drove everyone to propel me into

hospital and surgery, it was that I hadn't gone to the loo for weeks. Medically this is bad apparently.



So, early the next morning they took me for a quick scan and then straight to the operating theatre where they first sat me up to give me an epidural. I remember saying "Look I really don't want to bother anyone, give me a Paracetamol and I'll be on my way. All these people here, they must have other more important work to do".



Ten seconds later when a doctor gently woke me up, I was still at it, "I'll be alright, just give me a painkiller and I'll be on my way. I don't want to be a bother". The same doctor said, "Everything's OK, the operation's over, it's gone very well. Just relax, you're in the recovery room and you'll soon be taken up to the ward".

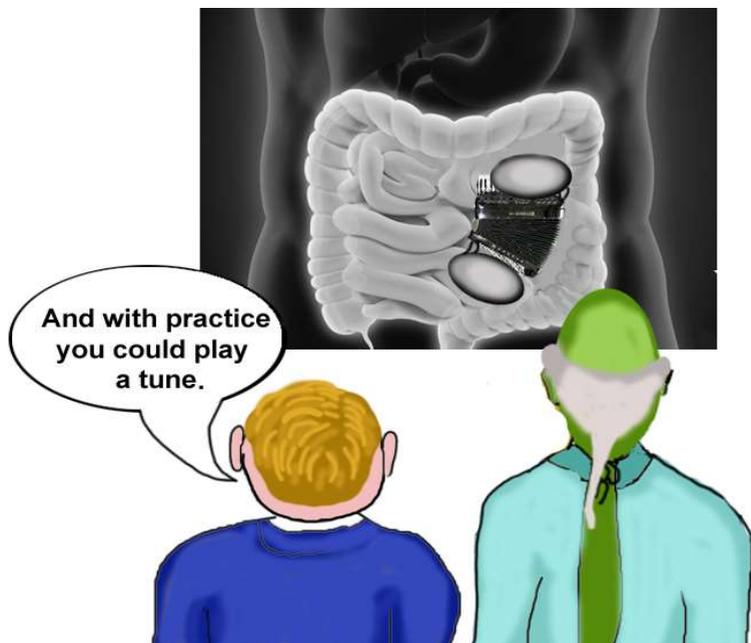
I remember saying something like, "Oh, er, well, thank you but, er oh, er thanks".

I thought, "How fast these medics work, how clever they are, surely even a simple operation like mine must take longer than ten seconds. I was told later, and readers of a delicate disposition (RODD) may like to skip the rest

of this paragraph, that the operation had taken five hours, it was a life-saving procedure, that I had had a bad bleed, that it was cancer and that they had to remove 60% of my colon and associated and compromised lymph nodes and blood vessels. Blimey. “Just give me a paracetamol and I’ll be on my way” indeed. Thank God no-one listened to me.

Chapter 2

The operation and the removal of so much of me led to a discussion later amongst family and friends as to what was used to fill the space. (Readers of a medical disposition (ROMD) may like to skip the rest of this paragraph and proceed to the next). Clinker, the material they use to make cement and fill holes in roads was suggested, it was cheap and it would ‘clink’ as I moved about. My brother suggested bubble wrap, which was also cheap and would accompany my movements with a ‘pop, pop, pop’. My partner thought maybe the two ends were connected with something like vacuum cleaner piping or better still, a squeeze-box type accordion. This wasn’t cheap but as I walked along I’d be tunefully accompanied by “pop, pop, Poppa Pecolino, he’d play

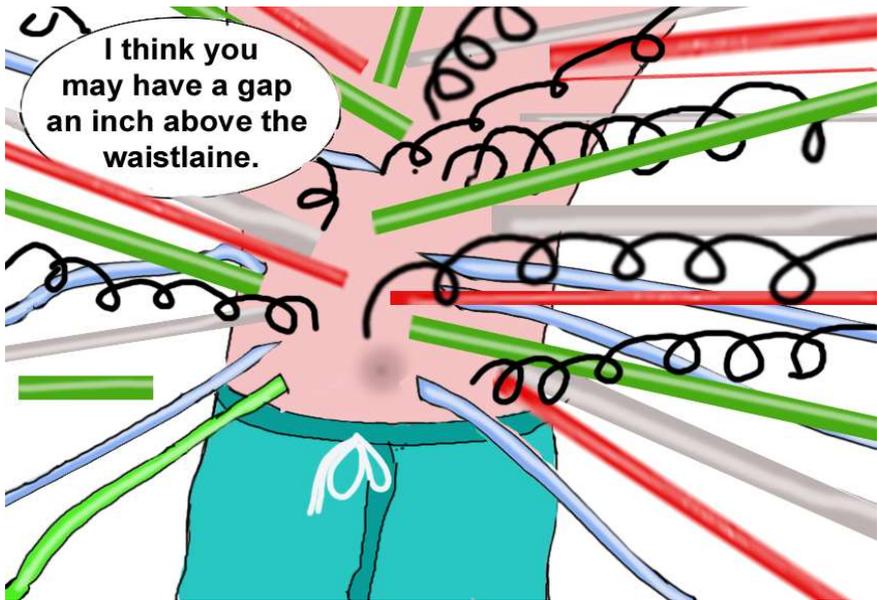


so prettily to every signorina, Poppa Pecolino from sunny Italy”. As yet we’ve come to no final conclusion.

So hospital porters took me into the ward and I was pop, pop, popped into bed.

[Scene: The ward. Enter Martin, stage right prostrate on a trolley].

When I was fully awake I was more and more aware of more and more hospital staff gathering round busying themselves putting drips, pipes, drains, leads, electrodes, wires and catheters in and out of every orifice, and every intimate, delicate and sensitive place I had. And where they couldn’t find an orifice or other delicate place, they punched a hole in my side (to drain my body cavity apparently). It didn’t hurt at all, it was probably inserted during the operation, but my, it looked gruesome. Like something out of Frankenstein.

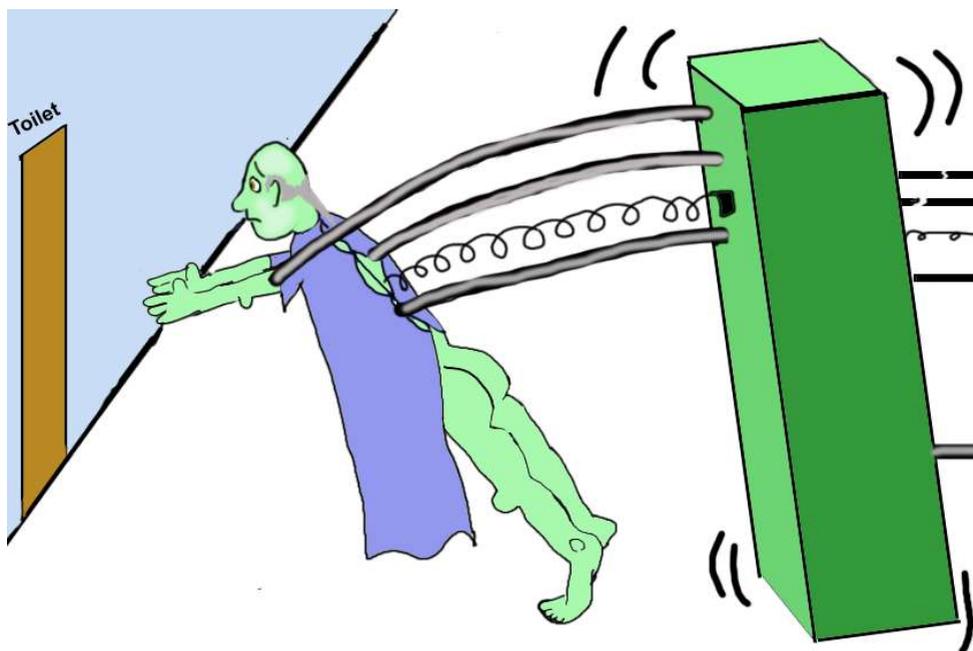


They had difficulty inserting one pipe which went up my right nostril and was meant to go down my oesophagus and into my stomach. It kept coming out of my mouth but they managed it in the end. And it was worth it because if

I closed my left eye, I could see with my right, the contents of my stomach bubbling up and over into a bag at the side of the bed. (Oops, RODD etc. I'm sorry, those of a delicate disposition may well have wanted to skip that).

I wondered why, all that day and subsequently I didn't need to urinate. It turned out it was because during the operation they had fixed a catheter to my penis which automatically drained my bladder of urine.

I lay at the middle of all these leads, connectors, drains and bags of fluids some going in some out and some apparently going nowhere and doing nothing at all. It was when they had fixed the final lead and left, and not before, that I found I needed to go to the toilet. Where was everyone? I rang the bell to call a nurse. They were all busy. For the first time, but not the last, I panicked. I rang the bell again and again and to my utter relief a young nurse arrived. Her name was Eugenie. I blurted out my problem and she calmed me down. This she said was quite natural and normal. She uncoupled two or three drips and I gathered together various bags and bottles as did she and she wheeled the stand supporting other vital bits and pieces and she walked behind as we made our stately way across to the toilet. I didn't have a hand to hold the back of my hospital gown together so my



bottom was exposed to all the world including her. Now I'm under no illusions, I know that old men's bottoms are not the most attractive of sights but what could be done? I tried to elevate the mood. "Hey nurse, romantic eh?" She laughed readily and generously at the absurdity.

When I was safely back in bed someone put a clip providing oxygen into my nose. This annoyingly obscured the tube with the view of the bubbling contents of my stomach and pushed that tube against the septum in my nose. This made it hurt and run a lot. I was at that moment visited by a couple of surgeons who asked about my welfare and I asked about theirs and we passed the time of day and like most conversations I had there, it was most pleasant and friendly. As they were about to leave I asked if the oxygen clip could be removed so that I would be more comfortable and be able to sleep. They both guffawed and one said, "You won't be able to sleep here, this is a hospital, it's like a factory, there's noise and comings and goings all night long". They were right about the comings and goings but wrong about the ability to sleep. I slept deeply, it had been one hell of a day.

Chapter 3

I awoke the next morning to comparative calm and had the opportunity to take in my surroundings. The ward was large, square, high ceilinged and airy with pastel pink and lilac walls. It had large windows to my left with panoramic views to the west and southwest of the city and to my right was the corridor and nurses' station. The ward took four beds widely spaced apart. Opposite me, away from the windows lay an old man, Peter who must have been quite ill since he had been there for many, many weeks. Apart from him being a very nice gentleman there were three notable things about Peter. The first was that he slept most of the day and night. The second that he had the most wonderful sonorous voice with which he treated us every morning when he was on the phone to his daughter. And the third, (RODD etc.) was that he spent an age in the toilet. He needed a nurse to help him poor man and whenever we saw Peter and the nurse making their sedate progress to the loo we all became anxious for him, but also for ourselves as to whether we could hold out or not.

In the bed on Peter's right, next to the windows was a much younger man, perhaps 40 years of age, much more confident, even cocky. His name was Michael and he had had the lower half of his left leg removed. He too slept a lot of the time but when he was awake he'd talk a great deal, at great length and with great enthusiasm, always with his left hand under his left knee waving his stump around for emphasis. This tended to have the opposite effect of what he intended and much of every conversation people had with him would be, "I'm sorry Michael, what did you say?"

But perhaps the most notable, because the most terrible and perhaps saddest was Graham. He occupied the other bed by the windows, opposite Michael, and to my left. He couldn't talk without posturing and self-promoting. When someone is reasonably content with themselves, with their place in the world and with what they are trying to do, they tend not to brag. The consultants with their elevated positions constantly reinforced every day, don't brag, they don't feel the need to. Unfortunately few people in life are in that favourable position because capitalism demands lowly work for the majority of us. So most people tend to posture and self promote, some only a little, some a great deal. In the business of self-aggrandisement Graham was in a class of his own. In comparison, the celebrated Baron Munchausen was the very epitome of self-effacement.

Graham: "Of course I'm a fully-qualified doctor which is why the staff here all respect me so much".

He made this announcement to the ward but since Peter and Michael were both asleep, or pretending to be, it fell to me to answer.

Martin: "That's good".

Graham: "Yes, I've applied my skills in many, many parts of the world and been thanked royally."

Martin: "Great".

Graham: "And I've operated in all the world's major war zones".

I realised I was just encouraging him. What could I do?

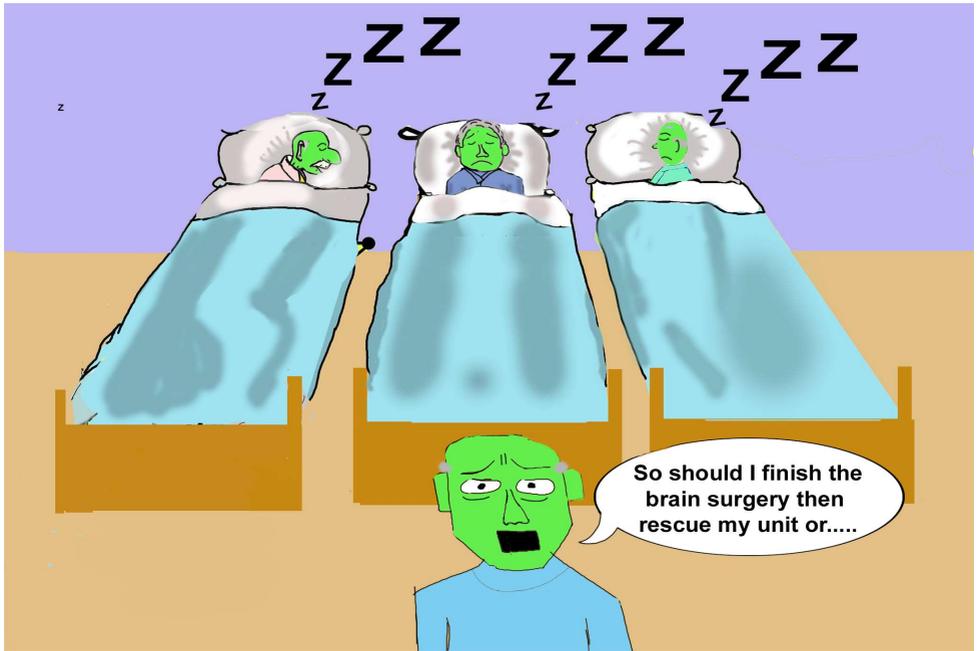
Martin: "ZZZZZ".

Another time he boasted to the ward (me) that for years he had been in the Paras, the SAS no less. I can be a complete fool at times because I found myself saying –

Martin: “Well done” and then politely enquiring, “Wasn’t that difficult to get into?”

Graham “Difficult?!! [Expletive deleted] I’ll say. It would be impossible for the majority. It was even hard for me”.

My responses had given him free rein to brag about himself for the next half-hour. It might have been longer, I don’t know because somewhere along the way I fortunately joined the others in sleep.



I suspect in our dreams we were all asking the same question, “Oh God, when is he going to leave?”

Whenever Graham was on the phone, which was a lot of the time, he used Face-time and that meant we were all treated to the whole conversation, both sides, loud and clear. He was usually grubbing for money for one dodgy deal or another. One time we heard,

Graham: “Hello, yes it’s Graham here. Listen I’ve managed to get most of the funding, are you still in?”

Other: “Well er yes, I think” from the other end.

Graham: “Good, you’ve made a great decision, you won’t regret it. How’s the family?”

Other: “Great thank you. Listen you’ll be interested in this. I took young Fred sky diving over the weekend. He loved it, great fun”.

Graham: [Curtly]

“That’s good, very good, but you know, whenever I parachuted, it was never for fun”. There was a pause.

Other: “No I understand, it was for Queen and country”.

I’ll never know whether that was said seriously or as a send-up.

Graham replied,

Graham: “That’s right, it’s tough, but someone’s got to do it.”

That was pretty much verbatim and pretty sad because it emerged later he was just a trainee orderly attached to the Territorial Army.

Graham was also a conspiracy theorist. He insisted that the Covid 19 pandemic was deliberately caused by the Chinese government, through their laboratory in Yunnan, in order to make a fortune out of the vaccine they’d developed. There was no talking him out of it.

Graham: “Face the facts my friend, the facts” he’d say. “In May 2019 a high-level committee in Switzerland, which included a Nobel Prize winner, determined that the pandemic was man-made”.

Martin: “Do you mean it was the result of the modern methods of farming with masses of different species crammed together in unnatural, close proximity? Or do you mean it was deliberately genetically engineered?”

Graham: “That’s just nit-picking. There was also another, similar meeting in Sweden two months later which came to the same conclusion. The pandemic was man-made. These are just the facts my friend, you have to face the facts”.

He reminded me of other conspiracy theorists who just select particular facts that back their theory and neglect all the others which undermine it. They then repeat their facts ad-nauseam not tolerating any opposition to enter the conversation. Reason, enlightenment, theory and probability are all firmly shut out. “Face the facts my friend” he said, Gradgrind-like, “just the facts”. Oh how we longed for him to leave.

And then suddenly he did. Not without a fuss of course, he had to hover and complain loudly about what rubbish the nurses were, the workers, the NHS. He’d never been so insulted in all his life. But mercifully, by the end of the evening he was gone.

Intermission

It is time for the reader and the players to take a break for rest and refreshment. The nurses work so hard, and the rest of the staff do too, they all deserve a ‘breather’. The patients do too. We’re fairly old and speaking musically on the phone, marching slowly and ceremonially to the toilet, waving a stump energetically in the air or constantly “facing the facts my friend” is very tiring for us all.

An intermission also gives me the opportunity to include episodes that for reasons of space couldn’t be included in the main work. For instance, the surgeons had just told me that I could only take in water and only small sips at that. There was a mistake somewhere along the line because immediately they’d left, a large plate of chicken and vegetable casserole with the most rich and glorious aroma was placed before me and I was told I should eat it. I knew I shouldn’t and there was a long delay while the situation was clarified. I was malnourished at the time and ravenous and had to endure the awful temptation for an hour before Nurse Susan finally came up and took it away. “Would you like a little water?” she asked.

Again, at one point I was under observation and various tests were being taken every half-hour deep into the night. I’d just be falling asleep from the last set of readings when I’d be woken up again for the next set. The nurse kept saying things like, “Wake up Martin, dear of dear sleeping on the job, at one o’clock in the morning, this will never do”. I just found myself smiling, every time.

And again, I'd been asked if I was allergic to anything and I told them, shellfish. One nurse would come up to my bed and say, "Hey Martin, take these. Here's your paracetamol tablets, here's your penicillin tablets, and here's your prawn tablets".

Again an oncologist was explaining to me there was something wrong with my blood, nothing sinister she said. And I found myself saying, "Oh doctor, thank goodness, I hate it when I have sinister blood, don't you?" and she just said, "Mmm".

Finally a shamefaced admission. When the surgeons told me about just how much of my colon they'd removed, my immediate thought was, and I was almost on the point of asking, "Will it grow back again?" Oh dear. I didn't ask, thank goodness. My second thought was, and I didn't ask this either, "Could I have it in a jar to take home with me for my mantelpiece?"



OK, is everyone rested? Has everybody had some refreshment? Ice cream? A cup of tea? Then with the cast in place and ready on stage, let us continue.

Resume

Martin's been rushed into hospital for a serious operation. This has gone well and he is now in a comfortable, airy ward with pastel coloured walls, large windows and fine views. He's being extremely well cared for by hard-working staff with whom he gets on well. There are three other patients in the ward, there's Peter who's a well-read sophisticate, then there's Michael, who isn't but is passionate about the need to change the world. Martin likes and admires both of them. The third patient is Graham. Graham is the only villain in the drama so far. He is opinionated, has delusions of grandeur, is only interested in himself and is therefore a bit of a bore. But Graham has, much to everyone's delight and much to his own chagrin, just been discharged.

Shall we continue now? OK, back to the drama.

Chapter 4

Graham was replaced by Roger who was in a very bad state indeed. Barely rational, barely coherent, he had broken both legs badly, just above his ankles. He was under the impression he was at home and that just across the room, where Michael lay, there was alcohol to be had. (RODD etc). So whenever he was awake he'd be getting out of bed, on his broken legs going to fetch it. The pain must have been excruciating but he needed a drink. Once or twice I was certain I heard his bones grinding as he walked.



We patients just couldn't persuade him to get back into bed whatever we did, but the nurses could. They were wonderful, urging him back, encouraging him, explaining the damage caused if he did this and how much longer it would be before his legs would mend. At night one nurse placed a chair

by the door directly facing Roger and sat down on it, ensuring an all-night watch so that he could be immediately dissuaded from getting up. The nurses looked after this poor wreck of a man, this alcoholic, ugly, smashed up old ruin as carefully and tenderly as if he had been a new-borne babe.

They treated us all in the same professional way yet with sympathy and compassion. All of them, Nurse Eugenie, Nurse Susan, Nurse Nathalie and many others without exception were wonderful. Oh no, there was one senior nurse who let the side down. Nurse Cordelia, (referred to by some patients as Nurse Caligula) was in comparison, a horror. It is notable that in many, if not most walks of life, a lack of empathy for those around one is regarded by authority as a great qualification for promotion into management.

I was first aware of her reaching over me late one night, breathing on me, with her mask around her neck, in the middle of the pandemic. I asked her to put on her mask. To my utter astonishment she said, "I have put it on"! I just looked at her in disbelief. There are some people who you simply can't reason with because there is no point of agreement. I was reminded of, "Observe the facts my friend, just the facts, just the facts"

To be fair to Nurse Caligula she did "know her stuff", all the procedures, all the drugs, all the equipment, everything. But that was the problem. She saw her job as a technical one and was proud of her scientific knowledge. However, that was where it stopped. She hadn't come to grips with the fact that being a nurse meant dealing with human beings. You have to relate, to communicate to impart information and instructions. You also have to do something that the newest recruit understands and which Nurse Caligula never did and that is you have to empathize with the patient or at least give the impression of compassion in order to aid recovery.

Nurse Caligula didn't relate to patients at all. To her we were ignorant and awkward sods who had either to be told off or ignored. She was a stocky, middle-aged woman with her hair pulled tight and severe around her head and shiny as a helmet. She always strode into the ward as though she owned it and proceeded to give orders. Her breast pockets were always full of pens and colourful bits and pieces which reminded me of military insignia, ribbons and decorations which completed the illusion of Nurse Caligula as a general.



She'd approach the bed and start doing something, putting a drip in or something. I'd say, "Hello nurse. How are you today? What are you doing?" No answer. One time she came over with a pile of wet towels and started wiping my face with one. No words. I enquired politely what was happening. No answer. Again I enquired what was going on. Exasperated she blurted out, "I'm instructing you how to wash yourself in bed." "But I managed it perfectly well myself yesterday" I retorted. She walked off.

The instructions she did give were always delivered far too quickly, far too quietly and always when she was walking away with her back to you. No explanation, no communication and no empathy, she would have preferred to be tending bits of technical gadgetry rather than people.

I see myself as a mild fellow, hating rows and raised voices but I did have a couple of rather heated disagreements with her. She'd been intolerably rude (she was often intolerably rude but that was just generally accepted). So I told her how impolite she was and she went crazy. But this was nothing compared with her reaction when I mentioned she was a rotten nurse. Her professional competence was being questioned, judged and pronounced inadequate, and by a mere patient at that.

You told him that we can inject any substance known to man into any orifice we choose to make, and he still dared to bleed on the floor.



C

This chapter should be subtitled “Not my finest hour”. Or was it? Again I leave it to the reader to judge for themselves. On the Wednesday morning, (I’d been operated on on the Monday) someone I thought was Nurse Caligula strode into the ward. In size, shape and bearing, even to the hair, she looked identical. But she was the polar opposite. She smiled for a start. She was lovely and in charge of breakfast. I had been told by the surgeons that I was not to eat anything, only drink water and then only in sips. So she addressed the others. “OK everyone what would you like? And she rattled off the list. “Tecocbeatoaegpoafriboitheincoprofsincchiagoricrispbacandcornflakes”. She must have done this in a number of wards before us and she looked so tired after going through the list that no-one wanted to ask her to repeat it. So everyone had cornflakes.

I just sipped my water, longed for a cup of tea which I wasn’t allowed and realised how much I wanted to go to the toilet. It was only then that I noticed that Peter had put down his bowl and that his stately procession with the nurse had arrived at the toilet door. Oh dear. Oh dear. I have noticed over the years however what a psychological process is the need to go to the loo. You can be desperate one minute and then, if distracted, not feel the need to go for many hours. I proceeded to do a mind job on myself and think of other things, nice things like my partner and the righteous row I’d had with Nurse Caligula. And it worked. It worked really well. But only for about ten minutes and Peter was going to be in there for at least another hour. With the urgency increasing I rang the emergency bell for a nurse to bring me one of their clever receptacles. But they were busy. I rang again with increasing panic but again no-one came. I rang at intervals but in vain and ten minutes later I was in a state of utter distress. What to do? There was a sink to the right hand side of my bed but I tried not to think about that because it heightened my panic.

With no nurses appearing and no sign of Peter emerging I decided to make a daring dash for the sink. That is, I hobbled round my bed as fast as I could dragging my drips and pieces with me and lo and behold and with great relief as the reader can imagine, I just made it. I remember looking up at the ceiling with utter relief. I washed and scrubbed the sink really very well afterwards but as I was engaged in this I was conscious that the whole ward had fallen silent. I turned round and realized I was wasting my time. Nothing

at all had gone into the sink, my urine outflow was perfectly under control through the catheter. But that wasn't the case with my diarrhoea. RODD etc. Before me, covering much of the middle of the ward floor was a huge red-brown lake. I stared horrified at what I'd done. But also fascinated because the lake was actually rather beautiful. It was wide near where I stood and narrowed in a graceful arc towards the windows. It was a deep red-brown colour which tended to bring out the pink and lilac pastel shades of the ward walls. Although only perhaps a few millimetres thick, peering into the lake was like looking deep down into a pool of vintage port. It revealed great depths and great depths of colour, crimson, iridescent purple and deep, deep blue. It was absolutely beautiful. The surface was completely smooth like a mirror and reflected perfectly the windows, the trees outside, the bright clouds and the birds soaring high above. It was so delightful what a shame no-one took a picture of it, framed it and hung it on the wall for future patients and nurses to admire in awe and to wonder how it was done.



lake and many people claim to have seen it. Not a few claim to have been responsible. But they must not get the credit. I insist, it was me, me, me.

Someone who definitely was there to witness the wine lake was Roger. He was utterly enthralled by it. His eyes lit up. His excitement was palpable, he was actually shaking all over. Then he looked to heaven and, with the most beautiful expression I ever saw on Roger's face, thanked God for the most wonderful gift He could have bestowed. Then as he was getting out of bed his face changed to utter dejection. The wine lake was disappearing before his very eyes. The staff are very efficient and within a couple of minutes the beautiful vintage wine lake was gone and the floor washed and dried and restored to its normal, run-of-the-mill, dull grey, hygienic state. Roger slumped back into bed.

Naturally I was mortified by what had happened, but it is only in a ward like that in a hospital like that, that absolutely no blame accrued to me. We were four fairly old men whose muscles of control had been damaged and therefore were simply not responsible for such accidents, whatever efforts we made to prevent them.

With the ward back to normal I began to think I'd imagined it all. Had the beautiful lake with all those colours actually existed? But my doubts were dispelled when Nurse Eugenie came up a little later with a pile of nappies for me.

Chapter 6

I must have looked dismayed but she calmly reassured me saying, "Really don't worry. We know how you feel, but this is the norm here and it is much better for you and for all of us don't you think?" Of course I did and so, only slightly grudgingly I donned a pair. They were very comfortable. In fact they were a most remarkable garment altogether. They were highly elasticated which made them look a bit frilly and they had two large pads sown in. The one in the front made one look not just well-endowed but as they used to say, crudely, "Hung like a stallion."

The frilly, almost feminine material around didn't detract at all from this apparently formidable appendage but seemed to enhance it. The pad at the back however had the very opposite effect. It was thick and square and

couldn't be imagined to be anything other than what it was – a bulky pad in a huge nappy for an incontinent old man.

No sooner had I donned this unforgettable garment than the physiotherapist arrived. She wanted me to walk from the corridor to the beds and back, which was really not very far at all. But not having walked since the operation two days before, I was a little “dodgy on my pins”. The physio said she'd



carry my drainage bag for me and that I should try to make the effort. I stood up, swayed and took a tentative step forward. Fortunately she was holding the bag aloft so its plastic tube lifted my hospital gown at the front revealing my now magnificent manhood. The patients and a nurse looked up and seeing what was happening, involved themselves by enthusiastically encouraging me to walk towards them. I've seen this scene a thousand times in films, most notably Kenneth More as Douglas Bader in *Reach for the Sky*. The hero is being urged by onlookers and friends to walk towards them. Now I was the hero. “Come on Martin, you can make it”

and I wobbled and willed another step. And I actually did it, I reached the beds. Everyone cheered. I was a genuine hero.

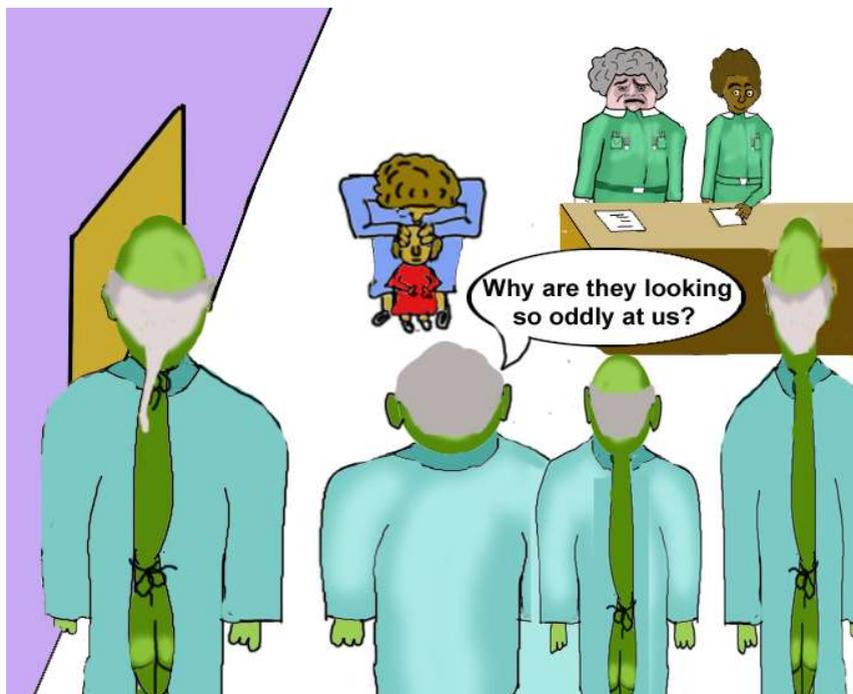
“Now” said the physio, “can you make it back to the start?” I was tired but nevertheless, encouraged by the others, took a couple of brave steps forward. However I was aware that the cheering had stopped and the patients and nurse were busying themselves with other things. The reason of course was that from the front the garment had presented the image of a stricken hero struggling to regain his superhuman powers in order to save humanity. But as the hospital gown opened, the back revealed the unheroic reality. I was just a dodderly old man wearing an incontinence pad, going nowhere special.

Still I'd done it. I'd been tried, tested, initiated and now I was entitled to wear the uniform. Now all four of us were wearing them. We were all in the same boat, we were a team. And that's really where the legend began. Where it all came into being. We were the Men in Nappies, the Four Mucketeers. Peter the chivalrous, Michael the heroic, Roger the dauntless and myself, a united, valiant band pledged to do only good in the world. It must have been from such a scene that Dumas got his inspiration.

Chapter 7

But the legendary unity and solidarity of the Men In Nappies was sorely tested almost immediately, indeed the very next morning. Nurse Caligula had again been insufferably rude and I'd had my second and last set-to with her. Now, would the team show solidarity with me, all for one and one for all and so on? Well not really. The celebrated accord fell at the first hurdle. One was for me, one against and the other was asleep. Ah well. Michael, who was against, appealed, “Come on, Martin, she has a hard job” and I said “Yes and she doesn't know or practice half of it”. It all ended with Nurse Caligula writing her name down on a piece of paper and insisting I make a formal complaint against her. Her skills and knowledge are probably highly regarded by the hospital authorities and her bad manners and unconcern for the patients ignored or tolerated.

A couple of evenings later there was a racket at the nurses' station, a selfish bawling by someone. This was most unusual and Peter asked a passing nurse what was going on. The nurse replied, “Caligula's misplaced a spot of shopping, that's all. But that's her”. I nearly fell out of bed.



On the Wednesday a smart, enthusiastic schoolboy bounded up to my bed and introduced himself as the public face of the “pain team”. I imagined him introducing the team to his school mates. “He’s a pain and she’s a pain and I’m a pain” and laughing uproariously. He reminded me for some reason of Buttons in the pantomime Cinderella, perhaps because he was so neat and clean and enthusiastically upbeat.

“I’m here to keep your pain at bay” he announced. And then immediately contradicted himself by saying he was going to end my epidural pain control. I thought to myself, “He’ll have to replace it with another strong analgesic. “What could it be? Morphine, one of the other opiates? Something else wonderful? He said, “We’re going to replace it with ...” “Yes?” “Paracetamol”!

“What! I take paracetamol for a mild headache not for really serious pain. No, I’m sorry. What would a woman going into childbirth say if she were told “Forget the epidural, we’re giving you a couple of paracetamol tablets instead”?”

I tried to explain my peculiar situation to Buttons. “You see, I know generally that most people can tolerate pain, they take it in their stride. It doesn’t bother them unduly. It’s just a bit of a nuisance that’s all, a bit of a pain. But with me, it’s different. I’m allergic to it. I really do not like it at all. Perhaps uniquely, I find it most uncomfortable. It hurts for a start.”



Buttons laughed and tried to comfort me, as though our ages had been reversed and he was the adult urging the child not to fret. “It really is OK” he said. It’s the norm, a course of paracetamol is a very effective pain killer, you’ll see. If at any time you feel the slightest discomfort, ring the alarm and I’ll come”. I was comforted a little but not really convinced, but they took

the epidural applicator away anyway and replaced the painkiller with paracetamol.

Buttons looked in the next day to ask how things were and to my surprise I was able to tell him that everything was perfectly OK". I asked with little hope and a great deal of trepidation if it were possible that I could get through the whole process without feeling any pain at all. And he said, "Yes definitively, it's probable in fact and if that's so you'll never need to see me again". It was so and, sadly, I never did see him again.

Chapter 8

Members of the surgical team visited every day to discuss the operation and ask how recovery was proceeding. On the Thursday morning I was in bed on the phone to a friend when the two youngest, tallest, most quintessentially English members of the team arrived. They looked like twins both smart in similar dark suits. I spoke aloud to my friend so that the surgeons could hear, "Oh dear, two distinctly dodgy characters have just turned up. They look like they seriously want to talk to me. No, I don't think they're in any mood to be kept waiting". The duo smiled at one another enjoying the joke (I think). "No, very sinister indeed, probably Sicilian, no, they're wearing dark suits and shades, yes possibly Corleoni's thugs, no I don't think they've got guns but remember these characters cut people up for a living. They're professionals. I'd better ring off, they really do look desperate. If you don't hear from me in the next hour call ooohh, uuurrrgghaaarggh" and I hung up. I then proceeded to have a lovely, friendly, civilised conversation with "Corleoni's Carvers' who informed me that I didn't need to remain on water and that I could now eat, in moderation. What lovely people. (I don't want to deprecate people from Sicily. There was a wonderful nurse from there, a young, tall, humorous, good looking fellow called Enrico, who also really "knew his stuff". He was going to tell me all about his island when he got the time but he was always far too busy and we never had the opportunity).

That afternoon I had the most wonderful hospital cup of tea imaginable. I'd had nothing like it for more than a month. And the next morning I actually had breakfast – cornflakes.

Chapter 9

Friday began uneventfully. Peter gave his usual sonorous performance on the phone to his daughter (it was difficult not to applaud when he'd finished), Roger's bones ground quietly as he went round his house looking for alcohol (before two nurses coaxed him back to bed), the other Mucketeer, Michael, had dropped off to sleep. Nurse Caligula stomped in, looked round, scowled at us all and left. Michael awoke and we all had cornflakes for breakfast.

But then something quite extraordinary happened. Some wonderful person came and took the oxygen clip from my nose. This then no longer hurt and the vision of my stomach contents was restored. Oh RODD etc. During the day more and more tubes and leads were removed and two "carvers" came and chatted and told me I could possibly leave hospital the very next day.

This was tremendous news. And yet I was a little worried. I'd been properly cared for by professionals for some while and now it was down to me and particularly my partner to do the job. But the die was cast.

Chapter 10

The last tube, the gruesome, Frankenstein one, came out of my side early on Saturday morning and I was now unbound and able for the first time to put on my own clothes. I was elated, I was free. I was leaving today to resume normal life. I looked at the view outside, the trees, the blue sky and the birds, it was a lovely day. Then back again at the ward that had been my home, at the pastel walls, the grey floor, the quiet, yet busy nurses' station. Then my eye fell upon the pile of nappies on the table beside my bed. Oh, our uniform. Our valiant band.

I packed up my stuff and prepared for the long wait before discharge from the hospital. But unlike the poor soul who waited seven hours on the first day I arrived, I was almost jet-propelled out of the door. The documents were pre-prepared, the medicines and dressings were all neatly packed into a carrier, I was put in a wheelchair to be driven quickly off the premises. I asked the good Sicilian, Enrico, if I just had time to say goodbye to my comrades and he, good soul that he was, of course assented. But we found

all three were sound asleep. Being intrepid can be really very tiring particularly when you're getting on in years. I looked at the three of them, there was much to admire. The chivalry of Peter, the enthusiasm of Michael and the single mindedness of Roger, oh what adventures we would have had if only conditions had been different.

The final scene of the drama was very short and very low key (not exactly Hamlet). I picked up my bag of belongings and the hospital-leaving bag and put them on my lap. I was then wheeled out, passed the nurses' station where I was treated to smiles from two nurses who wished me well and that really was that. There was no fanfare, no fireworks and no emotional farewells. There was just me being quietly wheeled away down the empty corridor.

[Exit stage right slowly, Martin in wheelchair, music and lights gradually fade out]

Conclusion

My operation was serious and major and the whole situation was grim. Yet looking back on events there was so much about it that was light-hearted, amusing and human that the negative side, why me etc. was pushed into the background. And everyone played their part. There is nothing special about any of us, we're just normal human beings. And yet the people I came across were and are special. Eugenie, who laughed so happily at the suggestion that a trip to the loo, carrying all sorts of drains and bags of dodgy bodily fluids, with a fat, bare-arsed old bugger was "romantic". Enrico, who really could not have been nicer, the surgeons, Corleone's Carvers (there were about twelve of them in their gang), who did such a wonderful job and who were quite happy to be cast as the villains, Cornflakes and many others, nurses, porters, technicians, anaesthetists whose names I never knew. Then there was Buttons and Nurses Susan, Jane and Nathalie. Even Graham and Nurse Caligula added to the richness and not merely because by contrast most other people are quite wonderful. And last, and perhaps least, Peter, Michael, Roger and myself all making the best of sometimes very bleak and dismal situations.

And the most sobering thought of all is that in every single ward in every single hospital in the country and elsewhere in the world, there are the same

ordinary/extraordinary people struggling and mainly succeeding in doing the same special, remarkable things. They are keeping the system of human care going in the face of massive disruption and destruction by big business and capital, which makes the job near impossible. There is a battle between the crushing alienation and economic priorities of capital and the needs of humanity. Closing a ward makes perfect sense to the former but is madness for the latter. In this battle by ordinary people against the ruling machine, as Orwell says, “Every laugh is a small revolution”.

