Visual broadcast in schizophrenia

Although doctors are trained to classify psychiatric symptoms (for example, as ‘delusions’ or ‘hallucinations’) within a standardised mental state examination, it is likely that some symptoms will defy such classification. Hence, if the mental state examination is not supplemented by patients’ verbatim descriptions of their experiences, then novel symptoms may go unrecognised and potentially untreated. We have recently cared for a patient whose case reinforces the importance of this point. A 38 year old man with long-standing paranoid schizophrenia suffered a relapse characterised by prominent auditory hallucinations, persecutory delusions and thought broadcast. Rather than express his own thoughts and experiences as life is ending. It is a book to be dipped into and returned to.

BOOK REVIEWS

Attending to the fact—staying with dying


Janet Frame, the great New Zealand writer and poet who died last year, wrote about people who commit suicide: “It is hard for us to enter/the kind of despair they must have known”. Hilary Elfick and David Head have provided us with a book that allows us to enter somewhat into the world of palliative care and see elements of despair but also of joy, sorrow, relief, confusion, and a whole range of other emotions. This collection of poems by two people working in very different areas of hospice care illustrates at times quite graphically and almost brutally, but at times quite beautifully, the many facets of what it is like to be in a world with those approaching death. Some of the poems are harsh and almost confrontational, some are gentle and quiet. Individually each poem stands on its own, and collectively they provide a comprehensive and compelling view of the enormity of the range of emotions and experiences as life is ending. These authors write about their own experiences of witnessing the plight of people approaching the end of their life, but also they seem to manage to get inside the heads of those who are dying. The poems reflect such careful observation that they give voice to those who are dying: “Don’t to talk to me/when I am curled up crying,/Don’t ever ask me/to try and explain.../The only way/you’ll reach my sadness/is hold me closely/—just now and again” (What I meant). A number of poems illustrate the pain and anguish of grief, but at the same time give comfort by talking about so many aspects of living: “for what we stitch and weave with love/is always smaller than the love itself” (Letting go). Much of the writing is so exquisite crafted that it is easy to picture what the poets were seeing: “I watched the lift of longer hair above your forehead/spiked with sweat into curving thorns” (Hair). “The centre of your chest is ridges/and furrows pitted and smooth/like Passchendaele grass covering/shot of heroes of your youth” (Your ribcage). “Dreamed-out eyes: one almost, one two/thirds shut” (In the viewing room). Scenes are described that will be easily recognised by those involved in such care but which could be almost shocking to those who are not.

In this world of modern medicine, where so much is focused on the biomedical approach, this book would be a wonderful addition to anyone or to any institution hoping to help people understand what it is to be in the world of the dying. It will be invaluable only to undergraduates but also postgraduate students of all disciplines who want to try and understand how that world is formed. One of the particular benefits of the book is that there is a complete lack of emphasis on some of the medical or nursing process. This must be a reflection of the experience of the authors who adopt an entirely non-medical approach. One of the poets has worked in hospice chaplaincy for 15 years and the other has been a hospice trustee for 20 years so their combined experience is extensive. They are also acute observers of the human condition. They illustrate the value of learning from those whom they’re caring for: “Alongside your discerning ear my own became attentive/I learned to hear and look and taste, forgot how to evade,/striped off the habits that wrapped truth in palatable words.” (Elegy for a tutor). This is not a book to be read in one sitting. It is a book to be dipped into and returned to again and again. It is a book that the wider public should have access to as it will go a long way to dispelling some of the myths about life in a hospice. Having this book available for patients and families to read should ease and comfort some of those going on that journey toward the end of life. Emily Dickinson wrote: “Because I could not stop for Death—he kindly stopped for me”. What these authors have done is to provide momentary stops on the journey to look, listen, and feel what it might be like to be dying. It is a wonderful source of illumination, education, and, in a somehow strange way, comfort.

Professor R MacLeod
Professor in Palliative Care, South Link Health, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand; ronald.macleod@stonebow.otago.ac.nz

The Suburban Shaman


The Suburban Shaman is the title of a new book of stories by Cecil Helman, family
practitioner, social anthropologist, ex-ship's doctor, researcher, and published writer. It provides the reader with a wonderful magical, mystery tour of stories from his career thus far. It is only available in South Africa at the moment (www.kalahari.net) but available via the usual easy routes in our global world. I am told publishers are sought in the US (likely) and the UK (perhaps).

The book is composed of three parts and these mark the three phases of Helman's expansive career. What are these stories and what or who are they for?

The stories are invariably about patients and memories of patients collected over the last 27 years of clinical practice. There are links and resonances with other works—for example, Dostoyevsky—and this juxtaposition works particularly well when they appear.

The chapters, with almost familiar names, such as “The Rusty Ark” and “Deformation Professionelle”, are mostly short and succinct, not plithy but compellingly thought provoking. The ones I liked best are those mined in what is often the daily grind of general practice, the patient with psychosis (Mrs P), or a lady so bitter from a lifetime of disappointment that she is afraid of yellowing “An autumn leaf”. The last and poignant chapter, “The Brass Plaque”, brings the endeavour to a close with the removal of the aforementioned plaque from the front door of his surgery in North London.

It is not all about patients, for example one of the tales is a highly personal tale of the workings of our clinics in the UK. Having fallen, following a hard day’s work the author ends up on the opposite side of the fence and the full force of an under-resourced, under-achieving National Health Service (NHS) hospital comes down on him like the proverbial ton of bricks. His insights are devastating, powerful, and rather sad, considering that he is a local general practitioner (GP). I have been in practice myself now for over 20 years and the revelation to me is that many of the patients in the Suburban Shoman are instantly recognisable. The grumpy but grand old lady who has been better times in the days of the Raj, the man who has lost touch with reality, and the sad bereaved old woman should be familiar to those in general practice.

Helman’s thematic context is familiar—he has written such narratives before—and thus are instantly memorable. His thematic context is familiar—he has written such narratives before—and the antireductionist, medicine in a crisis flavour is counteraligned by the wholesome, sometimes utterly real and true to life tales of “Mr G” or just plain “Suzie” and “Gladys”. The question is, are these views consciously ting “An autumn leaf”. The last and poignant disappointment that she is afraid of yellowing mired in what is often the daily grind of provoking. The ones I liked best are those cinct, not pithy but compellingly thought

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As I have already stated the book is excellent and will add to the burgeoning (but largely unread?) bookshelf in every medical school labelled “patient narratives” to be used in the mandatory medical humanities modules in years to come. It will enable students to learn that medicine is about stories as much as anything else but it will teach them also that it is the seeing, experiencing or just believing those stories that makes them come alive. The book comes about as close as you can get to real embodied experience without actually being there.

If I had one comment it would be that the more management or educational side of doctoring is ignored, since these too have their stories and narratives, perhaps illustrating the complexities of how health systems work or do not as the case may be. Reflection in whatever sphere is no bad thing and this may be key learning from such a book as this. Rather than merely emphasise its educational value, I would rather say that the book is a sheer pleasure and I would recommend a slow, deliberate read, preferably while on holiday with all senses suitably relaxed, dimmed and destressed.

Helman’s book is a strong addition to a body of work by increasingly high calibre authors who write about medicine from the inside. These include Oliver Sacks and Richard Selzer as well as the relatively new kid on the block, Atul Gawande. All these authors chronicle their lives, and those of patients and their families, as doctor, surgeon, parent, carer, trainee, traveller or just plain observer. Helman’s account is always personally deep rooted, intellectual, and instantly understandable.

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