

*Draft*

tír na nóg stories

tenerife

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**a rum punch**

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a christmas tale

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# A Rum Punch

Man proposes; God disposes.

## A Dream Holiday

Rae and I had planned and plotted this holiday from way back in the summer: our usual two week break we had turned into a five week stretch over Christmas and New Year. We were determined to give the SAD syndrome and short, dark, cold days a miss; instead, eleven hours a day of light, warm, sunny, shirt-sleeve weather beckoned. We arranged shorter, staggered visits from the family over Christmas: Ruby and Charlie then Ella, Kate, Billy and David, and finally over the New Year, Holly and James and Theo and Jake.

We cited a few commitments to justify taking our laptops: Rae was going to get on with some PhD work and I was going to update and revamp some websites including my own, which I had neglected for nearly a year. Even though we had both accepted new jobs since making the holiday booking, we negotiated working around these precious five weeks. Nothing would be allowed to get in the way of this winter break. And Rae had found a recipe for a rum punch that we would try out on New Year's Eve.

## Monday 15th December

12.30pm: We touch down in Tenerife and alight from the plane into that slightly stuffy and damp warm atmosphere which for the first few breaths makes breathing noticeable. It quickly becomes obvious that we have too many clothes on to acclimatize and remain comfortable.

Arriving at El Medano we drop our luggage, quickly change into summery gear, go for a walk, have coffee at the ice cream parlour, and surprise Wayne and Jo at Bar Medano. We chat to Jo for a while to learn that she is about to fly to England for a week. Why would you? Rae and I exchange glances. An afternoon nap for siesta followed by a savoury pancake meal with salad and coffee in the evening, and a promenade along the sea front rounds off our first day.

## **Tuesday 16th December**

Sunrise in Tenerife is at about 7.45am. We leave the apartment at 8.00am for the best part of the day — early morning. Rae is toggged up for a run, I push on my flip flops for a walk in the surf on the water's edge. We saunter the first 400 metres together, and I head for the water to stroll up to the German hotel for surfers, and Rae heads off jogging to the base of Montana Roja at the end of the long crescent-shaped beach.

I return to Bar Medano to order coffee and water and to read the papers until Rae arrives. We sit there for an hour or so chatting and people-watching. I have a slight pain in my stomach just under the breastbone. We return to the apartment to shower. I go for a lie down in the afternoon with the pain worsening. Is it food poisoning from the savoury pancake last night? Or perhaps it's the novovirus that's becoming endemic in Britain? Or since it's so high up perhaps it's the start of an ulcer? I am prepared for sickness and diarrhoeia sometime during the night. The diarrhoeia duly arrives on cue a few hours later.

## **Wednesday 17th December**

It is a very uncomfortable night. The pains get worse and spread vertically downwards towards the area of my bladder, and the diarrhoeia is just water. Later in the day, the pains seem to spread to the entire perimeter of my stomach. I test the appendix zone — but it is no worse than the rest of the stomach area. Nausea is starting to get a grip, although I am sure my stomach is empty bar the water I have been drinking.

I am in so much pain that I agree when Rae suggests calling in the doctor. She arranges a home visit for sixty euros when surgery finishes at 8.00pm. On arrival, the doctor checks my whole stomach area, and then prescribes medicine to stop any reflux and says that it will stop me from feeling nauseous, and medicine for diarrhoeia. He feels my head and says I have a normal temperature. My head feels very hot to me. He then gives me a talk on foods to eat — apples, tea with lemon,... it is hard to listen.

Rae has to catch a cab to the neighbouring town of San Isidro to a pharmacy that is open until 9.00pm. We decide to buy a thermometer at the same time. When she returns I take the medicine for the reflux but my temperature, which registers at 38.7C (on the Richter scale), is higher than the limit of 38C prescribed in the notes for the medication for diarrhoeia. So I set the medication aside until my temperature subsides. I take some paracetamol.

## **Thursday 18th December**

The pains continue to worsen and there is no longer any diarrhoeia — there isn't anything. Then I realise that, despite the dehydration, I have drunk plenty and my bladder is full but I can't urinate. Things are shutting down — time to go to the hospital. 3.00am: Rae calls a cab and asks to go to the hospital in Playa de las Americas. I take a plastic bag to be sick in. The driver stops soon after we depart and from the boot gets a little flight sickness bag, which I place inside the more capacious one I have

brought. We head for Playa and arrive at a hospital that I don't recognize: Hospiten Sur.

## **Hospiten Sur**

I struggle out of the taxi up to a chest high partition which separates me from a large, burly receptionist, who looks and dresses as though he is employed as a security guard, and a diminutive female receptionist who keeps her gaze fixed on a computer monitor and raises her eyes not once.

"I have serious stomach pains..." I begin.

"Passport" he demands.

"I haven't got it with me, it's held at the apartment. But I have my driving licence". I am literally using the desk in front of me to hold myself up as Rae settles with the taxi driver. I manage to get my driving licence from my wallet.

"Papers for the car hire" he demands again.

"I haven't hired a car" I explain "the driving licence is my identification".

He breaks into a prepared speech, "This is a private hospital, without a passport and an insurance voucher you can't come in unless you produce 2000 euros. Your wife can go to get your passport."

His tone is final and business is over. My mind is addled. Rae takes a different tack and asks 'Security Man' for a wheelchair for me. He looks startled by this request for an obvious facility, and immediately sends for one. By this time, I have my bank card out. I give it to Rae to present it to him, as it has the telephone number of our health insurance on the back. He seems to back down a little from his initial position and says he needs to take a deposit of 200 euros in order to contact my insurance company and for me to see a doctor. Rae agrees and the wheelchair arrives. I roll into it without changing my doubled up position. Once he has successfully taken the 200 euros off the card and established that we have a bona fide insurance company, he seems prepared to address the medical side of this emergency.

"How long have you had the pains in your stomach?"

"About two days."

"Why didn't you come to the hospital sooner" he tuts.

"We called in a doctor yesterday," Rae interjects.

"Hospital, hospital," he insists and continues to tut and mutter under his breath.

We are both mightily relieved that we have at last negotiated the hurdle to get in to the hospital, as Rae wheels me through to the accident and emergency area, where a doctor is at hand. He examines me and I feel an excruciating pain as his hand moves towards my appendix, and I grab his hand before he gets there.

"Nobody has done that before", he says in perfect English. I haven't the energy to reply, and let go his hand.

"We will send you for a full body scan to confirm but I am pretty sure you will need an operation for peritonitis."

I am stunned. Appendicitis/peritonitis at my age? Surely, I passed that one by many years ago: an affliction of youth or early adulthood. I am then taken to room 105 with Rae insisting she is going with me as the nurse tries in vain to get her to remain in

an ante-room. A nurse puts a tube up my nose and down my throat into my stomach attaching a plaster to my nose to secure the tube. A pretty sight! Shortly afterwards, I am wheeled over to the full body scanner, and returned to my room where Rae has resolutely taken up position. I share the room with a German patient, Tomas. The doctor returns.

"You have peritonitis, although the appendix looks intact on the body scan. Once your insurance company has agreed to the operation we will go ahead." Rae and I exchange glances bordering on disbelief.

"Don't worry, they have never refused an operation on peritonitis." He continues unchecked, "The surgeons will use keyhole surgery unless they decide the appendix is too big to remove through keyhole surgery and then they will use the conventional cut."

"It feels big to me so I am happy to have the cut if that will make it easier to get it all out." I replied.

"We will leave the decision to the surgeons." He leaves.

Rae goes to visit the interpreters' office to make sure the insurance company has been contacted and to speed things along. Two hours later the doctor returns to inform us that they have received the go ahead from our insurance company. We wait for another three hours before I am wheeled off to meet the anaesthetist and the surgeon and sign the forms, I repeat to the surgeon what I said to the doctor and point to my scars from my hip operation to indicate that I am not worried about scars. He nods and I receive the jab that sends me off.

Early that afternoon, I come round — I am just so relieved and pleased to be on the planet. I am wheeled back to my room where I receive a phone call to my bedside from my insurance company in Barcelona.

"Hallo, Mr White, This is Sophie from your Health Insurance Company from Barcelona. How are you?"

"Groggy, I have just had an operation". I grunted through the tube in my throat and up my nose.

"Just a few essential questions, Mr White".

"Did you have any symptoms for appendicitis in the UK?"

"No".

"How long are you booked in for?"

"Look I can't talk at the moment," and with that I have to put the phone down. I was tempted to say that I had already had two bum lifts and was booked in for a further tummy tuck and would be there for as long as it took, because Tenerife was the best place for plastic surgery. I find out she had called Rae earlier with the same questions. The young male nurses who are mainly Portuguese from around Oporto are friendly, gentle, competent and willing to explain what they are doing: John, Elder and Jorge are the ones I met in room 105. Soon after my return from the operation, Elder asks me if I can pee. I try but I can't. He says that this is frequently the case after operations and that because my bladder is very full and I have three drips online he will have to fit a catheter through my penis.

"This is going to hurt", I say. He nods.

"I am likely to shout when it hurts, so if you can cope with the shouting, I will try to deal with the pain". Standing there with the oiled probe in his hand, he replies gently,

"I would prefer if you breathe deeply". So I do.  
But then you have to breathe deeply when you are screaming at the top of your lungs.

## **A Holiday Dream**

Elder drains off 500cc and switches the tap off to let my bladder contract gradually, before opening the channel again thirty minutes later. I have a chance to spend some time with Rae, although I am still pretty groggy with a high temperature, until she leaves at 8.00pm when visiting time ends. It is such a relief to have her there in the days that follow from 12 noon to 8.00pm, and it is great that she is able to go to the hospital restaurant for coffee and lunch and a break from me. I notice as I close my eyes I can see pictures, which are motionless, or very slow moving, of large figures talking to each other straight out of Beryl Cook paintings. I think to myself perhaps it is a combination of temperature and the anaesthetic. I fall into a sleep peppered with stunningly realistic dreams.

## **Friday 19th December**

I remember, particularly, from a bagful of dreams, one incidence of a nested dream — those dreams that really fool you if you are trying to regain consciousness to resolve them. In this dream I related to Rae how I dreamed of a young woman and her friend in a car with the sun shining directly into the driver's eyes. She had raised her arm as a shield against the sun's rays and then careered off the road and into a lamp post and both occupants were thrown from the car. The very next day as I walked to work, the exact chain of events in the exact place I had dreamed of, unfolded in front of my eyes, and as I rushed across the road to help, I kept thinking to myself I must be truly psychic. I shouted to people further away to call an ambulance, got to the driver first, who was conscious but seemed to be ok apart from pains in her legs. I told her I was going to have a look at her friend on the other side of the car — and then I woke up — feeling tricked and foolish.

On the morning rounds the doctor is accompanied by an interpreter. The doctor notes that I have a temperature and have not been to the toilet. Through the interpreter, he informs me that the surgeon had found that my appendix was perforated (peritonitis) and they had used keyhole surgery to clear everything out and now we had to wait. He shows me where the holes for surgery are, but waves away my questions to show that he isn't prepared to discuss anything, other than to say the operation was successful. 12 Noon Rae arrives and stays as she always does till 8pm. Rae makes such a difference being there with me, talking about what is going on, going to talk to the nurses when necessary, or the interpreters about the insurance or representation to the doctors. She also keeps me up to date with what's going on in El Medano with Ruby and Charlie.

Elder is a man of few words, but so far they have been pretty momentous for me. But he is willing to explain if asked. He says,

"It is time to take the catheter out." He looks me straight in the eye. "Taking it out is not so painful as inserting it."

"I will try to breathe deeply," I offer; "you say 'Now'?" And I take a deep breath.

He smiles and nods, "Now!" I still let out an involuntary shout, but not as protracted as the previous one.

"You have three hours to pee normally. Otherwise I will have to re-insert the catheter because you are taking in a lot of fluid from the drips: pain killer, water with salts and sugar, antibiotics, stomach protection fluid and what you are drinking." Fortunately, I have eaten some bread and a roll the night before that Rae had smuggled in and I manage to produce a fair amount of diarrhoea. But no pee. Consternation turns to panic at the thought of that probe again. I go for a walk with Rae in an attempt to stimulate and reactivate my peeing ability. I try again thirty minutes later and manage to squeeze out two tiny drops. We walk a bit more and a further thirty minutes on I make a faltering start but in a few seconds I am rewarded with a steady stream. Bliss!

## **A Trip around the Christmas Tree**

I remember from last night, that whenever I closed my eyes a picture appeared. Dark brown walls with large people standing talking; people sitting on a sofa staring; the pictures would slowly merge one to another. Is this how Beryl Cook got the inspiration for her paintings? I forgot to mention these effects to the doctor on this, the morning after the operation — so many other things were pressing.

I stop closing my eyes because the changes are getting quicker. But curiosity gets the better of me. Next time I close my eyes I see a collage of thumbnail sketches but each one is like a quickly changing video: people, places, aeroplanes, cars, snow and shopping, — and apart from a seasonal Christmas tree and a fat Santa, no rhyme or reason for the pictures that I can discern.

Then after a little while, when I am staring at the ceiling, the collage emerges from behind my closed eyelids and onto the ceiling. Not in colour, just varied shades of grey — but the picture show is out — from behind my eyelids. And I have no control over it. What is causing it? And how come it is taking more of a hold in broad daylight. It could have been the anaesthetic, but that was quite some time ago and it seems to be increasing in intensity. As I look up at the clutch of drips, it clicks in an instant — it has to be the pain-killer which is a daily drip dose. I am not taking any chances. I press the buzzer, and an older relief nurse appears.

"I would like to speak to a doctor".

"Not possible. The doctor only visits in the morning. What's the problem?" I try to explain about the hallucinations and their increasing intensity and that I suspect it is the painkiller that is causing it.

"Normal, normal" he interrupted, "Don't worry."

I can't get much further with him as I think I have made the mistake of not consulting him first, before calling for a doctor.

"Would you turn the drip off?" I realize by the look on his face I have compounded my mistake.

Shaking his head vigorously, he proclaims, "I am very experienced, and I have seen this before; you will be fine." He seems pretty agitated as he returns to me

several times to repeat the same message.

I try a different tack, "Can I have paracetamol instead?"

He shakes his head again, "No, no this is your medication prescribed by the doctor."

Finally, with the hallucinations growing more lurid, I set out my stall with as much determination as I can muster, "Look, if no doctor, or no nurse will do it, I will turn the drip off myself." I hear myself sounding like Henny Penny seeking help to bake her cake and issuing her ultimatum to all and sundry. Turning the drip off is going to be very difficult for me to do because you need two hands to do it safely, and the feed is inserted into a vein on the back of my left hand. My next move, I decide, has to be the interpreters. I look at the phone.

"Ok, ok," he agrees reluctantly, with his eyes raised to heaven. "But we have no paracetamol." (for a madman!)

I decide not to argue further even though I have been given several doses of paracetamol in the last two days to help reduce my temperature. After all he has done what I wanted. The nurse returns several times telling me I am fine, and not to worry; finally he appears with a paracetamol drip.

"Muchas gratias", I fire off as he connects the new drip. He walks to the door and, with his hand on the doorknob,

"You think too much, Mr White." His parting shot.

## Seeing Things

Rae peeps her welcome face round the door and brings newspapers for us. Later, as I read one I notice that my peripheral vision is sending me messages: on one side I can see buses and cars driving by and lights like elevators going up and down, on the other, several people looking over my shoulder reading with me, and above me there are the shady branches of a tree. Of course, when I look in any of these directions the images disappear, only to return when I re-focus on the newspaper. I realize I am on a trip similar to those described to me by friends in the 70's when they popped an lsd tab! But that, and the nurse's final rejoinder about thinking too much, has triggered a memory of an incident when I was four years old.

As a child, I had a number of fits. They were usually preceded by a sustained high temperature associated with one childhood illness or another. My mother took me to the doctor who told her that I had an overactive brain and he prescribed a variant of phenobarbitone for children. It was intended as a sedative to slow me down — in fact it had the reverse effect causing throbbing headaches and what I now see as frightening hallucinations. My mother was unable to get me to take another pill — I locked my jaws for all I was worth until she thought better of it.

John starts his round at 6.00pm, and I ask him if I can be moved to another room because Tomas snores all night and has the television on from 7am till midnight with relentless news and light entertainment in German. He also sleeps a lot during the day with his snoring drawing canned applause from the television. John sets a request in motion and offers me cotton wool, ear-plugs and, as a last resort, a sleeping pill for the night. Eventually, at 2.00am, I am grateful to take it and go off into those eventful

dreams again.

### **Saturday 20th December.**

I see the rounds doctor, in the morning and describe my night as feverish — it is the second night the bed has had to be stripped and remade. The area around the appendix has become more painful, a deep throbbing barely touchable pain similar to the presenting pain before the operation. The pain in the three positions where they had inserted the keyholes and the drain is already diminishing. He examines me gingerly — I think watching in case I grab his hand again — and suggests I may need another operation. But he decides to arrange for another full bodyscan the next day. I am pleased that we have dealt with the serious surgical issues first as I then raise the issue of the painkiller by asking what it was called and telling the doctor that I had insisted on turning the drip off because I thought it may have caused the hallucinations I am experiencing.

"Normal, Normal." I hear the doctor intone to the interpreter before the interpreter has a chance to report what I said.

"Not for me." I retorted. "I have had recent operations where I have had an anaesthetic and painkillers but no hallucinations". The interpreter after more one-sided interaction with the doctor, replies,

"The name of the painkiller will be in your notes which will be handed to you when you leave. The doctor says that everything is normal," and she waves her hands as if smoothing out a bedspread to emphasize that business is finished.

The doctor is already on his way out calling, "Don't worry." before the interpreter has finished talking.

### **Sunday 21st December**

Pain in the appendix area has got worse again and is almost as intense as when I arrived at the hospital. The doctor repeats that the full body scan and a local sonic scan will take place today and he will report back to me that afternoon. At about 11.00am I am moved to room 209 on the second floor where I meet Gerd, a very lively and entertaining Austrian of about my age who speaks five languages fluently and could get by in just about every eastern european language. He is to make my stay in the hospital a very different one from my experience so far, and he and Rae make such a big contribution to my wellbeing in Hospiten Sur. Just before Rae arrives, I am taken for the two scans.

A young radiographer introduces himself to me in the afternoon, and is prepared to talk and explain. What a relief.

"The scans have shown that there is an abscess in the cavity where the appendix was and there is an appreciable amount of fluid lapping about. This is what is causing the pain and the fever. I will be performing the operation to clean and drain the site tomorrow morning."

"Will you make a cut above the site?" and I draw a line with my finger above the site of my missing appendix. "I am not worried about the scar." I showed the scar from my recent hip operation.

"No, I can't do that I am a radiographer not a surgeon. I can only punch you to drain the area." I realised he meant punch a hole in, or puncture, the abdomen wall. I suggest 'you mean punch a hole'.

"Yes I can only punch a hole for the drain to try to draw the abscess and the fluid. This is the usual next step although there is no guarantee that it will work." He picks up that I am anxious that I want it to be properly cleared.

He goes on to explain, "Keyhole surgery is not just about appearances afterwards, it has a number of other advantages including less risk of infection through the wound, and less external stitches.

He says with what I think is a knowing smile, "You were asking the doctor whether we use a vacuuming action — there is no need as the pressure inside the cavity is far greater than the pressure outside and the fluid would automatically drain out. If the operation is not successful you may require a third operation to be decided by the surgeons. You will need to talk to them about that if a further operation is necessary."

Clearly the doctors are at least communicating with each other. This guy is very direct, informative and boundaried. So I decide to relate my experience of hallucinations to him.

He listens carefully, and replies a little guardedly, "The operation tomorrow will be with a local anaesthetic, and you will be conscious the whole time, and I will prescribe paracetamol afterwards." He pauses and then adds, "I will talk to the surgeons who performed your operation about the hallucinations and possible links to the anaesthetic and painkiller they used. Ok?"

I decide that it is not a coincidence when, ten minutes later, the surgeon, who operated on me, visits me for the first time, and is a lot more understanding in his approach than the rounds doctor.

"I think it is more likely the anaesthetic caused your hallucinations, but in view of the time lag and the increasing intensity of the effects, I think it is wise to stop the painkiller. I am confident that the draining operation will be successful, but if a third operation is necessary, we will discuss in advance all aspects of it including the anaesthetic and painkiller." I feel a whole lot more confident that communications about my situation are functioning at last. Even so, the prospect of a second operation, with the possibility of a third, is daunting.

## **Gerd**

When Rae leaves, Gerd and I talk far into the night. It is good for me because I find the conversation stimulating and it takes my mind off the next operation scheduled for the morning. He is animated in his speech and generous with his time. We swap life stories, talk politics, medical histories and support each other by recognizing that there are two mafias in the hospital: the doctors and the nurses; over the next day or so I add a third — the interpreters.

## Monday 22nd December

Gerd speaks perfect English and is always looking to extend his vocabulary and grasp of idiom, saying that English is a very rich language. He plays into my interest in the derivation of words and adds a new dimension as I have very little knowledge of German. He teaches me how in German, words are joined together in an ordered way to form nouns with more specific meanings and draws my attention with a belly laugh to English words that we use which have practically the same word in German. After illustrating that so many relatively modern words in English have a Latin or Greek root, I go on to show some words in English can be derived from their French counterparts.

"For example," I say, "in French if you replace an 'e-acute' at the beginning of a French word by 's' you frequently get the equivalent English word, so école in French becomes scole (school) in English."

"Look," he says, enjoying himself hugely, "you are speaking German again — school and schule!" I guess I deserve his banter; he's pretty convincing and amusing. His wife Ewa comes in to visit him and he switches to fluent Polish, her native tongue. But as far as languages go, one of the incidents in our room which really tickles me is when his doctor comes in early in the morning along with the interpreter.

"Which language do you speak?" asks the interpreter.

"You choose," says Gerd. (What a line, I muse, admiringly.)

"What nationality are you?"

"Austrian" .

"German then?"

"Yes let's go German," and Gerd proceeds to outline his symptoms in German.

The interpreter then translates into Spanish for the doctor. The doctor replies in Spanish but Gerd stops him to ask if he is in fact Portuguese. The doctor nods and Gerd starts conversing in Portuguese directly with the doctor. The interpreter throws her hands in the air as much as if to say 'what am I here for', but she is out of the loop. Later Gerd tells me he had spent many years in Brazil and during that time he had met Ewa and taught himself Polish and Portuguese. Ewa had learned German and English!

Just after that, Ruben from the radiography department picks me up for my next operation. It takes about forty five minutes to prepare for the operation including signing the papers and talking to the young radiographer about the procedure and receiving the local anaesthetic jab. The actual operation lasts about an hour and a half and the team of three talk to me throughout, which I find very comforting despite the strange surroundings of an operation theatre. I can feel the movements of the drain as the radiographer scours around and pounds on the site of the abscess using two large monitors to navigate. I feel no pain and I am impressed with the thoroughness of their approach.

I am so pleased to return to room 209 to meet Rae and to talk about the experience. I am feeling good, yet very tired. The intensity of each hallucination is fading — they have retreated behind my eyelids again and I am pretty sure they are on their way out. Soon after Rae leaves I drop off.

## **Tuesday 23rd December**

This is my weakest day so far. The fever was not as bad as previous nights, and the bed didn't need changing, but, for the first time, I had been unable to get out of bed to go to the toilet. I dread the prospect of a third surgical operation. The radiographer visits and is again open and friendly. "The operation went well. We cleared out 150-200ml of fluid, not as much as we expected; we will have to wait and see how the healing process, with antibiotics, turns out. I will leave the drain in for two more days." A little later, a new nurse comes in to change the drips. She dismantles the empty ones and connects two new drips. Some of the nurses are quite secretive about what they are doing, and for example won't always tell you your temperature reading or blood pressure. And there is no chart logging your medical data at the foot of the bed.

I recognize the antibiotic by the label as Flayll, but pointing I ask her, "What is this drip?"

At first she shrugs her shoulders, as much as if to say 'what's it to you?' but I pursue the subject and I ask "Is it a painkiller?"

"Yes" she replies non-committally. I feel my heart sink.

"Is it paracetamol?" Knowing even as I ask that it isn't.

"No" comes her reply.

## **Mafia 3**

I enlist Gerd's help in asking her to turn this drip off while we establish whether it is the same as the one originally prescribed. She refuses and I slow the feed down and ring the interpreters' office. One of the nurses had told me when I had the run in with the nurse in 105 about the painkiller, that if I needed help to ring this powerful group.

I explain the situation to the interpreter. She tells me that she will speak to the head of nursing staff, or ring a hospital doctor and will ring me back in five minutes. In the meantime, the nurse is pointing out to Gerd that this painkiller is in my medical notes and is to be administered daily until a doctor changes the notes. Fortunately, the third mafiosi has intervened, and just as the phone rings to say the interpreter has taken action, the head of the nursing staff comes in to sort things out.

Turning off the drip, she says, "I will speak to the doctor, but the nurse is quite right about the painkiller, it has not been changed in your notes." Half an hour later a rather sullen nurse returns with a paracetamol drip, and removes the other painkiller from the rack. I ask Gerd to explain that we were not criticizing her but he doesn't have much success. I thank Gerd and the interpreter for their help. Another trip on a drip is not something I need right now.

A lively start to what should have been a very low-key day. Rae and I talk quite a bit. I fall off to sleep while she is reading. In the evening, Gerd and I talked some more and he told me more about his life in charge of selling Austrian broadcasting equipment behind the Iron Curtain. I apologize to Gerd that my concentration isn't up to much and it isn't long before I drift off.

## Wednesday 24th December

This morning, practically no fever in the night. No more additional fluid in the drain bag since yesterday. Managed to get to the toilet during the night dragging the stand carrying the drips in one hand and my drainage bag in the other. Major effort, but so glad to get on my feet again. The hallucinations are dying down — still a picture appears behind my eyelids.

## Make Believe

6.00am: I have noticed a pain in my ankle and it is hot which tells me that I may be getting a rare attack of gout. I know I can head it off with a single diclofenac tablet if I catch it soon. If gout sets, in I could be on three diclofenac a day for a week. The nurse comes in with morning tea and two biscuits. I ask her if I can have a diclofenac tablet for my foot. She says she will ask the doctor. After another two hours, I ring the buzzer and Gerd explains to her in Portuguese why I need it sooner rather than later. Again she says she will contact the doctor. I ask her if the doctor is on his rounds and she says, "Later." My ankle is starting to warm up and redden. At ten o'clock I try again and am told the doctor is not likely to get round this morning. I leave a message for Rae to bring me in a couple of diclofenac when she comes. I know she is shopping in San Isidro before she comes today.

And then I decide to take some direct action. I pick up the rack with my array of drips in my right hand and my drain bag and tube in the other. Wearing an operation gown which does up very badly at the back, I set off on a march out of room 209 and head for the nurses' reception desk in the middle of the corridor. In the distance I can see it is the same nurse that I spoke to previously.

She looks a little alarmed at the spectacle of a white-bearded Neptune with the drips dangling like seaweed on the trident in his right hand, clutching his plastic bag of office in his left, relentlessly advancing, with the tide at his back, on a seemingly impossible mission. He places his bag of office on the table in front of him. The gown open at the back does little to enhance his regal stature; but his assumed stillness, like the street entertainers on their podiums in Covent Garden, gives him the statuesque aura of a fixture or a fitting by the desk. There is a significant silence while the nurse finishes her work at the keyboard. Neptune waits.

She looks up, "Yes?"

"Would you get me a diclofenac tablet, please?" Neptune asks her politely, but with gravitas.

I think she is embarrassed more by the fact that she hasn't responded to earlier requests than the bizarre appearance of the Lord of the Sea. She hurriedly picks up the phone, "I will call the rounds doctor now."

Neptune nods his assent.

"The doctor says you can have a diclofenac tablet with an additional tablet to protect your stomach lining, but I will have to go to the pharmacy to collect it."

'The tide has turned.' Neptune muses to himself, "Gratias." And shuffles off displaying evidence of two previously successful rear uplifts. Five minutes later the nurse

comes to room 209 with the pills.

In the afternoon, the radiographer comes again and seems pleased with my progress. He promises to take out the drain first thing in the morning. It means that if I get the drips turned off I will be able to move unencumbered by medical attachments for the first time since I entered the hospital. I mention the latest painkiller incident, and I can tell he is surprised, but he insists I talk to the doctors/surgeon who prescribed it as he can't countermand their orders, although he would draw their attention to it. Incidentally, the rounds doctor — "Normal, normal; Don't worry" — didn't come this morning and never appears to worry me again.

This evening Ella, Billy and David fly in. I discuss with Rae the possibility of them all, including Ruby and Charlie, coming over on Christmas evening for a couple of hours. We included Ewa and Gerd in the invitation for 5.00pm. Ewa and Gerd have already invited us to join them on Christmas morning in a Polish Catholic custom of breaking bread and singing carols. So Christmas Day looks set. Gerd is determined to leave the hospital on Boxing day and if all goes well I have set my sights on the weekend — the radiographer has suggested Sunday as a possibility.

Conversations with Gerd are much easier today. I am able to take part and we obviously enjoy and appreciate each other.

At one point he exclaims, "I have enjoyed being sick with you!" I suppose the double meaning was a bit tenuous to explain to Gerd, so I don't. I know what he means.

But one story he came up with, which had a humorous Eastern European conspiratorial ring to it, stood out for me: when Krushchev visited Kennedy and was taken on a tour of the White House he pointed to a very unusual telephone in the Oval office. Kennedy offered to demonstrate its powers, picked it up, dialled a number and pretty soon was talking to St Peter about conditions in heaven. He replaced the phone and soon afterwards the phone rang to record that the call had cost one dollar. Krushchev was impressed and was determined when he returned to Moscow to get his top engineers to make him one. Sure enough, in very little time on his desk appeared another remarkable telephone. Krushchev picked it up, dialled a number, and pretty soon was talking to Lucifer about conditions in hell. He replaced the phone and a little later the phone rang to record the cost of the call as ten cents. Krushchev was furious, surely it must cost a dollar like the American call. He sent his staff off to correct the mistake. The news came back — there was no mistake. The American call had cost a dollar because it was long distance; and the Russian call was ten cents because it was a local call.

## **Christmas Day and Out**

True to his word, the radiographer comes in and removes the drain. "Your white blood cells count has returned to normal." The faintest smile plays on his lips, "And your uric acid level is high but within bounds." I haven't related the 'Neptune, gout and diclofenac incident' to him, but his mentioning the blood test results from last night is his way of acknowledging that word has reached him.

"I think you should be able to leave on Saturday." That cheers me up no end. Two

days time. It has to rate among the best Christmas presents I have received. And Rae gets out another present that I can now put on free of tubes: a 'mas calidad' turquoise and white dressing gown that Rae managed to buy in the 'Harrods' of San Isidro. I feel like I have a part in a fifties film, maybe not quite a film star; all I need is a cigarette holder and a monocle to complete the act.

Rae and I join Ewa and Gerd around a small table with four chairs by the window of our room. Ewa has decorated it beautifully and laid out some small snacks of nuts and raisins and some unleavened bread similar to the Catholic hosts in a Mass. She has also brought some small battery powered speakers with Christmas music and presents for us all. We join in some carols, singing Silent Night in English and German simultaneously. This is fun. Then Ewa gives us some of the bread which we break and share a piece with each person. We then stand and embrace. As I hold Rae I find myself weeping. Rae holds me tight. And then we embrace Ewa and Gerd in turn. We feel very close. It is a simple, beautiful, moving occasion and we thank Ewa and Gerd for inviting us.

At just after five, Ella, Ruby, Charlie, Billy and David arrive with some Christmas presents and a guitar. It is great to see them all. We manage to get a few more chairs imported and they sit around the bed with Gerd alongside. We exchange Christmas presents and Rae gives one to Gerd for Ewa and himself. Then follows a couple of hours of Christmas celebration of singing with and without the guitar. Billy starts with "The Christmas Song" by Nat King Cole (my favourite crooner). And then we sing a whole lot more songs with choruses that we know — some oldies and goldies that we can all join in. I manage to get a few of them on my phone video including 'Umbrella' and we showboat the 'Ella Ella Ella' for Ella's benefit. It is such a good time for me.

Gerd leaves on boxing day, a warm parting — I am pleased for him (he looks great) and Ewa — they have about a week left of their holiday. Rae and I stroll out of the hospital for an hour in the sunshine and sit in a cafe for a while. I feel better and the pains are lessening by the day and the hallucinations are all but gone. With the help of the interpreters, I get my discharge arranged for Saturday and we leave the hospital just after noon, with stitches out, a five day course of strong antibiotic and some paracetamol, and a very strong wish not to go back.

## Epilogue

After the five day course of antibiotics, Rae and I have ten clear days during which we are able to enjoy the sunny ambiance of El Medano with our family visitors. This includes a memorable traditional Medano New Year's Eve: a late family meal, eating twelve grapes on the twelve second countdown to midnight, and the beach firework display which we watch from the balcony. Finally, we join the throng on the streets at the very start of the New Year, heading for the plaza and a night of bands and dancing in the warm open air till the early hours. It is our last week, another seven days — time for ourselves. But one day in: oh no! a dull pain returns to my appendix area and continues for another day; enough for me to decide to return to the hospital.

On arrival we have none of the difficulties we experienced on our first visit. I am sent for an X-ray and an ultrasound scan immediately, and registered in a room accompanied

by Rae. We stayed there for about five hours until the rounds doctor, the original one whom I hoped never to see again, comes bouncing in with the interpreter in tow. He announces and gesticulates in eureka style, looking very pleased with himself. The interpreter, however, presents in a more sober fashion,

"We have discovered the cause of the pain. It is nothing to do with the original complaint nor the operations you have had. You have gallstones, which is causing the pain and the infection. You need an urgent operation but the good news is that you can go home to have it. In the meantime you must cut out fatty foods. The doctor will prescribe some antibiotic and pain killers. You stay the night and leave the hospital tomorrow."

The doctor seems to be looking at me as though I should be thrilled that he has cleverly fathomed the depths of my problem. My intuition tells me not to trust him nor his eureka moment. (Confirmed by my subsequent treatment and experience on my return to the UK). Shocked though I am at his new diagnosis, I manage to confirm with him that the outcome of the investigation is that there is no further treatment at Hospitens Sur other than that he will be writing a prescription for me.

I ask, "So I can leave today?"

After some involved discussion with the interpreter, in which she seemed to be disagreeing with him, he agrees that we can leave when we have collected the prescription and a permission to fly certificate, which he will sign straight away. Rae and I exchange glances, both relieved that we will soon be out of the hospital. It does not prove to be so straightforward.

We get our bits and pieces together, and head for our final port of call: the interpreters' office. There we tangle with the 'Gorgon' of the interpreters who insists,

"Pay one thousand euros and you can have your prescription and certificate to fly and leave now, or stay here until tomorrow when we will be able by then to contact and confirm with your insurance company that they will pay."

On this visit to the hospital, I am in a better space — my head is clearer — so together Rae and I conspire to find a way out. After several phone calls to our insurance company, our agent agrees to notify his company's consent to pay in a direct email to the interpreters' office email address. We also enlist the help of an amenable interpreter to locate the email, in a temporary absence of the Gorgon. On her return, the Gorgon refuses to accept an email version, insisting that it has to be on paper. Our friendly interpreter drops her gaze in resignation. Incredulous, but rallying and running the risk of being turned into stone, Rae and I take on the Gorgon headlong:

"Print it?!" we exclaim in unison. She refuses and waves us away.

But we sit there in her office refusing to budge. Back on the phone to our insurance company again, we persuade our agent to talk on our mobile to our friendly interpreter, putting the two parties in direct contact so that our, by now, frustrated agent can get a glimmer of what we are dealing with. The upshot of the conversation is a fax to the interpreters' office which, now four hours later, metaphorically decapitates the Gorgon, and, more importantly, does the trick. Picking up our papers from our friendly interpreter, we are out of here! We arrange an early flight home two days later to be on the safe side, and to make sure we do not have to return to Hospitens Sur again.

## **What did I learn**

First, to pay more attention to practical, sensible measures: to take my passport with me, take my ehic card, and to have a copy of the health insurance document (and to have read it), whenever seeking medical care on holiday. To treat pain in its role as a messenger with more respect. To seek medical expertise more readily to establish a cause; rather than adopting a 'I think I know what it is, let's wait and see if it gets better' approach (although, fortunately, there won't be a return of appendicitis).

Secondly, to trust myself, my intuition, to make clear my symptoms and express myself assertively to the medical powers that be, and to seek support to express that assertiveness when I am ill and vulnerable. Thanks to Rae and Gerd for help with that.

Thirdly, to value my family and friends here and at home; to recognize that people like Gerd and Ewa are also on the planet and turn up trumps in the most unexpected circumstances.

Finally, a much needed reminder: not to take anything, including my health, for granted: we never did get to make that rum punch for New Year.