

# Fever pitch

Evolutionary theorists have suggested that it is a mistake to lower the temperature of a fever because fever must have survival value, otherwise it wouldn't have evolved as a response to infection in the first place.

Whatever the validity of this roundish, if not completely circular, argument, the author Graham Greene found another virtue in fever: it once persuaded him that life was worth living.

He was on his trek in 1935 through Liberia when he fell ill. The first edition of his book

about it, *Journey without Maps*, had to be pulped because of a threat of a libel action brought by a colonial medical officer in Sierra Leone, Dr P D Oakley, whom Greene portrayed as the drunken vulgarian Pa Oakley (a sheer impossibility in our profession). In the book Greene recounts his illness in a section laconically called "A Touch of Fever": "I remember nothing of the trek to Zigi's Town and very little of the succeeding days."

In fact, his companion on the trek, his cousin Barbara Greene, wrote her own account of the journey, *Land Benighted* (a quotation from a line of the Liberian national anthem). She thought Graham would certainly die from his fever: "I never doubted it for a moment. He looked like a dead man already." Her main concern was how to get candles to light after he died.

Greene was 30 years old but, as everyone knows, he lived to a ripe old age. The fever was, as the contemporary cant phrase has it, a learning experience: "I had discovered in myself a pleasure in living. I had always assumed before, as a matter of course, that death was desirable." Indeed, he had twice tried suicide, or made suicidal gestures, once



by overdose, and the second time, more famously, by playing Russian roulette with a revolver.

The lesson he learnt was a fragile one. He continued: "It seemed that night an important discovery.

It was like a conversion...I should have known that conversions don't last, or only as a little sediment at the bottom of the brain...One may be able to strengthen oneself with the intellectual idea that once in Zigi's Town one had been completely convinced of the beauty and desirability of the mere act of living." Am I alone, I wonder, in finding the use of the impersonal pronoun here a symptom of exhibitionist insincerity?

Greene certainly didn't owe his survival to medicine. He had forgotten to take his medical supplies with him, and they might not have been of much use in any case. He had only Epsom salts (which he took in heroic quantities in tea) for internal complaints and boric acid or iodine for external ones.

Nonetheless, villagers *en route* asked him for treatment, assuming he had powerful medicines with him. (In return, Greene believed that Liberian witches really could call down lightning to eliminate their enemies.) For example, he treated a leper with boric acid, for which the latter was very grateful.

I couldn't help remembering the time I persuaded an obstructive West African port officer to allow me to join a ship by giving him some luminescent, luridly pink erythromycin pills. He then became helpfulness itself. My destination? Liberia.

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## MEDICAL CLASSICS

**Barney's Version** By Mordecai Richler

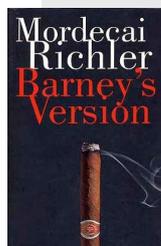
First published 1997

One of the great challenges of teaching modern dementia care is to assert the vitality of life and life experience in illnesses such as dementia. Artists are often the storm troopers of consciousness, and the last novel of the great Canadian author Mordecai Richler gifts us with unique insights into life with dementia that could enhance any teaching programme related to the illness.

*Barney's Version* is the story of the eponymous Barney Panofsky, a colourful character who has led an equally colourful life. Barney is a Jewish self-made millionaire who wishes to write his memoirs while he can still remember the details. He gives his version of events in a humorous, rambling, and at times combative style. The story is in three segments representing each of his three wives and is narrated in the first person.

From an early stage we notice that Barney has difficulty recalling certain words, names, and literary works. His son corrects these mistakes by way of footnotes in the book. Although the alcohol doesn't help Barney's memory, he frequents his local tavern every day and continues to live life to the full despite his family's disapproval that he does not conform to their visions as to how an "old" man should behave. As his dementia progresses, he insists on going to work, dictating often comical and nonsensical letters to his long suffering secretary and demanding they be sent regardless of the content or the insults extended to the unfortunate recipient.

The short scene where Barney is finally persuaded to see a doctor and undergoes the mini-mental state examination provokes humour and discomfort and is a medical classic in its own right. It is not only entertaining but a reminder of the need for better training for people carrying out even simple cognitive screening. Barney admonishes the doctor for patronising him with ridiculous



questions and counters each question with one of his own, all the while puffing on a cigar and uttering expletives in an attempt to mask what he knows are deficits in his memory. After his consultation he reads up about Alzheimer's disease, then promptly calls a friend who is a doctor and asks him how long he has before he "goes gaga" and to set up an enduring power of attorney.

Barney copes with the diagnosis of his dementia with the humour, candour, and irreverent manner we have become accustomed to, but his family's emotions are different. Barney's daughter constantly pleads with him to come and live with her because she feels he is not capable of living alone.

The challenges to dignity in dementia are palpable in the description of a meal Barney has with his third ex-wife Miriam, where he has difficulty choosing from the menu and coordinating his cutlery and even forgets that they were no longer husband and wife. When it is decided that he should enter a nursing home, there is a huge sense of guilt, grief, and also relief.

Overall the book affirms how fullness of life can be enjoyed in the face of dementia and allows us to reflect on how we need to nuance and develop our own understanding of dementia and reconsider how we portray this condition to our patients and their families.

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We welcome submissions for medical classics. These should be no more than 450 words long and should focus on a book, film, play, artwork, or piece of music that sheds light on the practice of medicine or the role of doctors in society. The work under review should be at least 10 years old. Please email ideas to Richard Hurley (rhurley@bmj.com).