of parents' feelings, relationships and lifestyle.

He was among the first paediatricians to recognise the importance of unrestricted visiting of sick children. Parents and siblings were freely accommodated in his children's ward. The importance of play and its role in helping children act out their fantasies and anxieties led to the appointment of the first play leader, financed by Save The Children Fund. He retained his interest in this aspect of child care throughout his retirement. His sensitive concern for the disabled child was always apparent and later led to his forming the Uphill Ski Club. What sounded to some like a crazy venture enabled very handicapped children to go on skiing holidays and enjoy an exhilarating freedom of movement they did not normally experience.

From the 1950s Dr. Morris recognised the importance of spending time with parents whose child had died. He held a weekly counselling clinic in Woolwich, and parents were supported in an ongoing way. His weekly ward rounds in the maternity unit were a revelation—sharing the tears of mothers who had sick babies that might never be 'normal' and allaying anxieties of those who were experiencing motherhood for the first time. He was a founder member of the Stillbirth Association, and in his latter years deepened still further his work in the bereavement field, for example, running a group for health visitors on bereavement work.

Dr. Morris experienced much grief and tragedy in his own family. He marshalled all his skills and insights in meeting the pain and heartache of these events—and in helping the family to do so. He showed great courage in living with his own illness, supported always by his devoted wife, Netta.

Most colleagues saw Dr. Morris as a larger-than-life, gregarious, exuberant, outgoing personality. He was an excellent chairman and presenter, and had the rare ability to generate discussion at awkward moments in meetings. His chuckles, his fun, and puckish sense of humour were never far away. There were times, perhaps, when he had a tendency to 'play to the gallery'. Most friends saw behind and beyond this to a paediatrician of profound humanity, with great spontaneity and a creative capacity to care in the broadest sense for sick children and their parents.

MARGARET ATKIN

PERSONAL VIEW

To comfort, always

Peter Barnes

Dr. Barnes is a General Practitioner from Enfield, Middlesex.
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The Reithe Spitze is a mountain over 2,300m overlooking Seefeld in the Austrian Tyrol. From its summit there are spectacular views in all directions. Yet for me the most memorable sight is a simple cross on top of the mountain on which is set a verse by Paula Grogger.

> Was wir bergen, in den Särgen,
> ist das Erdenkleit.
> Was wir lieben, ist geblieben
> bleibt in Ewigkeit.

Translation tends to detract from its lyricism but it literally means:

> What we bury in coffins
> are only the earthly remains.
> What we love, is always loved,
> and remains with us for an
> eternity.

When my wife and I read that inscription as we stood on top of the Reithe Spitze last summer it seemed to sum up what had been a long and tragic story. It is not unique, but it may be that in the telling of it, someone, even if it is only us, may find comfort.

In February 1987 our nine year old son died from lymphoblastic leukaemia. He had fought the disease for two and a half years and for much of the first year had been in a steady remission. We were looking forward to the distinct possibility of a cure. But a testicular relapse while still on chemotherapy was a prelude of what was to come. Despite further horrendous doses of chemotherapy and a bone marrow transplant from his older brother, there was to be no further relief for him. He died peacefully at home surrounded by his family. Lear's words come to mind when I look back on the whole saga: 'Poor naked wretches whereso'er you are, that bide the pelting of this pitiless storm'.

* * *

What might seem to be the end of the story was far from it. When a child dies in your practice it is, of course, a tragedy and you are saddened by it. When the child is your own it raises fundamental questions in your mind that bring into doubt all your previously held beliefs. Coming as I do from a long line of doctors there had never been much doubt in my mind about the infallibility of the great medical ethos. Nor were there discomforting thoughts about the existence of an 'afterlife' and 'heaven'. Surely 14 years of general practice in a working class area of north London had convinced me that there was no orchestration of this chaotic symphony of life by someone on high?

At first my son's death only tended to confirm those beliefs. Yet after a while I began to think that my son must have gone to a better place; there must be someone looking after him somewhere. Otherwise, what is the point of it all? To reconcile these feelings with my established, mainly existentialist personal creed, produced great mental anguish.

It made me wonder why I should carry on practising medicine when all it had promised over the years had been blown away like ashes on the wind. What had I done to bring this on him and us? There are as yet no answers to these questions. It may be that eventually there will be purely scientific answers. I doubt if that will be enough, whereas three years ago I am fairly certain it would have been.

* * *

With all this uncertainty in my mind it was hardly surprising that my work began to suffer. 'Why on earth do I have to sit here and listen to this? Don't they know that their problems are non-existent beside those of mine and my family?' It reached the stage where every morning I was physically shaking at the thought of going to work. Not to go would be an admission of defeat. How could I become immune to all these mundane trivia? Should I throw my hand in and do something else? 'Why is it that I, in need of consolation, always seem to end up consoling others? Surely there are others in this practice who can deal with this. Leave me alone.'

It was when I was at my lowest point mentally that two things happened that at the time I did not understand. Two of my patients died, from cancer. The first was an older man, but the second was a little girl. She was three years old and had disseminated bone cancer, despite an initial amputation of her arm.

Although my partners wanted to shield me from the stresses of looking after these patients, I had insisted. I had known both families for many years and the little girl had been in the same oncology unit as my son. We had something in common; perhaps I could be of use. I was with her and her parents when she died. Afterwards they were kind enough to tell me how much they felt it had helped them to have someone with them who had been through the same experiences.

It was not easy, but I found that these two incidents helped me to come to terms with medical practice again. I was able to ignore the trivialities and I found myself listening to people more. It became obvious to me how alike we all were. The simple act of listening seemed to help me almost as much as my patients. It was only later that a young Baptist minister made the simple but obvious explanation that these two dying people and their families had allowed me to give something again. After many months of battling against my son's illness it seems I had lost the capacity to give. And yet giving is such an essential part of human life in general and medicine in particular. As medicine becomes increasingly scientific the individual doctor may well find that his ability to give to his patients becomes progressively more difficult. It may well be that he and his patients will suffer as a consequence. Whether he is aware of it is, of course, a different matter.

* * *

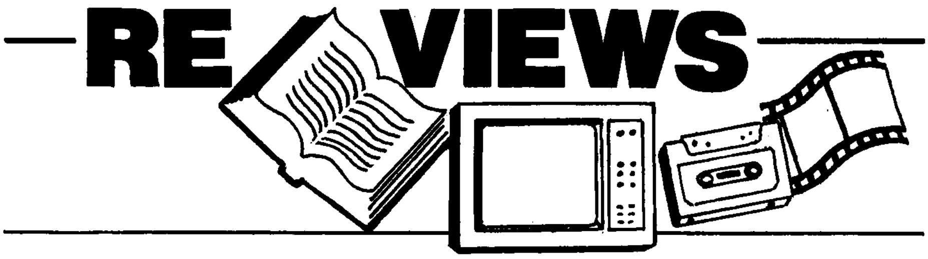
Where do I go from here? Some would argue that there is a message in my experiences that comes from someone greater than all of us. I think it is too soon to say that it was my 'road to Damascus'.

What it has reminded me to do is to concentrate on people rather than on illnesses. It may be that by doing so we may actually have more effect on the illness itself. Despite our natural desire for material things and our ego trips down the roads of organisation and scientific discovery in medicine, we must remember our patients' feelings and fears. It puts me in mind of the philosophy of the ancient Greek school of medicine.

To cure, occasionally.
To relieve, often.
To comfort, always.

It may be that as a profession we should remember this more often.

REVIEWS



DEATH AND DYING IN CHILDREN'S AND YOUNG PEOPLE'S LITERATURE

Marian S. Pyles. Publishers: Jefferson, North Carolina: McFarland & Company. 1988. U.K. Agents Bailey Brothers & Swinfen Ltd., Folkestone.

This highly priced, slim volume (172 pages) describes a selection of books written for children which include the subject of death. It is divided into five headings: folklore, the death of a pet, a friend, a relative and finally one's own death. Writing on folklore the author says (p. 31) 'as children read . . . they begin to realise that death is a natural part of life . . . they also begin to realise just how dangerous a place the world is. Finally they will begin to realise that mortality only makes life sweeter. Struggle, adherence to principles, and love makes the difference'. After the first chapter on folklore, which includes some of the well known children's classics but omits many more (for example, Beatrix Potter doesn't get a mention), the literature surveyed is almost entirely contemporary American fiction for children. Indeed in one of the few references to an English book, 'Dance on my Grave' by Aiden Chambers, the author says that the rather large number of British expressions would represent a stumbling block resulting in a limited audience for this book.

We learn in the preface that the author developed this book while teaching a course on children's literature. Unfortunately she does not say to whom the course was addessed. One guesses it is one of many such courses taught at American universities and presumably is aimed at undergraduates who may eventually become teachers and/or parents. British teachers and parents will find it of limited use but may browse through it for some ideas for children undergoing similar experiences. A more useful list can be found at the back of the schools' pack 'Good Grief' (Ward and Houghton) reviewed in 'Bereavement Care' Vol. 7 No. 2 (Summer, 1988), which has the advantage of being graded for age, and for the older literature the chapter by Ross in 'Explaining Death to Children' ed. Grollman, Beacon Press, Boston 1967, should be consulted.

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EMOTIONAL ASPECTS OF CHILDHOOD LEUKEMIA— A HANDBOOK FOR PARENTS

The Leukemia Association of America, National Headquarters, 733 Third Avenue, New York. Price not stated.

This handbook tries to help parents of children diagnosed with leukaemia to explore the variety of emotions and problems arising from the feelings they encounter when they have a very sick child. Throughout, it reminds parents that the majority of children do not die of leukaemia these days, although there may be a very hard struggle ahead.

The book has a section for helping the parents with the feelings they might have at the time of diagnosis. The difficulties of parents and the rest of their family and friends are looked at in terms of the relationships that existed before and the effects of the impact of the child's illness on these. There are plenty of commonsense suggestions about trying to weigh up the situation as it exists. The book suggests that every family has its own individual way of coping with bad news. It also encourages parents to look for their main sources of support to help them meet the new demands.

The second part of the book, subtitled 'You and Your Children', first looks at the healthy child at different stages, and at the child's understanding of illness and death. It then reviews seriously ill children and how, depending on their developmental level, they react to their illness and to the possibility of death. At the same time, it discusses the importance of communicating with sick children about what is happening to them so that they can feel fully supported by their parents and able to discuss things openly with them, especially at the time of diagnosis and during treatment.

There is a lot about the child's behaviour in the family when he or she goes home, and parents are encouraged to on treating the child as normally as possible. The importance of continuing with the child's education is discussed, as are the possible difficulties that may arise with teachers and peers, or because of absence while the child is in hospital.

The last section, 'If Death Must Come', acknowledges the fact that although the book has emphasised life and living, there is still a large number of children who die. The emphasis is on how important it is to communicate, and the book lists various topics to be discussed with children in preparation for death, depending on their age and readiness to talk. The parents are encouraged to be aware of the important subjects for both parent and child to feel at ease with before the death.

I found this book clearly written with sound advice for parents and families with a sick child. The emphasis on life should help parents take a positive view about sorting out any problems with their child and the family during the illness. However, as it obviously has to touch on death and hospitals, it will be painful for any parent to read, although it will also be of considerable help especially as it is written in fairly uncomplicated, jargon-free language.

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MY BOOK FOR KIDS WITH CANSUR

Jason Gaes. Aberdeen, South Dakota, USA: Mellus & Peterson Publishing Inc. $11.95.

Subtitled 'A Child's Autobiography of Hope', this book is written by a child who was diagnosed as having cancer when he was six. Two years later, when he was apparently cured, he wrote the book to tell other children who were suffering about his own experiences, with various tips on how to cope with the long and, at times, painful process of treatment.

The book is full of hope and encouragement for other children with cancer, explaining to them that there are many people who have lived through the experience, like himself. He explains some of the bad things about having cancer, such as being scared, but talks about being comforted by his mother. He suggests that any child can phone him. He tells other children that it is OK to cry and not to worry about losing their hair if they have chemotherapy, as good friends would not