

NEIL'S  
*Story*  
A Cancer Cure  
and Love

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## NEIL'S STORY: A CANCER CURE AND LOVE



## CHAPTER 1

# A Dream Becomes A Nightmare

The little bird, dapper in his almost-black coat-tails and white shirtfront, showed no sign of moving. It sat next to a patch of grass that had grown through the thin tarmacadam surface of the lane leading to our farmyard. I was with my husband Neil as he drove slowly along the narrow lane.

“What the...” he said abruptly and braked to a halt. “A baby swallow! What’s it doing sitting there? Can you see it – just to the right of that green hedgehog?”

“Yes, I see it,” I replied. “It hasn’t flown off – perhaps it’s injured...”

Neil climbed out. The swallow didn’t fly off, merely looked up when Neil’s tall figure approached. Gently he picked up and examined the small ball of feathers.

“No wonder the poor little chap can’t fly. He’s not injured but he’s got baler twine wrapped round his legs.” Neil fiddled about with the blue plastic twine and I got out of the car to see if I could help. “I can’t get it all off. I’ll need the scissors, Anne.”

I dodged into the kitchen a few yards away, found a pair of sharp scissors and together we unravelled the uncompromising plastic string from around the matchstick thin legs.

August 1999, it was, the time for removing weeds from between the neat rows of vegetables on our smallholding, referred to as a *fermette*, in Central France. The sun beats down relentlessly on those who toil outside in the height of summer.

Later in the day we stopped to straighten our aching backs and drink a cup of tea. Neil, cup in hand, surveyed the tall ancient hedge of

hawthorn, wild rose and oak that formed the boundary between our hectare of land and the minor road.

Tall and slim, with broad shoulders, a thick thatch of light brown hair, blue eyes slightly magnified by his spectacles, Neil was only weeks away from his 48<sup>th</sup> birthday. He looked much younger.

Suddenly, he said, "I don't believe it! There's another one!" He pointed towards a young swallow that sat, seemingly unconcerned, on the grassy path.

"Can't be the same one as this morning, surely?" I said.

"Dunno – but we can't leave him sitting there...."

What a docile little bird, I thought; no sign of fear at all. The sleek body with two distinctive tail feathers slightly longer than the others sat comfortably in the palm of Neil's hand.

"I think it is the same one... he seems to know me!" The swallow, one of a second brood that year, should have learned to fly by then and be practising for its long journey to Africa, where swallows spend the European winter months. Neil put it on a twig in the hedge.

We checked an hour later. The bird was still there, waiting patiently. Another swallow, presumably the baby's mother, darted about in front of him in an effort to urge him to fly.

"He can't stay there – what'll happen to him if he *can't* fly? He wouldn't survive the night, even in the hedge... I think he'll be safer in the barn with his friends. What do you think, Anne?"

"It's worth a try. Maybe it is the same one you found this morning – he's certainly not frightened of you, is he?"

Neil put out his forefinger in front of the bird and was surprised when the swallow hopped on to it as though the finger was another perch. All the way to the barn some 150 yards away, the swallow sat on Neil's finger, turning occasionally to face the wind when we changed direction until he was carefully replaced onto the window frame.

"I feel so... so *honoured*," said Neil. "It's just such an incredible feeling, having a wild bird place so much trust in you." He smiled happily. "It's really what life's all about, isn't it? This is just what I've always dreamed of, living right out in the country along with nature, getting back to the roots of survival."

Neil, my mother and I had moved from England to France ten years previously during the boom of English house prices. The sale

of our semi-detached house in the north of Nottinghamshire and my mother's detached bungalow close by had provided the money to buy a ruined farmhouse with a hectare of land, a dream come true. The intervening years were spent in a state of frenetic activity renovating the old farmhouse. We grew all our own vegetables and fruit, raised and slaughtered poultry and rabbits.

It was a wonderful adventure, a real change from the office work we'd left behind in England. Neil was a policeman when I'd first met him, twenty-three years beforehand. Both of us had worked for various companies since then and run our own businesses from our London home until we wondered what Life was about. The mundane, humdrum nine-to-five life had since gone forever, replaced by a physically satisfying, altogether healthier and more pleasurable way of life. We mixed cement, laid tiled floors, put in plumbing and electricity, and gradually made a home from the shell of the ancient farmhouse.

Heavy spadework on ground that had been a haven for dock and nettles for years kept us fit, though we left a few 'corners' to maintain

*Our house at the fermette on the left, with Mum's house in the background, and the barn on the right. Our house was constructed in the late 1700s with the stables on the right. Mum's house, built over two periods, dates from a century later, as does the barn.*





*Neil, two years before his illness, on the cultivator he adapted.*

the varied wildlife. From our land we could see for thirty miles across small fields edged with hedges on gently rolling hills. Wall-to-wall sky, flushed with brilliant sunsets just before nightfall, or torn apart by the bangs and flashes of an occasional electrical storm, seemed a cloudless blue for much of the summer.

Our idyllic life-style had one fault: there was no money in it, and we needed money to pay taxes and bills. Also, I had never learned how to drive; never a problem in the past, it meant I was reliant on Neil if I wanted to go further than my own feet would take me. After Neil had finished renovating another two houses for friends, we took jobs for a year at the local *lycée*. I taught English, but Neil found his job as *surveillant*, looking after students for periods when they had no lessons, very stressful. The pay was minimum wage and our French, far from perfect, made communication difficult, particularly with the students. We were both relieved when our contracts came to an end although sad to take leave of the teachers with whom we'd worked.

We'd found it extremely difficult coping with jobs and looking after the *fermette* and crops at the same time. Now unemployed we wondered

how we could make ends meet. Jobs with our English qualifications in the middle of rural France are not easily come by.

Periodically since our marriage in 1978 we'd thought of moving to Australia, even going so far as to contact the Australian Embassy in London that year and, more recently, in Paris. When Mum came back from a visit to England in the summer of 1999, she decided it was time for her to go back to live in the village where she had been born. It was the incentive we needed. Now was the time to seriously consider moving on because we'd achieved what we had set out to do in France. We applied for four-year visas to live and work in Brisbane, Australia, and put the *fermette* up for sale.



Summer turned to autumn and the swallows flew away. It always saddened us to see them leave on their long journey. The farmyard and barn were empty without them, though on this occasion we were fully intent on following their example, if not to Africa then at least to Australia.

When the last swallow had gone I noticed that Neil's character changed in a subtle way. Always a quiet, gentle man, he now became agitated with any small thing that didn't go according to plan. He stopped working on the land. Unusually for Neil, swear words occurred more frequently when he spoke. He lacked the energy to potter about in the barn, and ceased inventing or making things that were useful. From early morning until late at night Neil had always been fully occupied, mentally and physically – he could do everything and anything. It was out of character to see him merely sitting in a chair for hours at a time. These were the first signs, beginning in October, that something wasn't quite right.

“Darling, I think we ought to tidy the barn now the swallows have left. There are piles of *merde* all over the floor under their nests and I think it should be cleaned up in case someone wants to see round the farm...” Neil's continued inactivity exasperated me.

“I don't feel like doing it now,” he sighed. “I've no energy – I'm so tired all the time.”

“I'll do it, then!” I retorted. A much easier job when done by the

two of us, but I coped. This inactivity on Neil's part meant that the brunt of the farm work was left to me. It included hauling in wood for the stove that provided all our heating until the central heating was installed in December, and digging all the plots the hard way – with a spade. I objected, strongly!

Having noticed Neil's general change in attitude, I wondered what had caused it. We both made fairly frequent visits to the local general practitioner who always gave us a check-up at the same time. He found nothing amiss with Neil, certainly not high blood pressure or depression, nor even a hint of anything serious.

"Are you sure you want to go to Australia?" I asked Neil, still niggled by the idea that something wasn't quite right.

"Yes, I do... it's just – oh, I don't know!"

"Well, I really don't think it's fair that I'm having to do all this heavy work. I mean, I wouldn't mind so much if you were *doing* something. You're absolutely sure nothing's upsetting you?"

"No, honestly, nothing's wrong. It's just that I don't feel like doing anything physically. I don't have the energy. I know it's not fair on you, Anne..."

He tried hard afterwards to occupy himself, even if it was just by reading a book. But we'd seen the last of his happy pottering. I came to the conclusion that Neil was, perhaps, worrying subconsciously about selling the farm, the resulting upheaval and our proposed new life in Australia.

During November and December, X-rays, blood tests and a general health examination proved we were both fit enough to emigrate. He must be suffering from nerves, I thought. There *was* nothing wrong – the tests and examinations had proved it, but they didn't explain Neil's change in character or lack of energy.



In January 2000, Neil and I travelled to London to have a three-day course on digital photography with an old friend, a professional photographer. The course would help us with the new technology. Photography was one of Neil's long-standing hobbies, dating back to the late 1960s when he developed his own black-and-white films.

It was while we were in central London one day, looking for books, that Neil found he couldn't walk very far before a terrible pain developed in his chest. We thought it was due to stress and the change from pure country air to the city's traffic fumes. We assured each other that it was merely a glitch – he'd be fine once we returned home.



Life dragged when we got back to France. We seemed somehow trapped, walking a treadmill from day to day, waiting for the visas, waiting for a purchaser.

At the end of February we received our all-important visas. Strangely, neither of us felt any elation. All we wanted was to sell the ferme but it was proving more difficult than we had anticipated.

We advertised the property through agencies in England, Holland and France, even on the Internet via friends who had computers. Despite the enormously proportioned rooms, landscaped gardens, countless outbuildings and a wonderful view, agents said it was “too isolated” [two miles from the nearest village], or we were “asking too much” [approximately £120,000]. Here was our dilemma – either we stuck to our asking price and let the visas' four years tick by, or we settled for a lesser offer leaving insufficient funds to start up a business in Australia.

Soon after we received the visas, Neil lost quite a lot of weight. At first this quite pleased him, as he was following ‘a sort of diet’ to lose the few inches he'd gained around his midriff. I unkindly pointed out that if he occasionally helped me turn over some soil, the middle-age spread would not have ‘stuck’ in the first place! However, the pounds continued to be shed. He cut the grass, washed the car and helped me in the garden sometimes, but his energy level remained low.

Towards the end of March Neil went to our general practitioner, who is also an osteopath, for some treatment to his back. Neil's weight had dropped by almost a stone (14 pounds) in four weeks. Neither I nor the GP noticed that Neil's skin was an unhealthy shade of yellow.

Neil mentioned that he was suffering from insupportable itching and he was prescribed an ointment. Someone the previous day had told us that the local animal feed-producing factory some ten miles away

had suffered 'a leak', and we both thought the itching was caused by these recently released chemicals in the air.



Almost every day during the previous ten years we went to our local hotel for a cup of coffee. Amalia and Marco, who had spent twelve years in Australia before returning to France, ran the hotel. Ten days after seeing the doctor, we called in to see them on our way home from shopping. Neil was still plagued with itching.

"You don't look well, Neil," said Marco, placing two cups of coffee on the bar. "You're very... yellow."

"There can't be much wrong with me. It's only last December that I got a clean bill of health after loads of tests... you know, to get the visas. But," Neil added, "I don't feel a hundred percent."

"Have you seen a doctor recently?" persisted Marco.

"Yes, ten days ago."

"And he didn't say anything about you being... yellow?"

"No, I don't think he noticed."

"Well, if I were you," said Marco, "I'd seek a second opinion. You really do look ill, Neil."

I confided to Amalia: "It's odd, because for the last few mornings I've woken up and thought 'Thank God Neil's still breathing.'"

A strange thing to say – but I couldn't explain the feeling of relief I'd felt when waking and finding Neil still alive. My sixth sense, perhaps, but I'd ignored it, convinced that Neil was well.

The doctor in the next village is Portuguese and known by some to be brusque of manner. He likes to tell his patients the truth about their illnesses and I prefer it that way, but it is considered abnormal by the French.

It was the end of the day and the surgery was closed, so Neil left it until the next morning before he went to see the doctor for a second opinion.

Neil and myself were rarely apart, so it was unusual that I sent Neil off on his own, still convinced that all the symptoms were merely signs of 'nervous strain.' I busied myself with housewifely chores. The minutes turned into hours. Mum and I ate lunch – and still there was no sign of

Neil. Instinct told me Neil had been unwell for several months, but the real cause remained a mystery. Worry gnawed at me. He was taking an inordinately long time at the doctor's. Had he, perhaps, been involved in a car accident on the twisting country lane between the villages? When Neil eventually came home he looked extremely pale and very worried.

"The doctor says I'm seriously ill," he explained shakily. "I had to wait until almost mid-day, the surgery was full... and he asked why I hadn't been to see him earlier – there's something wrong with my liver. He's phoned for an appointment with a specialist – it's at five o'clock today."

I should have realised that there was a problem with Neil's liver. For several weeks, his lower abdomen had assumed a shelf-like quality, and was rock-hard to the touch, far more solid than when he worked the land, physical exercise causing well-developed bands of muscle.

I went with Neil for the late afternoon appointment with the English-speaking Lebanese specialist in digestive systems. He was horrified when he saw Neil's jaundiced skin. He asked the enterologist at the local hospital to fax through the results of the endoscopy carried out on Neil two years previously, and then, once he'd studied them, used an echograph machine on Neil's abdomen.

"You see this?" the doctor asked, his body language exuding anxiety. He pointed to the monitor but the image was a mystery to my untutored eyes. "This is huge – it's the bile duct and it is completely blocked."

A large dark mass dominated the screen. He moved the sensitive pad to a different position on Neil's torso and the picture changed.

"And this," he pointed at what looked like a black shark, "is the liver. It's enormous and pushing against your heart... you must be in a lot of pain. Why didn't you see a doctor sooner?" It sounded like an accusation, as though it was all Neil's fault.

"I saw one two weeks ago," Neil replied.

Here on the screen, though, was the explanation for the bouts of pain Neil had experienced in his chest while we were in London. The pain had decreased since our return to France so we'd done nothing to investigate the cause.

"This is terrible!" The gastro-enterologist's anxiety gave way to agitation. "I'm going on holiday in two days time but... this really can't

wait. I want you to start receiving treatment as soon as possible, or it will be too late.”

Warning bells jangled in my brain. “What exactly is the problem, doctor?” I asked.

“I’ve told you – the bile duct, the liver... your husband needs immediate treatment.”

He made some telephone calls. A bed in the *polyclinique* wouldn’t be available until the following afternoon.

I tried to stay calm, to think logically. Neil had a clean bill of health in December, only four months ago. We were under a lot of stress to find a buyer for our property, and although we looked forward to beginning a new business venture and a totally different way of life in Australia, we weren’t sure what to expect. It would be hard work, we both knew that. Terrified of failure, this added to the stress. Was this the cause of the problem with Neil’s bile duct and liver? And how serious was it?



The next day Neil was admitted to the polyclinique. The doctor explained that he was recommending Neil to be seen by one of the best surgeons. Neither of us was sure what form the ‘treatment’ would take, or why Neil needed to be seen by a surgeon, but during the evening the latter paid Neil a visit. A kindly man in his early 60s, small and wiry of stature with the whitest of white hair, the straightest of backs and a sympathetic smile, his keen blue eyes immediately noticed Neil’s jaundice. Constant scratching had resulted in scabs on Neil’s skin and I hoped the surgeon didn’t think we were flea-ridden.

He explained, in French but slowly so we could understand the medical terminology, that an endoscopy would be performed the next afternoon, 13<sup>th</sup> April, and prosthesis inserted under general anaesthetic. Prosthesis would help drain away the collected bile and reduce the jaundice.

This prospect terrified Neil, and with good reason. He had been given no anaesthetic at all before the endoscopy a couple of years earlier in the main hospital when the doctors were searching for the site of an ulcer, and he’d been traumatised for several hours afterwards. This would be Neil’s first night spent in any kind of hospital, his first major

operation and the thought of a general anaesthetic worried him. But at this polyclinique these things are done with care and courtesy.



I spent the next morning with Neil until he went for the endoscopy. By this time Neil looked emaciated and the whites of his eyes were almost as yellow as his skin.

I learned later that an American-born female technician talked to him before he went under the anaesthetic. He was delighted – there was no need for him to think of French responses to questions. The technician, Lucretia, became a good friend during the following months.

I went outside into the grounds, sat on a bench and ate some sandwiches. I wondered how long the procedure would take and whether it would be a matter of days or weeks before Neil fully recovered from the jaundice. My mind skittered around the subject of Neil's liver and bile duct. What was blocked surely could be quite easily unblocked? What was enlarged could become smaller – couldn't it? I still didn't really understand what was going on, and Australia seemed even further away than it actually is.

I was sitting in the two-bedded room waiting for Neil's return when Lucretia came in and introduced herself. She told me Neil hadn't felt nervous about all the endoscope paraphernalia because she'd talked to him about the procedure and explained what would happen. I was grateful for that.

I asked, "So, what's the diagnosis, then?"

Cautiously, she said, "I'm only a technician... one of the bottle-washers, not the chief cook. You'll be told by the gastro-enterologist... you know, the Lebanese doctor who carried out the echograph?"

Lucretia left. Soon afterwards, the gastro-enterologist burst through the door. Plainly upset, he told me the medical team had been unable to do anything except a biopsy. The biopsy results, carried out immediately, proved Neil had pancreatic cancer. Cancer! There was no mistaking the word – the conversation was in fluent English.

"The cancer has already spread to the liver and duodenum, and it's inoperable because it's so extensive. We couldn't insert prosthesis – your husband is too jaundiced for the operation to proceed. We'll keep him

on drip-feed and drugs to ameliorate the situation and the operation will go ahead as soon as his health has improved enough.”

The doctor paused in the midst of what seemed a babble of incomprehensible words through which only one – *cancer* – had meaning. That dreadful, frightening word hung in the air, obliterating all thoughts of anything else. Suddenly I felt terribly cold, unable to move, devoid of emotion. Patently, Neil was far more seriously ill than either of us had realised.

“Chemotherapy – we’ll try chemotherapy,” the doctor continued. “It will help combat the pain...”

But Neil wasn’t in pain! The doctor’s manner and my own need to know made me ask, “Is Neil dying? Please tell me the truth.”

Several heart-stopping moments passed before, unwillingly and unhappily, he replied, “Yes.”

I took a deep breath. “How long does he have left?” I *had* to know. I could see the doctor didn’t want to tell me. Under French law he was obliged to answer because I had asked.

Again he hesitated, then said, “A few months – at most, a year. I’m so sorry – there’s nothing we can do. It’s too late...”

I had no time to think, for at that moment Neil was wheeled on the trolley back into the room.

The doctor fled, close to tears, saying, “He’s too young for this... it should never have happened.”

Neil didn’t hear him. Still groggy from the anaesthetic, he was trying to sit up, a brave smile on his face, proud to have come through the anaesthetic without disgracing himself.

I stood there; shocked senseless by the news I’d just received, I wondered what to do, what to say. It was incomprehensible that Neil, until recently always so vibrant and healthy, could be looking at death from such close quarters. For ten years he had been physically fit and strong, living in fresh country air and eating a well-balanced diet containing organically grown home produce. True, he smoked twenty cigarettes a day but I *knew* this had not caused the cancer. There had to be another reason, and I intended to find out what it was.

## CHAPTER 2

# *The Fight Begins*

**H**ow had we reached this pass when, in December, we'd both undergone rigorous medical examinations, including X-rays and blood tests, for admission to Australia – and passed with a clean bill of health? How does one tell a loved one the worst kind of news, particularly when it's the last thing they are expecting to hear?

I sat with Neil for an hour wondering IF I should tell him at all. It was an almost unbearable sixty minutes, listening to Neil while he prattled on about what had happened before 'the operation' [he didn't yet know that an operation hadn't taken place], how nice Lucretia was, how she'd made him laugh and put him completely at ease. He thought the problem was solved, it was just a matter of time before he would be his normal strong and healthy self.

I told him I'd be back in a minute, went outside and sought solace and advice from Nature. I walked and thought, searching deep within myself, reaching out to the trees and plants.

"Tell him," came the answer in the form of a feeling. "Tell him – he has a right to know."

In my heart I knew that, if the same thing happened to me, I wouldn't want it kept as a secret. If we are ignorant of the strength of our enemy's forces, how can we be expected to fight back with a chance of winning? Neil and I never kept secrets from each other and I could not carry on with a deception of this magnitude. There was no option but to tell him the whole truth: that he was dying and there was no hope of recovery.

It was one of the hardest things I've ever done. I sat in a chair beside his bed, held his hands and, between sobs that I found impossible to subdue, told him.

“Darling, you’re going to have to be very, very brave. You’ve only had a biopsy. They waited for the results before telling me anything. You’ve got pancreatic cancer...”

I waited for him to assimilate the word. Disbelief, then shock, registered in his eyes.

“It’s already spread to the liver and duodenum,” I continued. “They can’t do an operation because it’s so extensive. And they’ve told me you’ve only a few months left...”

The worst had been said. I had to tell him something more, a bolster for his natural optimism, so I reminded him that people have been known to beat cancer, even when the experts insisted there was no hope. He listened intently, watching the tears course down my face. After a few moments of absolute silence, his eyes bright with the wetness in them, he hit the mattress with his fist and cried out: “I am GOING to Australia!”

His fight against incredible odds began.



When Marco collected me from the polyclinique he brought Emily, an Australian teenager who was staying for a year at the hotel while she studied at the nearby lycée.

“How’s Neil?” she asked brightly.

“He’s dying,” I dully answered.

Unlike Marco, she wasn’t shocked by the bluntness of my reply. Young and curious, Emily asked many questions. I answered them all without shedding a tear, ‘clinically’, distancing myself psychologically from my emotions.

All Marco could say was “Santa Madonna” as, I supposed, most people of Italian extraction would say in the circumstances. He remained speechless for the whole journey home apart from occasionally repeating “Santa Madonna” and muttering “*merde*” in an almost inaudible voice.

Stumbling through the farmhouse doorway I threw myself at Mum. Almost incoherently my words spilled out until, eventually, she knew all that I’d been told.

“Why couldn’t this have happened to *me*,” she said, holding me close. “Why did it have to happen to Neil, so young...?”

Later, I walked alone to the bottom of our sloping field. Surrounded by country noises, the trees and hedges I love, it was here that I screamed obscenities at Fate and gave full vent to anger such as I'd never felt before, threaded with abject fear. I could think no further than the following day. Time, seemingly, ceased to exist.



I telephoned Neil's parents, both in their 80s, and told them as gently as I could that Neil was in the polyclinique waiting for an operation.

"Nothing to worry about, really – the endoscopy was only investigatory," I said.

I explained about the drip-feed needle, inserted into Neil's arm while he was under the anaesthetic, that allowed nutrients and medicines to flow into a vein from a special bag hanging from a stand. Not once during the conversation did I mention the word 'cancer'. My mouth refused to shape the word. A coward's way out of a nightmarish situation.

Neil telephoned me at 10:00 pm to say he was to be transferred immediately by ambulance to the main hospital for a scan to be taken. The results would show how far the cancer had spread. He sounded disinterested, as though he was going to the local shop, or it was all happening to someone else.

Through sheer exhaustion brought on by a mixture of tears, immense sorrow, fear and rage, I eventually dropped off to sleep that night. It was strange, having the whole double bed to myself.

Neil and I were almost always together, rarely seen apart, and people joked that we must be joined at the hip.

The next day, after Marco drove me to the polyclinique, I found Neil's bed empty. A momentary frisson of fear sped up my spine. Out of view from the door there was a corner, formed by a wall of the shower-room where it met the rear wall of the main room, and it was here that I found him. He sat in a chair, reading a book.

"Hello, darling," I said brightly, and gave him a kiss. "How did it go last night – have they told you the results of the scan yet?"

He seemed unconcerned when he replied. "They've found massive

cancerous areas in my pancreas, liver and duodenum. It just confirmed what they told you yesterday. Don't worry – I'll fight it."

I had the feeling that, no matter what the medical profession said, or how bad his case became, Neil would combat the disease every step of the way. He'd already telephoned his parents and his two brothers to tell them of the cancer.

"I'm going to fight it, Anne," Neil repeated. "I'm going to beat this somehow because I've so much left to do... I'm not even fifty!"

The surgeon arranged for the by-pass operation to be scheduled for three days later, after the weekend. Periodically Neil's lungs were checked for their capacity and he breathed in oxygen through a mask to help prepare his lungs for the anaesthetic. An electrocardiograph was taken of his heartbeat and the surgeon visited him twice every day.

I stayed with Neil for as many hours as possible, starting my days very early each morning to keep on top of the chores and coming home exhausted in the evenings to meals Mum cooked. Marco drove me to and from the polyclinique, somehow finding the time in his already busy schedule, and sometimes we'd stop long enough at the hotel on the way home for me to drink a cup of coffee and tell Amalia news of Neil.



Sunday, 16<sup>th</sup> April 2000, only three days after cancer had been confirmed by the biopsy, felt like the lull before a storm. Neil's skin showed the first signs of losing its yellowness, aided by the drugs in the drip-feed.

I helped him shower, he was shaved, an enema administered, and there was nothing to do but wait. I tried to prepare myself mentally for the possibility that Neil wouldn't come through the operation. How would I feel? How would I cope? What would I do? There was no way of knowing until after the insertion of the by-pass and my brain baulked at the questions. Tomorrow, we would find out the strength of the enemy forces.



'Tomorrow' dawned the same as any other day. I decided to stay in the general waiting area while Neil underwent surgery but, just when I was

about to sit down, I saw the gastro-enterologist. It never occurred to me at the time that he was supposed to be on holiday. I waved to him and he came over.

“What are you doing here?” he asked.

“Waiting. Neil’s having the by-pass op.”

“I know.” He hesitated, then: “Would you like to see Lucretia? I know where she is at the moment.”

Yes, I would. My handbag dangled from my shoulder as I followed the gastro-enterologist through a pair of large doors where non-medical people weren’t supposed to go. The doors themselves bore ‘No Admittance’ signs that no one could possibly miss seeing, and the people behind them wore loose, green clothing, their hair hidden by medical mobcaps and protective coverings over their shoes. I felt distinctly out of place in my jeans, jumper and overcoat.

Without demur I was handed over to Lucretia. She was busily explaining to me how the endoscope equipment worked and which pipe had been pushed down Neil’s throat when I saw the surgeon at the end of the corridor. He was garbed in his operating whites, ready to enter the theatre, but he came to have a few words with me.

“Your husband is just on the other side of that wall,” he said in French.

It was an odd sensation, to know that Neil was less than a metre away from me, totally unaware of my presence and probably already anaesthetised. I gave a silent prayer. Lucretia had already asked if I was prepared for the worst.

“As much as anyone can be,” I’d answered.

“Just so long as you realise he might not come through it.” There it was, out in the open, the words spoken rather than merely thought: Neil might not survive the operation.

With the surgeon there, I asked Lucretia if she could translate my questions. The answers were that the scan performed late the night before had found several different sites of cancer. They were too numerous to be surgically removed. A by-pass – the purpose of the operation – would take away the build up of bile. The bile duct was blocked with cancerous growth, unable to function. The by-pass would also relieve the liver and should eliminate the remains of jaundice. At a

later date radiotherapy and chemotherapy might be used in an attempt to stop the cancer developing any further.

The surgeon paused, looked over his half-moon spectacles straight into my eyes and said, "The prognosis of less than a year of life remains the same. He may not survive the operation."

My heart sank even further. As he turned to leave, all I could think of to say was: "Good luck."

The operation took two hours. I spent it walking in the small garden adjoining the entrance, and down in the cafeteria where I drank several cups of coffee. I could think of nothing except Neil. I willed him to survive.

It was with intense relief that I heard the news from a nurse that the surgery was over and Neil was still alive. On schedule Neil was taken to Intensive Care where, a few minutes later, the staff showed me how to slip into the protective clothing before I could see him. I stayed for twenty minutes.

Neil was fully conscious but drowsy, and felt nauseous because of the drugs. He had several tubes from various parts of his body leading to glass receptacles on the floor. Wires hooked to monitors and other equipment either gave intermittent blips or showed wavy lines. Neil drifted off in a drug-induced sleep.

There was nothing I could do now except go home, eat, think and pray.



I telephoned the ICU first thing in the morning. Neil had spent a "comfortable night", a euphemism used the world over to describe a patient who hasn't caused problems and is still breathing.

Marco took both Mum and myself to the polyclinique in the early afternoon; neither of them were allowed to see Neil. They sat in the foyer and waited for me. Neil looked a little better. The deeply-etched lines that had formed during the previous fortnight down his cheeks were almost gone, the jaundice barely noticeable. He was still drowsy and found it hard to talk.

I sat by his bed, occasionally moistening his parched lips with a wet cloth, and held his left hand. I noticed that the pattern on his wedding

ring had worn away so much with hard physical work, it was difficult for me to remember the original design.

Lucretia came quietly into the claustrophobic, small windowless room. The surgeon wanted a word with me, she said. He told me, with Lucretia translating, that the operation had been a success. The tube leading from Neil's abdomen to a large jar was draining Neil's liver. The jar was already half-full of tea-coloured bile.

"Unfortunately," Lucretia said, "there are more than twenty cancerous sites on the liver alone. The surgeon noted them while he was inserting the by-pass. The liver is huge and completely covered in secondary cancer. It's really bad news, I'm afraid."

I asked about the possibility of a liver transplant.

"It's out of the question. You must understand that your husband has only a short time to live. There's nothing more we can do."

Something in my brain would not accept that Neil's chances of life were so negligible. I understood what I was being told but, if Neil was willing to fight, so was I.

I learned later that Lucretia and the surgeon also spoke to Mum when I wasn't with her. They were concerned about me. I had not reacted as most people do in similar circumstances.

"Does your daughter fully understand that her husband has no chance of long-term survival and the most he can hope for is a few months?"

"Yes," Mum confirmed. "She knows. She knows very well."

When Neil came out of sedation I told him about the cancer sites on his liver. He seemed to accept it, as though he already knew but was still determined to beat the disease, whatever the surgeons, specialists and other medicos said.

Months earlier, when the swallows still flew in the farmyard and long before the jaundice appeared, I'd taught him how to use psychokinesis. There are many forms of psychokinesis and this particular kind is more commonly known as 'mind over matter'. Simplified, each person's mind is in charge of his or her own body and can to some extent control pain or aid the healing process by concentrating deeply on the affected area. Neil practised by controlling, with some success, the chronic diarrhoea that had afflicted him since his ulcer had been discovered during the

first endoscopy in 1998. Our previous GP had prescribed medicine but it had proved ineffective.

Before Christmas, when Neil was so lethargic, he'd begun to use psychokinesis again to help boost his morale. Now I advised him to wait until he came out of ICU before attempting mind-over-matter on the cancer because he needed to conserve his energy and allow sufficient time for his body to overcome the effects of the anaesthetic, drugs and major surgery.



While Neil lay in the polyclinique the days were sunny and warm, and the swallows returned in full force. The first few arrived, tired after their long journey on the wing, and were soon followed by the majority, invading the barn and other outbuildings where they would build their nests.

Life went on, but the pattern changed. I lived two separate lives, one at home, the other at the polyclinique where I spent most of each day. I carried on with work in the garden and on the vegetable plots, and kept the house clean. Between us, Mum and I managed to do everything, though keeping all the grass cut in case prospective purchasers came to view the house proved impossible. We asked a French friend, Régis, to do the majority for us while Mum mowed as much as she could reach with her electric lawnmower.

Neil stayed in intensive care for four days until the morning of 20<sup>th</sup> April when he was moved to a single room. Marco, when I contacted him on his mobile phone, left his shopping in a trolley so that he could take me to the polyclinique as soon as I knew the room allocated to Neil.

Neil amazed me. He sat in a chair with a catheter to his bladder, two bags attached to drains from the liver and pancreatic by-pass, a drip-feed to a vein in his shoulder and a huge padded area on his right side that hid all the stitches. And he managed a smile of welcome! After an hour in the chair he would lie down on the bed, or walk a little way. Quite a performance, with all the drains, tubes, bottles and bags. His morale could not have been better.

For the next eight days we talked. I knew it was essential to discuss everything, to keep up his morale and help him face his fear.

"Take it a day at a time," I counselled. "Make each good day count for something, even if it's just a walk round the garden when you come home. Put the bad days behind you as quickly as you can."

"I still want to go to Australia. I'm *willing* myself better... we still have the farm to sell."

I clung to the idea of a new life in Australia even though I knew if Neil survived for another year, it would be a miracle.

Neil progressed very quickly. During his first day out of ICU, Neil told me, "The surgeon asked me what I'd really like most to drink, so I told him I could kill for a good cup of tea. You know what? The head nurse brought in a little china tea-pot on a tray with a matching cup and saucer, little milk jug and sugar basin! I haven't enjoyed a cup of tea so much for years!"

He began eating 'normal' food, a wonderful change after several days of nil-by-mouth in ICU. Neil walked a little further each day. Tubes were eventually removed.

Less than a week after his operation he took the lift down to the cafeteria to drink a cup of coffee and later walked in the grounds. The enormous heavy dressing was changed for a smaller, lighter one allowing me for the first time to see the wound left by the surgeon. Eight inches long, it curved from mid-sternum to Neil's abdomen, about an inch from his groin. Held together with metal staples, the wound was healing nicely with no bruising.

He was 're-educated' when the catheter was taken out so that he could urinate properly. The diarrhoea ceased and there was no sign of the jaundice.

Gradually during his first week out of intensive care all the paraphernalia disappeared, including the metal staples. What a scar! A light dressing remained, to protect it until the sliced flesh was properly healed.

We talked every day. I told Neil of my progress on the vegetable plots; he related conversations with his parents and the team of nurses who he declared were "absolutely fantastic". I discussed the advertisement for the property that I'd put in an English magazine; he listened when I read a novel aloud; we played Scrabble; we walked... and talked.

On the 28<sup>th</sup> April, sixteen days after Neil's admittance to the polyclinique, Marco drove me in to pack up all the 'stuff' accumulated by Neil and to bring him home. With his belongings were also included the X-rays, scan results, a list of forbidden and permitted foodstuffs, and a note with the time of the next appointment with the surgeon on 16<sup>th</sup> May.

The latter was in overall charge of Neil's case. All specialists and doctors concerned with Neil and his progress contacted each other by letter, sending a copy to the surgeon and providing a mass of information to which he was privy.

Marco drove us with extreme care to the hotel where Neil enjoyed his first cup of proper coffee in over two weeks. We didn't stay long – Neil was too tired and it was almost lunchtime.

When we arrived at our ferme, an English estate agent was wandering over the property and dictating a running commentary into a tape machine. This was not the homecoming either of us had anticipated. The agent stayed for another hour even after I'd explained in detail the state of Neil's health. It was obvious that Neil was hungry and tired. I verged on blatant rudeness to the agent before he eventually took the hint and left.

Neil, by this time past hunger, slowly ate the lunch I'd prepared and lay down for a rest. Marco collected me – there were things I needed to do during the afternoon, which included taking a large floral bouquet to the nursing staff at the polyclinique, so I was away from the farm for a couple of hours.

Not for the first time, I wished I could drive. Neil, bored with lying down after an hour, sat in our car and turned over the engine.

When I returned home we walked round the garden at Neil's new, slow speed. Everything had grown so much in the sixteen days since his sudden admittance to the polyclinique. The subject of Australia wasn't mentioned. Our horizons had narrowed, concentrating on 'tomorrow' and 'one day at a time'.



I studied the items on the 'allowable and forbidden' list given to me by the dietician. This was the only information I had regarding a hepatic

diet. A hepatic diet excludes all fat, including food that has natural fats, and this allows the liver some respite from processing it. The surgeon, convinced of Neil's short future, had advised me to ignore the hepatic diet.

"Let him eat whatever he wants," he had told me. "If he wants coffee, give it to him. A glass of wine a day – whatever he would like."

Both coffee and wine were on the 'forbidden' list. I decided on a different approach. I cooked only those items mentioned on the 'allowable' list. Neil ate everything, though it was hard work following the example set by what I'd seen him eat at the polyclinique, four small courses twice daily.

From the first day after his release I kept records of his morale, appetite, energy and the general state of his faeces. We even went to the lengths of painting a colour chart so that we could note the approximate colour match!

There were some adjustments to make when Neil came home, such as his sleeping on the "wrong" side of our double bed because he found it more comfortable. He needed to remember, in the middle of the night on returning from the w.c., that the bed was much lower than the one he'd slept in at the polyclinique.

Neil completely filled his first full day at home. Although climbing in and out of the car wasn't easy for him because the muscles in his abdomen were still healing, he drove several miles down deserted country lanes in the morning, regaining his confidence behind the wheel enough to travel a few hundred yards up the busy *route nationale* to the hotel. We'd called in briefly the day before on Neil's return from the polyclinique, but it hadn't been a 'normal' visit.

Almost a matching pair, Marco and Amalia are shorter, rounder and darker than Neil and myself. They were the first friends we made in France. They greeted Neil like a returning hero.

"Two coffees?" asked Marco, running the words round his mouth as though they were unfamiliar and holding up two fingers in the reverse of Churchill's famous Victory sign. No matter how many times we told him, Marco adhered to the sign given by the English longbowmen at Agincourt.

We took our habitual seats – two tall stools in front of the bar.

"Good to be home?" Marco continued.

“Oh, yes!”

“How are you feeling, Neil?” Amalia wanted to know.

“A bit sore – the stitches only came out four days ago but I’m moving about quite a bit.”

Marco said: “It’s good to see you sitting there – you look much better. No yellow!”

Neil spent a restful afternoon, sitting in the garden. Tired after the active morning and still drowsy from his afternoon rest, in the evening he was forced to walk further than he should have done. Mum reported that the electric fence had fallen down, right at the bottom of our field. Luckily the small flock of sheep that grazed there hadn’t realised freedom was so close to hoof.

I didn’t know how the fence worked – it had always been one of Neil’s tasks. He strolled down to fix the fence and returned slowly up the slight incline, short of breath from the exercise.

A few minutes later we sat companionably on a rocky outcrop where the lie of the land changes from the flat vegetable plots to the slope of the field, giving an enormous vista of countryside beyond.

“How are you feeling, darling?” I asked.

“Hmm – I wonder how many times I’m going to have to answer that question!”

“Lots, I expect,” I grinned. Then, more seriously, I said, “I need to know everything – how you’re feeling mentally and emotionally, as well as physically. Everything to do with you is more important than you realise, Neil. You need goals in the near future to set your sights on – easily achievable goals, like – well...” I cast about in my mind and came up with an idea: “...the twentieth of May. It’ll be our twenty-second wedding anniversary, so why not have that as your first goal? It isn’t far away now, only three weeks. And then there’s my birthday in June... every day that passes is a day closer to a target so you could make each day count, as well, by doing something you planned the night before. But nothing too strenuous – you’ve got to conserve as much energy as possible to fight the cancer.”

We were silent for a moment; gazed at the countryside spread out in front of us, at the trees dressed in the fresh green of new leaves, the sheep grazing on the grass in the field and the blue haze of a forest on

the horizon far away. A few swallows flew high above us; three buzzards circled lazily on a thermal, distant black dots against a light blue sky.

"There's so much to live for," I added.

He looked down at his shoes, lost in his own thoughts.

"I'm a bit frightened," he admitted at last. "But I can see how having targets would work. I'm only 48 – I want to live to my fiftieth birthday, at least. That's one of my goals. And another is that we must sell this place and move. There's too much for you to cope with here and I don't know how long it will take for me to regain my strength... or if I ever will."

I noticed he said "move" without mentioning Australia.

"Well, I'm really pushing the agents, Neil. Régis will keep the grass paths mown and do any of the really heavy work, and Mum's doing her best keeping the lawn cut. We'll just have to—"

"—take it a day at a time!" we chorused.

"I tell you what!" he said, suddenly struck with an idea. "Why don't I start writing my autobiography? It would keep my mind occupied without using up too much energy, wouldn't it? And," he finished slyly, "I can learn how to use your word processor!"

It was an ancient machine, outdated since modern computers came on the market, but it was my cynosure. It didn't take long to teach him the basics of how it worked and Neil began writing on the 1<sup>st</sup> of May.



Neil progressed rapidly from short walks to longer ones, from eating small amounts to more substantial meals. I helped him when he bathed because he found it difficult to manoeuvre within the confined space and impossible to find a comfortable position due to the lack of flesh on his bones. The wound from the operation, still protected by a dressing, had to be kept dry at all times. Now looking even more emaciated from the loss of weight since his operation, Neil's bones stuck out from under his skin, his periwinkle-blue eyes set deep into their sockets.

There was little resemblance between this man and the one who had been so full of vigour a year ago. As I thought about the change in Neil, I remembered the nervous breakdown he'd had in 1993, the enormous amount of pain he'd endured shortly afterwards when he had strained

his intercostal muscles, and the ladder that collapsed underneath him when he was renovating a friend's house. Luckily no bones were broken, but he'd taken the full brunt of the fall with the top of the ladder under his lower abdomen.

In 1998 he'd been diagnosed as having an ulcer after enduring almost a year of diarrhoea. None of this had unduly affected his general optimism or enthusiasm. It was a different situation now but his weight was increasing marginally, his morale [more than a little dented] had climbed.



While I dug, weeded, raked and planted in the vegetable plots and garden, Neil kept me company, sitting in the sunshine or, when the temperature rose above 25°C, in the shade of a tree. He experienced mood swings, sometimes feeling absolutely certain he would beat the cancer, that nothing could prevent him. Within minutes the certainty changed to doubt and he cried with frustration.

A week into May, only days after returning home, diarrhoea re-occurred and I called out our Portuguese doctor. He is tall, slow of speech but quick of wit, and passes on his knowledge to those willing to listen. I learned something important that day. Green vegetables can cause diarrhoea and this in turn leads to dehydration, lack of energy and loss of morale. There was so much I still needed to research and study in order to help Neil.

Avoiding green vegetables as part of a meal proved difficult, particularly as I was in the process of growing row upon row of them, but not impossible.

At the end of Neil's first week at home I removed the final dressing from his wound. It had healed well although there was a small lump at the base of the scar, like a tuck. When we next visited the hotel Marco was engaged in a telephone conversation, Amalia by his side.

"Who wants to see Neil's scar?" I asked.

"Me!" shouted Marco, and dropped the telephone. Closely followed by Amalia, he raced round to our side of the bar.

Neil unbuttoned his shirt to reveal the pale tract of flesh between

two lines of dots where the staples had been. They resembled footprints made by a giant centipede.

“Ooh, it’s beautiful!” Amalia exclaimed.

“It’s not bad, is it?” Neil said, grinning.

He became the centre of attention and all the ‘regulars’ were treated to a view of the scar. Many people in the area knew Neil and, over the years, had come to appreciate his cheerful smile, eagerness to help others and valiant attempts to speak French. He had integrated well into the community within our first year.



Neil grew in confidence as the days passed. He held stakes while I hammered them into the ground, fetched and carried things for me if they weren’t too heavy, sat for hours with his shotgun poised over a molehill, walked a little further and worked on his autobiography.

Several people came, looked round the property, and left. Our price, arrived at by an authorised agent, seemed not to meet with their approval and the few offers made were derisory by comparison. The visitors unwittingly created stress in the form of never-ending housework that, combined with the busiest time of the year on a smallholding, tired me to the point of exhaustion. Our hopes were raised with each ‘appointment’ but were quickly dashed.

Régis helped when he could spare the time, as did Mum. I coped, somehow, with the rest of the work.

Neil, against my advice, decided to cut the nettles and long grass on each side of our turning with our ride-on mower. I’d never learned how to use it. The machine came under the general heading of ‘things with gears, pedals and a steering wheel’ and, from my point of view, was best left to those who knew how to drive them. The herbage had grown so fast, watered regularly by rain and warmed by the sunshine, that our property risked being obscured from view.

Cutting it all down was a necessity but Neil was still very frail and he sat grim-faced and ‘side-saddle’ to avoid the nettles. He ached the next day but he’d saved me from using the long scythe – hours of back-breaking labour.



*The rear of the farmhouse and barn, overlooking the field. In all, we owned roughly two acres.*



On the 14<sup>th</sup> of May, just over a fortnight after his return home and two days before his appointment with the surgeon, Neil helped me erect some shelves in the garden. These were constructed from long planks supported on breezeblocks.

I hefted the heavy pump, kept in the barn over winter, to the well where Neil began to fix it in position with nuts and bolts. The sound of Régis' lawnmower carried through the air as he mowed the grass paths around the field; I made short journeys from the porch carrying pots of fuchsia, filling the shelves.

Everyone was busy – but we all came to a halt when Neil inexplicably cried out. Chalk-white, he sat down on the edge of the well, his left hand clasping his right arm close to his body.

I immediately ran over to him. “What have you done? Where does it hurt? How did you do it?”

“I don't know... I was just tightening a bolt when I had this terrible pain in my shoulder. I daren't move. Oh God, it hurts!”

Mum came swiftly down the stairs from her studio and I told her what had happened. Régis appeared from behind the farmhouse, took one look at the agony etched vividly on Neil's face, and went home. He can't bear to see anyone in pain. After some deliberation, Mum said she thought Neil might have torn a muscle or ligament so, under her instruction, I applied a hot flannel. With great care I put Neil's right arm in a triangular sling but he was still in too much pain to move.

The village surgery was closed, as it usually is on a Sunday, so I rang the weekend duty doctor. He arrived within minutes and came to the same conclusion as ourselves: a torn ligament or muscle. He knew Neil had an appointment to see the surgeon the day after next and suggested Neil ask for the shoulder to be X-rayed. He prescribed painkillers before he left.

After a fretful, sleepless night followed by a morning full of complaints from Neil about how much his arm hurt, I called out our own GP.

"I think the tendon has stretched too much and lost its elasticity," he opined slowly in French heavily accented with his native Portuguese. "It can be treated with cortisone injections or you might need a small operation. I'll write to your surgeon now and you can take the letter with you tomorrow."

He knew more about the next day's appointment than we did. Perhaps it had been explained to me and I hadn't understood at the time. In his deep voice, the doctor told us that Neil's appointment with the specialist was for the insertion of a thin tube from just above his collarbone into his jugular vein. The collarbone end of the tube contained a plastic circle filled with a sponge-like substance. This 'polysite' remained under the skin and would serve as the entry point for chemotherapy needles throughout Neil's treatment.

"It will be carried out under local anaesthetic," our GP explained.

Neil wrinkled his nose. He didn't like the idea of watching the procedure!



## CHAPTER 3

# A Glimmer Of Hope

In France there are ambulance-taxis for people unable or too ill to drive to hospital appointments, so we arrived chauffeur-driven by Dominic for Neil's appointment with the surgeon. Dominic, round-faced and in his thirties, drove a sedan-type car for patients needing daily treatment, and a fully equipped ambulance for emergency cases. The day did not go according to plan, once the surgeon saw Neil's arm in a sling.

"What have you done to him?" he demanded of me, his voice accusing but his smile over-riding it.

"Nothing!" I squealed with indignance, and added defensively: "I didn't touch him – he did it all by himself."

He turned his attention to Neil: "What did you do to cause yourself such agony?"

"I was tightening a nut and bolt."

The surgeon raised his eyebrows and immediately ordered an X-ray.

Twenty minutes later he studied the results and proclaimed: "You've broken it!"

"Broken it?" I queried incredulously. None of us, including the two GPs, had thought of that. "*Broken* it? Just by tightening a nut and bolt?"

No wonder Neil had been in so much pain for two days and nights. Inexplicably, I started to laugh. It seemed incongruous to have broken an arm doing something so ordinary and simple. No need to worry. A bit of plaster would soon put that right.

"Look – see that mark at the top of the humerus like a capital W?" the surgeon asked when he showed us the X-ray.

We nodded.

"Well, that's where it's broken. That W is the break line. My colleague

– he’s a bone specialist – will have to see this.” He spoke to us as always in clear, precise French, never raising his voice as most people do when speaking to foreigners.

“Erm – can’t Neil just have a plaster cast?” I suggested.

He looked at me from over his half-moon spectacles. “Certainly not!” he declared. “The break is the waviest I’ve ever seen and it’s right at the top, just under the ball. This is a job for my colleague!”

The bone specialist, also a surgeon, was a large, bulky man known affectionately by his staff as Raging Bull. There were creases in his fleshy face so that he resembled a kindly bulldog with eyes usually twinkling with good humour. But not always.

“Ah – a very bad break,” he said, closely examining the X-ray results. “I’m afraid this needs surgery as soon as possible. I want to insert a pin from here to here,” he indicated Neil’s elbow and the ball at the top of the humerus. “Under general anaesthetic, of course.”

This much we easily understood. After a quick conference while he and Neil’s surgeon compared diary appointments, they arranged for Neil to be admitted to the polyclinique that afternoon. The operation to insert the pin was scheduled for the next day and, at the same time, the surgeon would implant the polysite.

Dominic, driver of the ambulance-taxi, took us home. We ate lunch in almost complete silence and I packed a bag of requisites for Neil’s sojourn in the polyclinique. We sat in the garden for half an hour, drenched with sunshine, waiting for Dominic to return. What a lazy, trouble-free life the goldfish in the pond had, compared to ours!

“You could have done without this, darling,” I said. Another general anaesthetic, another serious operation, his second in just over a month. He’d broken his humerus, but it wasn’t a bit funny.



Once again, with Neil tucked up between the freshly laundered white sheets on a polyclinique bed, we telephoned Bill and Violet.

“You could have done without this,” Neil’s father said. It was the phrase everyone echoed when they heard about Neil’s latest misfortune.

They relayed the news by telephone to Neil’s brothers, Dick and Dave. With a personal telephone next to the bed, it was easy to keep in

contact and Violet became Central Control, disseminating information to family and friends.

I went home for the night, spent the next morning doing chores around the house and garden, and arrived the following afternoon with Mum. Still in great pain after a sleepless and over-hot night, Neil waited impatiently to have the operation.

It took three hours for the bone specialist to insert the titanium pin inside Neil's right humerus. The surgeon's work implanting the polysite was finished long beforehand. Mum and I spent those three hours playing Scrabble in Neil's room. Raging Bull knew where to find us and he peeked round the door to tell us the operation was over.

"It went very well," he said. He was one of the few people on the polyclinique staff who spoke English, though it had taken a little while for him to gain the confidence to use it with us.

"A success, and the polysite is in situ, too. Neil Kenneth is in the recovery room..." He turned on his heel and left.

A minute or two later one of the nurses told us it would be another two hours before we would be allowed to see Neil. As it was already early evening and chores were still to be done at home, Mum and I decided not to wait. I left a note propped against the water bottle so that Neil would see it.

With tubes draining from the wound, staples holding together the flaps of skin from the incision made on Neil's elbow, padding, a bandage from wrist to shoulder and a sling, Neil was back in his polyclinique bed just after seven o'clock. He telephoned me, not noticing my written words of love because he was still groggy from the anaesthetic.

"You're not here!" he complained, his voice was hardly audible.

"I left you a note – didn't you see it?"

"No. I've found it now."

"Go back to sleep," I said, "I'll see you tomorrow."



He had more mobility, apart from his right arm and shoulder, than after the by-pass operation because there were no drip-feed tubes and only one drain, this being from his right elbow.

We spent the week while he recovered at the polyclinique walking

in the small sheltered garden where two buildings formed an angle. There were benches there set in a gravelled area surrounded by aromatic plants and trellises trailing honeysuckle. It was an area we were beginning to know well. Sometimes we sat in the cafeteria sipping hot drinks and often played Scrabble or watched nature programmes on French television in his room.

The oncologist paid Neil a visit while I was there a couple of days after the operation. On the outside the oncologist looked a jolly man, fairish hair above a smiling face, but I recognised hints of arrogance and impatience during that first meeting. I had a list of questions already prepared. I found difficulty in understanding him; he spoke in rapid French using words I didn't know.

He explained that Neil's chemotherapy would begin on 22<sup>nd</sup> May. A blood sample preceded everything, because the results give an indication as to the mix of chemotherapy required. This mix, introduced by way of a drip-feed in through the polysite, would continue for three days followed by a twelve day 'break' before the whole process recommenced. The chemotherapy would continue in this way "for the foreseeable future." At least, I thought that's what he said.

"What about radiotherapy?" I asked. I knew nothing about it at all, except that it was used against cancer.

"Your husband will have a scan in about 12 weeks. That will help us determine whether radiotherapy is necessary to a particular part of his body, but I think we'll use it on the break in his arm very soon. I'll decide when I've seen the next X-ray." He spoke more slowly but I was so tired and laden with all the information that I forgot to ask if he thought the cancer had already spread to Neil's bones.



A day later, the oncologist told us Neil would start radiotherapy to his shoulder within a few days. This time I didn't forget to ask the question.

"Does this mean the cancer has spread to Neil's bones?"

He said something in rapid French, repeated the word "metastases" several times but there was nobody in the vicinity to translate for me. I looked up 'metastases' in the dictionary when I arrived home. Most French and English medical words stem from Latin and are the

same, though pronounced differently. I assumed, from the dictionary definition, that the discovery of metastases proved there had been a transfer of Neil's cancer to a secondary site, in this case from his pancreas to his shoulder. Obviously these 'cancer seeds' had weakened the bone and explained why it had broken so easily. My emotions had dried up. I felt nothing at all – it seemed the cancer was spreading and all I could think was: Poor Neil; another battle to wage.

I still wasn't sure I'd fully understood the oncologist.



My strange routine began all over again, with housework and gardening to do before and after spending the day with Neil. The days stretched their hours of light allowing more time early in the morning for weeding and in the evenings to water the thirsty plants in the sun-dried earth. The sheep were removed by their owner from our field so that the grass they were supposed to have eaten, but hadn't, could be cut.

Usually at this time of year, we'd be making arrangements for Neil to collect his parents from the Eurostar platform at the Gare du Nord in Paris for their visit to us in September. Out of the question, this year, but I still wanted them to come. It needed to be organised as soon as possible. I contacted Dick by telephone. I would tell Neil later only if his parents were able to make the journey.

"Do you think, Dick, that either you or Dave could bring Mum and Dad over for a week sometime this year? I know it'll be difficult to arrange, but Neil would like to see them, and they've spent their last ten annual holidays with us. It would feel strange if they don't come."

What really worried me was that they might never have the chance to see their youngest son again. Not for one moment did I forget the seriousness of Neil's illness, even though he was making steady, slow progress. Neil's parents usually maintained contact by telephoning every week but, since the discovery of the cancer, now it was every day.

"I'll see what I can do," Dick said, "but it won't be easy because I've got so much on at work, Dave's coping with loads of orders for his timpani sticks plus we're ruled by the school holidays because of Sheila and Gill." Both my sisters-in-law were peripatetic music teachers.



*(Above) Visitors looking around the vegetable plots; the back of the bakery is on the right. (Below) A small part of our vegetable patch and the herb garden.*



“Leave it with me,” he continued, “and I’ll try and organise something. I’ll speak to Mum and Dad, see what they think.”



On the 20<sup>th</sup> of May, just three days after the operation, tiny points of indelible ink were tattooed onto Neil’s skin. These would be used as guides during radiotherapy. On the same day the drain and heavy bandage were removed from Neil’s arm.

Three nurses attempted to put a lighter strapping over Neil’s elbow and, for some reason, round his torso. They used yards of bandage. By the time they’d finished, Neil looked as though he’d been trussed, practically oven-ready! I felt sure I could do a better job of it and had just finished unwinding the strapping that now lay in an untidy heap on the floor, when the surgeon came through the doorway.

He paused, one foot in the room, the other in the corridor.

“Hah!” he said loudly to no one in particular. “Caught red-handed! Look – she’s tampering with our work already! And the nurses have only just applied that bandage!” His eyes twinkled merrily while I blushed to the roots of my hair. He left me surrounded by the unrolled bandage, presumably confident that I was competent enough to finish my task.

“Mea culpa!” I retorted to his retreating back while rolling the bandages preparatory to trussing up Neil in my own way.

That day was the first of Neil’s goals: our wedding anniversary.

We were blessed, Neil and I, in our marriage. Twenty-two years had passed as though in a matter of months. As different in character as cheese is to chalk, we suited one another; shared moments of private laughter, a love of wildlife and comfortable silences. Arguments were extremely rare and quickly forgotten. Together, it seemed, we formed one complete person; when apart, two half-people. Far from diminishing as the years went by, our love for each other grew. Love is not a weakness – it is a great strength and, in our case, a welcome and cherished bond.

Every day throughout his stay in the polyclinique I helped Neil shower and wash his hair. It wasn’t easy because most of the top half of him – an arm and both shoulders – was plastered with dressings, his

right arm in a sling. The tattoo points made by the oncologist had to be kept dry, and the scar from the by-pass operation was still tender.

Neil had his first chemo- and radiotherapy sessions on 22<sup>nd</sup> May without any immediate side effects. Another two days passed and the staples were removed from his elbow, leaving a small neat scar. After another echograph and X-ray had been taken, he began physiotherapy to his shoulder and elbow. Morale, as before, continued to peak and dip, though Neil maintained his appetite.

We went home in a taxi the same day that the staples were removed. Poor Neil! He was very tired and still in pain whenever he moved his arm but tried his best not to show it.

For the next four weeks he faced radiotherapy every weekday morning, followed by physio-, and chemotherapy for three days each fortnight 'for the foreseeable future'. I still had no idea what the "twelve weeks" mentioned by the oncologist meant.

Neil couldn't drive, or help in the garden or the house. Mobility in his right arm was practically non-existent. His morale and appetite plummeted. There didn't seem much to look forward to, for either of us. We'd had no offers from purchasers for our property. Neither of us mentioned Australia and the 'adventure' to which we'd so looked forward lay buried beneath our worries. But Neil still made plans and thought of new goals.

"We've a life assurance policy maturing any day now," he told me. "I'd like to buy us each a new camera – really good ones. Once my arm's mended I can start taking photographs again. I'll be able to drive in a month's time, too, so we can go out more."

His hobby of photography had declined during our years in France. There had been little time for hobbies, added to which his current camera had developed an internal problem. Now he looked forward to studying the new cameras on the market.

Earlier that day, just before Neil and I returned from the polyclinique, a Dutch couple we knew left a leaflet with Mum. Rolf and Helen had heard of Neil's cancer and hoped the information would be useful. It changed our lives. I read only half the leaflet before I wrote a letter to the supplier in England whose name and address were hand-written at the top. It was enough to convince me that the homeopathic medicine

it described would help Neil. I was to learn a great deal more about this amazing remedy, known as 'Essiac'.

'Essiac' is made from three herbs commonly found in Europe, and the inner bark of a North American tree. The herbs used are Sheep Sorrel [*Rumex acetosella*], Burdock root [*Arctium lappa*] and Turkey Rhubarb [*Rheum palmatum*]. The inner bark of Slippery Elm [*Ulmus fulva*] completes the four ingredients.

Rene Caisse, a Canadian nurse, observed the complete recovery of a patient she knew had been diagnosed as terminally ill with cancer. The doctor for whom Rene Caisse worked made the diagnosis but had not treated the patient, so Rene enquired into the matter. She found that the woman had taken a herbal remedy, given to her by an Ojibwa Indian herbalist.

Thus, in 1923, Rene Caisse visited the medicine man who gladly presented her with the Ojibwa formula once he'd explained that the tribe used their herbal remedy for both spiritual balance and healing the body. With her doctor's permission, Rene collected the ingredients, made the curative concoction herself and administered it to a few cancer patients who had already been told by conventional medical practitioners that they had no hope of recovery. She kept records for each patient and discovered that, although Essiac [as she called the potion] did not undo severe damage caused by cancer to internal organs, it alleviated the pain and extended life for longer than predicted, often by many months and in some cases by several years. In other cases where the organs were not severely damaged, patients made a full recovery.

She also found that the tincture helped ward off the destructive elements of radiotherapy. It was on the strength of this information that I ordered our first bottle of Essiac.

"Neil, I think you should try this remedy. Read the leaflet – see what you think."

Once he'd read it, he told me: "I'll try anything if it's going to help me cure the cancer. Anyway, I believe in homeopathic remedies... what have I got to lose?"



It wasn't until a year had passed that I found out the full story behind

Rene Caisse and the Ojibwa herbal remedy. The good woman dedicated herself for many years to helping hundreds, if not thousands, of cancer patients diagnosed as terminal cases by their own doctors. She charged nothing for her services and her only income was from donations.

Nurse Caisse was harassed and persecuted by the Ministry of Health and Welfare in Canada because she wasn't licensed to treat anyone but, in 1937, forced by public interest, the Royal Cancer Commission undertook a study of Essiac and its effects. They concluded that Essiac is a cure for cancer. Unfortunately, despite widespread newspaper coverage and a petition signed by thousands of people in support of Rene Caisse, the Canadian Parliament failed by three votes to sanction the product.

From 1938 onwards, Rene continued to make and distribute Essiac despite threats from government agencies to have her put in jail for 'breaking the law'.

In the 1960s she was invited to work in the United States with Dr. Charles A. Bruschi, the personal physician to President John F. Kennedy, and he ran trials on Essiac at his clinic in Massachusetts. In 1990 Dr. Bruschi signed a legal document testifying that he and Rene had worked together for several years treating cancer patients diagnosed as terminally ill, and that Essiac not only reduced pain but also caused a recession in the cancerous growth. Eighteen medical doctors had supervised this work.

After ten years of research into Essiac, Dr. Bruschi is widely reported to have said: "Essiac is a cure for cancer, period. All studies done at laboratories in the United States and Canada support this conclusion." The federal government issued a 'gag' order and threatened him with military imprisonment. Dr. Bruschi 'retired'.

When Rene Caisse died in 1978, the Canadian Ministry of Health and Welfare burnt all her research documentation.

More recently, Dr. Gary Glum of Los Angeles delved deep into the story of Rene Caisse, her life's work and the effectiveness of Essiac. He was astounded by what he uncovered, talked to former patients and tracked down a close friend of Rene Caisse.

He wrote a book, *'Calling of an Angel'*, as a consequence. No publishing company would publish it, so he did it himself. The Inland Revenue Service of the USA presented him with a tax bill for half a

million dollars and told him, "You know this has got nothing to do with taxes. It's about cancer." Thousands of copies of the book were confiscated both in the USA and in Canada, the latter being seized by Canadian Customs and Excise. Undeterred, Dr. Glum made the book freely available through the Internet.

In the summer of 2001 Neil contacted Dr. Glum by e-mail to say that he had read *'Calling of an Angel'* and detailed his own experience with Essiac. Neil included our telephone number and within a few hours Dr. Glum contacted him. At that time the doctor said he was planning to leave the USA and continue his research and investigative writing elsewhere. Shortly after Neil spoke to him, Dr. Glum's web site closed down and so free copies of his book are no longer available. We tried to reach him by e-mail and telephone several times soon after his phone call to Neil, but were unsuccessful.

Why has there been so much political intrigue and interference to stop a seemingly proven cure for cancer being freely available? Rene Caisse refused several offers of quite substantial sums of money in return for her recipe, knowing that huge profits could and would be made by pharmaceutical companies using a remedy she wanted kept accessible and affordable by the poor, as well as the rich.



By the end of May 2000 Neil realised that he could walk about quite freely without any of the chest-pain that he'd experienced almost five months earlier during our visit to London. He ordered two Nikon cameras, new on the market, and longed for the day when they would arrive.

Three major events occurred in June. At the very beginning of the month, the first bottle of Essiac arrived. Made in a concentrated liquid form, it looked like ordinary milkless tea. There was enough in the bottle to last a month, at a cost of £10.

"What does it taste like?" I asked anxiously when Neil took the first dose.

"Medicinal. Not unpleasant but sort of – earthy."

"Do you have to dilute it?"

"Yes, with a small amount of water. But I think I might use a little

fruit juice instead, make it a bit more palatable.” He read aloud the instructions on the label: “‘Take 2.5ml in a little liquid twice a day. In the morning, take on an empty stomach. You may eat 10 minutes later. At bedtime, 2 to 3 hours after eating.’ You see, it doesn’t say I can’t take it with fruit juice.”

It was over a year later, on 10<sup>th</sup> November 2001, that a report written by Andy Coghlan in *The New Scientist* magazine mentioned recently completed studies regarding homeopathic remedies diluted with water. In the report, Andy Coghlan begins: “Common sense says it shouldn’t work, but scientists and homeopaths now agree that something weird happens when you add water.... The finding [based on experiments carried out by German chemist Kurt Geckeler and his colleague Shashadhar Samal] may provide a mechanism for how some homeopathic medicines work – something that has defied scientific explanation till now.”

In the same report Peter Fisher, director of medical research at the Royal London Homeopathic Hospital, stated: “It doesn’t prove homeopathy works, but it’s congruent with what we think and is very encouraging. The whole idea of high-dilution homeopathy hangs on the idea that water has properties which are not understood.”



During the first week of June a good friend of ours, Bernard, came to see us. A Frenchman, born a few miles from where we live, Bernard had spent many years travelling the world, finally settling in England. Doreen, his partner, had recently bought an old farmhouse about ten miles from us and, whenever time permitted, popped over from England to spend a few days in the sunshine, renovating the main building.

On this occasion we were surprised to see Bernard, not knowing that he was in France. He looked the same stockily-built, strong, white-haired 50-something man we’d known for two years.

“How are you?” he asked from our doorway, refusing our invitation to come in.

Neil was sitting in a chair. The combined radio-, chemo- and physiotherapy were taking their toll. He felt extremely tired, had lost his

appetite and, as a consequence, the small amount of weight he'd gained since leaving the polyclinique two weeks earlier.

I told Bernard: "Neil has cancer of the pancreas, liver and duodenum..."

"I have cancer too," interrupted Bernard.

Neil and I were both taken aback. Bernard looked the same; there seemed no difference in his solid frame.

"But Neil's been told he has only a few months to live!" I said, determined that Bernard should realise the seriousness of Neil's illness.

"So have I."

I could think of nothing to say. Nothing at all.

"I've been diagnosed with prostate cancer," Bernard continued. "I'm going to see a healer. Will you come, too?"

I looked at Neil and didn't hesitate. "Yes – we'll both come."

"Good", said Bernard, "I'll phone you when I've made the appointment," and he left as abruptly as he'd arrived.

Healers in France are looked upon as a natural part of the medical fraternity. Often people will visit one before or after an appointment with their GP. The ability to heal is handed down within a family and is therefore widely known about in the community without the need to advertise.

The late President, François Mitterand, travelled from Paris regularly to see one of our local healers who would take no payment for his services. Mr. Mitterand sent a chauffeur-driven car, took the healer to Paris for an all-expenses-paid holiday and afterwards sent him home in the limousine.

On the 9<sup>th</sup> of June, a week after Neil began taking Essiac, we arrived at the house of Bernard's healer, Eliane, not knowing what to expect. Bernard, who had driven us there, and Doreen went in first to have their healing session and then told us it was our turn.

I stood transfixed in the doorway to Eliane's sitting room. I had *never* seen so many dolls! They stood on the floor, sat on the chairs, were balanced on tables – there was barely room for a visitor to enter.

I'd no idea of her age, but Eliane was a small, slim woman with white hair and a quick sense of humour. Her first question was addressed to me. "Are you going to leave your husband?"

Somewhat shocked, because the thought had never occurred to me, I replied, "Absolutely not!"

"You'd be amazed how many women do," was Eliane's response.

She asked Neil for details of his illness and all symptoms. For the next fifteen minutes she ran her hands over his body, not quite touching him, while I looked on, motionless. Almost noiselessly she talked constantly to some hidden force, but not to us until she had finished treating Neil.

To pass the time, I tried counting the number of dolls. Impossible! Well over one hundred. Bernard had advised us to offer Eliane the equivalent of £20 but she wouldn't accept it and, although offered again on subsequent visits, she always refused our money. After many such visits, I gave her a watercolour picture of an urn I'd painted, filled with dried pressed flowers. Neil had made the frame. Eliane was delighted and hung it on a wall where the sun wouldn't bleach the flowers. We arranged that Neil would visit her every fortnight. He dozed in the car when Bernard drove us home and said he felt over-hot but relaxed.

Neil's new camera arrived the next day. Mine did not. We had chosen different models because I required an 'idiot-proof' one. Neil's right arm no longer needed the support of a sling so he found delight in his ability to use the camera immediately. Everything, static or moving, became a target through the lens. A Cirl bunting was the first thing he tried to photograph. The bird had other ideas and winged a few more yards until it was out of range. Then Neil found its nest, built in the middle of a small blue pine tree, and took a shot of it. Every day he searched the garden for photogenic subjects; flowers, long-nosed bees, sun-streaked clouds and, once, a leveret he found sheltering under the leaves of our French beans. There are albums full of Neil's photographs, old and new.

## CHAPTER 4

# *A New Diet - And Statistics*

**T**he remaining three weeks of June wore on; weeding in the vegetable plots continued and I began harvesting the produce. I made jam and soup, podded peas, sliced beans, picked cherries, strawberries and the last of the blackcurrants and raspberries for bottling, freezing and jam-making. The sun shone relentlessly; my evenings were still spent watering all the plants once the heat had diminished and the garden lay in the shadow cast by the tall hedge.

My birthday came and went, marked by us lunching at Marco's, though Neil felt far from well. Still, it was another goal that had been reached.

Towards the end of the month the physiotherapist gave Neil permission to drive. Neil was jubilant because it meant we were no longer reliant on Marco and other friends to take us shopping or for appointments.

The first trip out was short and he admitted: "I feel as though I've just passed my test for the first time!" His arm ached from turning the steering wheel. He adjusted his seat so that he sat closer to the wheel and didn't need to stretch so far.

The bone specialist told us that new bone had grown over the break in Neil's arm, knitting the two pieces together. It seemed a mere raindrop of good news in comparison to our ocean of misfortune.

Neil's general health slowly deteriorated. Constantly tired, his appetite continued its decline, as did his weight and morale. He experienced a sudden cold rigor one afternoon, frightening us both. Despite being wrapped in a blanket, clutching a hot water bottle, and sitting in our

glassed-in porch where the temperature must have been over 40°C it took half an hour, Neil trembling with cold, for the rigor to pass.

Daily, the thermometer soared into the mid-thirties Centigrade and Neil complained of the heat. The radiotherapy caused diarrhoea – again – and Neil suffered pains in his lower abdomen.

The final radiotherapy session was on the 21<sup>st</sup> of June and we were both very pleased that particular treatment had come to an end.

During the last week of June Neil experienced nausea for the first time, another side effect of radiotherapy. The treatment had also caused a red rash under his right arm that stayed for several weeks, but this didn't deter him from driving. What upset him most was his lack of energy and strength. He tried to do as much as he could, but the mere small task of carrying a tray with two cups of tea into the garden required all his concentration. Mood swings continued in a variety of forms, swiftly changing from optimism and laughter to pessimism and tears. He felt permanently tired, despite long rests in the afternoons.

Although the radiotherapy had ended, the effects lasted for weeks afterwards. It seems strange that something used to cure cancer can also be so debilitating. Not a day passed without Neil taking his daily doses of Essiac. We ordered the largest bottle available before the initial one was empty.



I soon realised the need to keep an account of Neil's daily calorie intake. He required more calories than a healthy person in order to fight the cancer and gain weight at the same time. The solid shelf protruding around Neil's middle had disappeared, leaving a normal 'soft' tummy, but he was very thin.

At the end of the month, when he weighed two pounds less than he had done after the operation to insert the bypass nine weeks earlier, I knew I had to find some way of providing Neil with enough calories for him to gain weight. I didn't know at the time how difficult this would be, particularly as the diet had to remain hepatic because of his liver. Since his return from the polyclinique I'd chosen recipes that were a long-standing part of my cooking skills, adapting them so that fat was excluded. My new scheme involved weighing every ingredient and then

working out the approximate calorie content for every component. Most of this information was contained in my cookery books and Mum knew something about the subject too. It was time-consuming, complicated and fiddly.

I was shocked by the result of the first proper calorie count on the 30<sup>th</sup> of June. Due to the absence of any fat, it amounted to the same as a slimmer's diet.

Late that summer night, when the sun had gone down and left a sprinkled sparkle of stars in a jet-black sky, I showed my notes and calculations to Neil. I had meticulously written down everything that had passed his lips in the way of food and drink.

"You've had less than seventeen hundred calories today," I said. "You should be eating double that amount."

"I've been eating practically all day!"

"I know, darling, but we're going to have to do something about it. Let's go through what you've eaten. Three slices of wholemeal bread with a scrape of butter, a slice of ham and a little jam for breakfast, yes?"

He nodded and I continued: "According to my cookery book, that's only 220 calories. Then for lunch a salad of lettuce, rice, beetroot and carrot with some prawns. It's fine for someone who wants to lose weight, and it's as hepatic as it can possibly be, apart from the prawns – but that meal's only 100 calories!"

"But I've eaten lots this evening. Roast chicken – without the skin, of course, because it's fatty. New potatoes boiled in their skins and carrots from the garden – they're nutritious. And you made that sort of gravy stuff with a stewed onion." Neil pulled a face at the memory. It hadn't tasted anything like chicken gravy, but at least it contained no fat. "I ate some cheese – the Cheddar-type that I'm allowed," he continued, "and finished with banana mashed with a teaspoon of sugar. I've just had a cheese sandwich and a couple of fat-free jam cakes for supper... and don't forget all the tea I drink, because that's got sugar in it."

I hadn't forgotten. Looking despondently at the paltry accumulation of calories marked on my scrap of paper, I said, "I know, but it's just not enough."

One thousand six hundred and sixty calories, each one carefully weighed and counted, and all in accordance with the hepatic diet – except for the prawns. According to the height/weight ratio and the

advised daily calorie intake as given by Mrs. Beeton's famous cookery book, Neil should have weighed 80 kilos [approximately 12 stone 9 lbs] and be consuming 3,000 or more calories per day. He weighed 68 kilos, 1.5 kilos less than when he had left the polyclinique for the second time, five weeks earlier at the end of May. Progressively, though slowly, he was losing weight.

Neil looked at me, glumly. "I can't possibly eat more than I am at the moment," he complained, "or I'll burst!"

It was true – he ate a phenomenal amount each day.

"Oh, it would all be so *easy*," I said in desperation, "if you were allowed to eat fattening things, like crisps, chips, biscuits – even the skin on a bit of roast chicken!"

Everything, in fact, that most people take for granted. For the next few days I pored through all the information I had at my disposal, cross-referencing with both the diet sheet from the polyclinique and details from my copy of *Mrs. Beeton*. I searched for new recipes that contained ingredients high in calories, low in sugar and with as little natural fat or oil as possible, checking the nutritional values. I noted that Cheddar-type cheese, uncooked, is highly nutritious, containing calcium, riboflavin and vitamins A and D, and is considered one of the best bodybuilding foods. Neil's dietary needs were for foods that gave energy and built muscle tissue, and I had to ensure they contained the necessary quantities of trace elements and vitamins. There were very few recipes in the book that I could use.

In addition to not regaining the weight he'd lost during the first three months of the year, Neil had aged in appearance. His thatch of fine light-brown hair, now flecked with grey, had begun to recede from his temples; his face was almost skull-like, the flesh stretched thinly across his cheekbones. Neil's eyes, once periwinkle blue, seemed faded to the colour of a washed-out summer sky.

The lack of flesh on Neil's bones meant it physically hurt whenever I touched him but he still needed my help to bathe. I washed him, gently patted him dry with a towel after helping him out of the bath; dressed him in the mornings, undressed him at night, and cut up his food into one-handed manageable portions, as I had done since he broke his arm. He continued to experience difficulty in bending down due to the residual tenderness from the by-pass operation.

“It’s like looking after a child,” I said to him on one occasion when I’d rolled up a pyjama leg to pull over his foot, “except you’ve got longer limbs!”



July arrived with unrelenting heat building up to spectacular thunderstorms and magnificent lightning. The routine continued in the garden during the early morning hours and the evening, taking advantage of the coolest time of day. I wondered why I bothered harvesting the vegetables; they are so low in calories they no longer played a part in Neil’s diet.

Sometimes the temperature reaches 40°C by three o’clock in the afternoon and, at such times, Neil stayed indoors where the two-foot-thick walls of the old farmhouse kept out the worst of the heat.

The first of the swallows’ broods had already hatched, adding to the guano underneath each nest by putting their fluffy down-covered rears over the rim to excrete. A smaller pile of shiny gossamer wings, torn from flies before these were fed to the babies, slowly grew at the end of the rough wooden table where I used to cut up bread and foraged greenery for the chickens, ducks, geese and rabbits. The rabbits, geese and ducks had long since gone to other homes and the chickens had been slaughtered late the previous year. We hadn’t replaced them. At the time, we thought we were going to Australia.

We’d skirted round the topic of emigrating until Neil broached the subject at the beginning of July.

“I don’t think we’ll be going, do you?”

The dream I’d held for so many years finally shattered into a thousand tiny shards. Like Neil, I needed to face the fact that there was no possibility of us emigrating. Our hard-gained visas were merely pieces of paper that would never be put to use.

I took a deep breath and admitted, “I can’t see how we can. You wouldn’t survive such a long journey, Neil. But what will we do instead?”

Plans suddenly flowed through his mind and out of his mouth. “I think we should move to a small house closer to some shops. It wouldn’t matter then that you don’t drive and if I get to the stage where I can’t either, well... it would be easier for you to manage.”

There it was, starkly admitted, the acknowledgement that he would probably never fully recover his health and strength. I closed my mind to the possibility of my husband's death. It made sense to plan for the future, on the slender chance we might find a buyer for the ferme. Moving is difficult enough in ordinary circumstances and, though I dreaded the physical aspect of packing all our belongings, it couldn't come soon enough for either of us.

We both loved the haven we'd created but the work on the ferme was dragging me down. If an alternative was essential, we knew exactly where it would be – in the small village a kilometre from Marco's hotel, where there is a row of small shops, a post office and our doctor's surgery. The village is also ten kilometres closer to the main town where Neil received his chemotherapy.



On the Fridays preceding each chemotherapy session, a blood sample taken from Neil at home by the male nurse was analysed at the laboratory. He wasn't allowed to eat or drink before the sample was taken. Luckily the nurse usually arrived at seven in the morning so Neil didn't have to wait too long before he could drink his first cup of tea. We always received a copy of the analyses the next day.

Neil's blood flowed effortlessly from his large and easily accessible veins to fill the six phials. I compiled all the data into charts, highlighting those elements that were not within the recommended parameters. Neil's platelet count, consistently too low, caused me concern. A platelet is a small nucleus-free cell that helps blood to clot; too many platelets can lead to thrombosis, but too few increases the risk of haemophilia.

Another element of Neil's blood that suffered from the chemotherapy and after-effects of radiotherapy was the lymphocyte count, a vital component in fending off disease and infection.

I asked Gaël, who usually took Neil's blood samples, if there was anything I could do to increase the numbers of platelets and lymphocytes, either by altering Neil's diet or introducing vitamin supplements. Gaël was brilliant at his profession, never leaving the slightest smudge of a bruise on an arm even when he'd taken six ampoules of blood. He always answered my questions. It's difficult holding a conversation without a

full grasp of the language and, while most people realise the gist of what I try to put into French, I often don't fully comprehend the reply.

"Neil's doing very well," Gaël told me. "Don't worry about the platelets, don't worry about the lymphocytes. There's nothing you can do about them. Look," he pointed to the second and last page of the most recent blood analysis results, "the really important information is this, right at the end. You only have these particular results once a month and they're to do with the chemotherapy itself. The gamma – that's what the oncologist will be looking at, and the *phosphatases alcalines*."

Alkaline phosphate, I translated mentally. In either language, it didn't mean anything to me. Both the gamma and alkaline phosphate were well above what they should be.

"But they're so *high*," I complained.

"You can't do anything about those, either," said Gaël with a grin. "That's the oncologist's job. The chemo fluid is mixed according to the information in these results."



On the Monday and Tuesday mornings following the fortnightly blood tests, Neil went to the polyclinique to have the chemotherapy needle inserted into his polysite and to spend three hours in the day ward while a bagful of chemo liquid dripped into him.

There are at least six large chairs in the day ward. They can be converted into beds so that patients receiving treatment can lie down and watch the television that sits on a high shelf at the end of the ward. Neil sometimes worked on his autobiography or took books to read.

Once the chemotherapy bag is empty, a large plastic container full of more chemo liquid is connected by a thin tube to the polysite. The container, carried in a pouch hanging round the neck and lying across the chest, works by way of a spring mechanism operated by body heat. The spring gently squeezes the fluid from the container up through the tube into the polysite. The pouch is made of material. Neil's pouch was rather feminine, pale pink with a design of small blue flowers. I called it 'Neil's bra'. This fully mobile drip-feed meant that Neil could come home at lunchtime on Monday and go back to the polyclinique on Tuesday

mornings to have a conventional drip of chemotherapy, returning home after a couple of hours with the mobile drip-feed replenished.

On Wednesday mornings Gaël came to the farmhouse to remove the needle and the empty container. It was, as Neil once said, “a right palaver”.

Before each session the oncologist met briefly with Neil to check weight and for signs of swelling in the lymphatic glands. It was during one of these meetings in early July that he told Neil there was a definite decrease in the size of Neil’s liver and no cancer of the bone had been detected by the scan taken in late May. I wondered why it had been necessary for Neil to undergo twenty sessions of radiotherapy to his shoulder, and concluded it had been used as a preventative measure.

Neil still rode in the ambulance-taxi for his daily visits for physiotherapy at the polyclinique. His confidence behind the wheel of a car had quickly returned by taking short trips down the country lanes, but it was physically too much for him to drive the 40 kilometre round trip to the polyclinique.

The physiotherapy sessions came to an end on the 13<sup>th</sup> of July but Neil had lost a lot of mobility in his arm. He also had pain in his lower back. He thought about the problem and said, “It might be the car seat. I couldn’t straighten my arm when I started driving again after the operation. I’ve got the seat much further forward than I’d usually have it... I think I’ll put it back to where it used to be and see if that makes a difference.”

It did, but the pain in his back merely reduced to a dull ache. He found driving quite difficult, particularly changing gear and parking.



We spent a few minutes some evenings watching the young swallows learning how to fly. We would sit on the front steps, the farmyard already in the shadows cast by the house and barn. Over fifty, sometimes as many as eighty or ninety, young swallows ‘trained’ at the same time. Our swallows were joined by others who lived in other barns nearby.

They begin by learning the simple basics of bumping around and sitting on wires. The various telephone wires and electricity cables frequently dipped under the combined weight of tiny bodies. On one

such evening we both held our breath when a fledgling seemed to stop in mid-flight to examine one of its wings, as though the youngster was wondering how it worked.

Swallows make a happy, chattering noise finishing on what sounds like a laugh. As we watched, the little bird chattered, flexed its wing and continued the short flight to the nearest wire. Neil and I both exhaled with relief at the same time.

“I wonder,” Neil said, “what happened to that swallow last year. You know, the one who had baler twine wound around its legs? Did he make it to Africa, do you think? He might be one of the adults responsible for this lot.” He lifted his chin in the direction of the sagging wires.

I smiled, and hoped in my heart it was true.



In the middle of July, between the 8<sup>th</sup> and 22<sup>nd</sup>, life became even more stressful than before. Everything went wrong at the same time.

For over a week, while Mum was preparing to return to England for her annual visit to the family, Neil had cold rigors, hot flushes, a pain in his side and another in his lower lumbar region, diarrhoea and loss of appetite. Neil's system was exhausted from the unrelenting regimen of chemotherapy and the long drawn-out after-effects of radiotherapy. Immediately after every chemo session, diarrhoea returned for two to three days.

Mum wasn't feeling well either, as she was suffering from colitis. I now had two 'patients' to look after. I called out our original doctor to attend to both Neil and Mum's illnesses because our GP was on holiday in his native Portugal.

On the 20<sup>th</sup> of the month, Mum was barely fit enough for the long journey, with several train changes on route, to the North of England. She'd delayed her visit by two days and none of us knew when she'd return. By this time Neil was over the worst of his symptoms but the doctor prescribed anti-diarrhoea medication, pain patches to help combat the backache, and also arranged for another X-ray to be taken on the last day of July. I'd found the whole experience extremely worrying but Neil soldiered on through it all.

Meals took much longer for me to prepare now that I was keeping

such stringent records. For weeks it had been a habitual and necessary chore to weigh every ingredient, calculate calories and note down everything that Neil ate. Thus it was easy to check what foods had any adverse effect.

During the first week of July Neil had gained 1.5 kilos and weighed 69.5 kilos, the same as he'd been at the end of April. He had, in fact, stabilised but needed to gain another ten kilos before he would reach his normal weight.

We very rarely ate convenience foods, except rice and pasta, cooking most things from raw ingredients. I discovered that a portion of spaghetti with home-made bolognaise sauce, particularly in the quantity I cooked for Neil, was over 1,000 calories. He couldn't eat spaghetti bolognaise every day, though, and I began to feel more and more disheartened, unable to expand on the four main recipes I'd used since the first calorie count at the end of June. I spent hours searching for new methods of preparing the same ingredients that fitted the hepatic diet, but there were none. Most recipes seemed to start with the words 'fry the onion in butter', definitely non-hepatic, and I'd overcome this difficulty by gently steaming onions in a little water.

At around noon every day I cooked a large meal for Neil; in the evening a main meal for myself, and a different one for Neil to ensure his high intake of calories. This had now reached just over 3,000 calories a day by simply flouting some of the rules and using my initiative. Prawns, though non-hepatic, are high in protein; similarly, although avocado is an oily fruit, it is also calorific. Both are listed as non-hepatic, but occasionally I gave them to Neil as part of a meal to lessen the monotony. Dried pasta of any description and rice are high in calories and I used one of these two ingredients as a base for all Neil's main meals. He ate a staggering amount, not always willingly.

Three weeks later, at the end of July, Neil's weight remained the same. Sixty-nine and a half kilos. Seventy was tantalisingly close.

## CHAPTER 5

# *Disappointments, And Visitors*

**D**uring the weeks since Neil's operation on his arm, his brother Dick had made all the arrangements to bring one of his sons, Ian, and Neil's parents for a six-day holiday. On the penultimate day of July they arrived, tired after the long journey by car, and we all spent the evening at Marco and Amalia's. Violet and Bill had always stayed with us at the ferme in previous years but, with looking after Neil and my mother still in England, this time it would have been impossible for me to cope. Violet couldn't manage the stairs that lead to the bedrooms at Marco's because there was no handrail, so the party was booked in at another hotel.

The following morning Neil started a chemotherapy session and had his back X-rayed. I entertained the family as best as I could, cooking a meal so that it would be ready when Neil returned and throwing together a salad for everyone else. It was Dick and Ian's first visit to the farm since we'd finished renovating the house and landscaped the garden.

Neil came home late and tired, walked slowly out to the patio where everyone else was sitting around the large table, and showed them the paraphernalia hanging from around his neck. Many questions were asked and answered. They were all astonished at the amount of food I piled onto Neil's plate, even more so when he finished eating it.

Neil excused himself and went to lie down. The combination of chemotherapy and warm weather quickly tired him.

Later, he went to the doctor's surgery. His back still ached, despite the pain patches that he'd been wearing for a fortnight, and it worried him. The doctor arranged for him to see a specialist once the family's visit ended.

Dick took a video of everything – all the rooms in the farmhouse, including the cellars; the vegetable plots brimming with produce, the garden full of flowers, shrubs and trees, the antics of the goldfish in our pond, and the spectacular view. The video became a wonderful visual record of what Neil achieved in ten years of hard work.

Dick tried to film the swallows flying through the top half of the open stable door to the barn but they were much too quick for him! The once-fluffy, plump babies that we'd watched on their training flights were now sleek fully-grown adults, practising the most difficult manoeuvres in their repertoire. Emergency stops in mid-flight, usually within millimetres of colliding with a building; clinging to the narrow shelf made by the iron girder supporting the wall above the huge barn doors; playing 'tag' and fast-flying in close formation. They could do it all, including entering and exiting the barn through the narrow gap formed by a half-open window.

Neil talked to the family about his cancer one afternoon, when we were all sitting in the garden, and I showed them the ever-growing charts I kept. I had collected enough daily data to form bar-charts of weekly averages to show Neil's weight and calorie intake.

They read the leaflet about Essiac that Rolf and Helen had left with us and I commented on the difficulties of finding suitable recipes. I asked them, when Neil was having a rest, whether they noticed much of a change in Neil.

"Well," Violet said, "he *is* thinner, but he doesn't look as ill as we expected – does he, Bill?"

"No, I think he's doing very well," Bill concurred.

During their short holiday, the family ate lunch with us every day. I provided a variety of salads and always cooked a separate meal for Neil. I couldn't have coped with cooking several different meals in the evening, particularly for so many with diverse preferences, and Neil's prohibitive diet meant we couldn't join the rest of the family when they ate in restaurants in the evenings.

On Violet's birthday we made an exception; lunch at Marco's hotel, where we knew the chef, Brice, and Jérôme the sous-chef.

The only item from the four menus suitable for Neil's special diet was grilled steak and rice, followed by cheese. I'd discussed the hepatic diet with Brice and he wondered how on earth it was possible to concoct

meals from such a limited amount of ingredients. Jérôme made a fat-free cake to celebrate Violet's special day. I think Neil ate more than his fair share as he'd been deprived of cakes since the beginning of April.

On the 5<sup>th</sup> of August, the day after Violet's party, the family left for the long drive back to England.



We had eleven days before Mum returned from England, and they were frantically occupied. For the first time since Neil had broken his arm he drove to 'town', a round journey of forty kilometres. The purpose for this trip was to see a rheumatologist, the specialist recommended by the doctor and one Neil hadn't seen before, to find out the results of the X-ray of Neil's back. They were inconclusive and another set was taken immediately, on the premises. While Neil was being X-rayed, the rheumatologist called me into his surgery. He was a young, thickset man with dark hair who, at that moment, wore a very sombre expression. I knew that look.

"You think it's cancer, don't you?" I asked before he could speak. Taken aback that I should so casually mention The C Word, he rattled off a reply in French. I asked him to repeat it, slowly.

"Yes," he said, "I think it might be a lesion of cancer on one or more vertebrae, but I'm not positive. I will look at the X-ray that is being taken now. If it is still not clear, then I will arrange for your husband to have a magnetic resonance imaging scan."

I had no idea what a magnetic resonance imaging scan [MRI] entailed. The specialist did his best to explain but it was very complicated and I was none the wiser by the time Neil came back from having the X-ray taken of his lower back. After examining the X-ray, the rheumatologist was still not certain whether there were lesions on the vertebrae so, almost immediately, other X-rays were taken of Neil's head to make sure no minute particles of metal were lodged in his scalp. If there were any undetected metal particles when Neil underwent the MRI, it could cause blindness.

An appointment was made for the special scan to be taken ten days later at the main hospital and we went home feeling dejected. Life often

consists of 'one step forwards, two steps back', though it seemed to be permanently stuck on 'hold' where we were concerned.



As soon as Neil's parents arrived back in England, Bill bought a no-fat, low-fat recipe book and sent it to me by post. It contains hundreds of recipes but, because they are mainly for people wanting to lose weight rather than gain it, only half a dozen were of any help. They were enough.

Neil and I both looked at each recipe, checked the calorie content and added the few suitable ones to his diet. For sixteen weeks he had patiently lived on four recipes and now, in mid-August, he had a choice of nine, with the added bonus of apricot biscuits made with oats whenever he wanted. He made them himself. A natural product, oats became a part of Neil's staple diet.

Our GP, freshly browned from his holiday in Portugal, came to visit us shortly after Neil's appointment with the rheumatologist. He hadn't seen Neil since the end of May and a look of utter astonishment and pleasure flushed over his face when he did. Although Neil weighed three kilos less, he looked healthier and moved without difficulty.

"I'm delighted to see you looking so well after all this time," he boomed in his deep voice. His full grey beard quivered in amusement. "The last time I saw you, you were so ill I thought I'd never see you again – and yet, here you are, looking better than ever!" A sidelong glance at me. "I expect your wife has something to do with it!"

The ups and downs in Neil's health since the cancer had been discovered had made me forget how ill Neil had been. He *had* made progress.

The doctor looked with great interest at the X-ray taken the day before and explained that a couple of vertebrae in the lumbar region were fused together, a sign of mild spina bifida with which Neil had been born but that had remained undetected until now. In a normal vertebra there are two 'eyes', one on either side of the hollow column where lies the spinal chord, but on one of the fused vertebrae both eyes were missing.

"Nothing to worry about," the GP told Neil. "You've had this since you were born and it hasn't troubled you for 48 years."

It was, however, a crucial piece of information. Neil told him about the appointment to have an MRI and asked what it involved.

“Ah,” he said, “you will be put in a big tube and will have to lie there for half-an-hour without moving while the machine sends micro-waves through you!”

We laughed politely. Neither of us was quite sure whether or not he was joking. One never could tell with our Portuguese GP.

We mentioned the forthcoming MRI to Eliane, the healer, the next time we visited her.

“Oh! I’ve had one of those – you must not move, you must remain absolutely still. I didn’t!” She giggled. “I moved just a tiny bit, the nurse was very cross and they had to start the whole procedure again! And the *noise!* You wouldn’t believe the noise you have to bear when you’re in the machine...” Eliane’s small heart-shaped face broke into a grin causing lines of merriment to form around her bright eyes.

At least Neil was forewarned about the MRI. During Neil’s treatment under Eliane’s hands that day, he said he felt something ‘move’ in his intestines, as though something out of place had been re-aligned. He always felt better after his visits to Eliane.



Our hopes of selling the fermette leapt to dizzy heights in mid-August when a man enthused over the rooms’ proportions. The young gentleman spoke fluent English and told us that he loved everything about the property, it was exactly what he was looking for and he wouldn’t quibble about the price. We couldn’t believe our luck.

“However, my fiancée will have to see it before we reach a final decision,” he explained. “We’ve seen a lot of properties and she hasn’t liked any of them!”

Arrangements were made through the estate agent for a day suitable for the prospective purchaser’s fiancée. The 16<sup>th</sup> of August was one helluva day. It had taken me two days to polish, scrub and generally clean not only our part of the house but also Mum’s, and not a weed was out of place in the garden.

In the morning I went with Neil to the polyclinique where he had a chemotherapy session. I asked for and received some dietary