

## Interlude Achilles

This is the first of four interludes which experiment with presentational form through the juxtaposition of multiple genres of information. This interlude tracks the six month process from when I broke my Achilles tendon in Ghana on October 2001 through to when I was able to walk and drive again in April 2002.

This accident represents a time when I had no choice but to lay low and become highly dependent on neighbours and friends for help every day with everything from getting food in to walking the dog to attending to my clients. This was a *non-action inquiry*. My agency in the world became centred on finding myself lifts to get to the hospital and the doctors, sometimes three or four times a week.

At the time, I became preoccupied with trying to make sense of this event, ranging from hunting for significance in the myth of Achilles the hero, though to a “shit happens” explanation, through to a sense of divine retribution for some supposed sin. All meaning making attempts seemed plausible, but somehow these narratives felt pre-fabricated, grandiose or force-fitted. These attempts to understand gave me a sense of something to do which may have been contributing to my healing.

Putting grandiose mythological narrative to one side, I now simply know from the inside out more about what it is to press the “pause” button on my Western “progress narrative”, and perhaps more significantly, what it feels like to slip in to utter dependence on others for a while (during the first months or so, I was continually thanking people. My next door neighbour asked me to stop as my thank yous were getting in the way of our conversations and, she said, “I’m going to help you anyway”). The experience temporarily reframed how I saw things, reinforcing the bittersweet, multi-layered feelings of gratitude and appreciation for the tenacious fragility of life which had first surfaced for me after the death of my father nearly a decade previously.

The form of this interlude seeks to reflect and evoke my experience with immediacy, using the many voicings of my own contemporaneous writing and reading, literal and metaphorical imagery, data from internet sources, hospital notes and ephemera from the time. I have sought to reflect the plurality of my sense making around this experience in the ways I have presented many sources of data. As such, the form invites you in as an *active* reader of this open text, demanding that you make your own sense of the unfolding story, just as I needed to at the time of the original events.



UNIT  
NUMBER

G 105354

SEELEY  
CHRISTINE  
G 105354

NAME SEELEY  
CHRISTINE

GLoucestershire ROYAL NHS TRUST



CONFIDENTIAL

NOT TO BE TAKEN OUT OF THE HOSPITAL

UNIT  
NUMBER

G 105354

NAME SEELEY  
CHRISTINE

22

*19 October 2001, Kingston Hospital, London*

I hopped to the counter and became number 5 in the day's new list of people to see. Karen left me with a bag of food, a book, a newspaper and the number for her friends. Shouldn't be long, I said, and was invited in to see the triage nurse. "Chooses to hop", she wrote. I chose to hop back to my waiting seat and looked enviously at others strolling to the cup of tea place for refreshment as the hours passed. Could I hop with tea and still have some left when I got back? If I stayed over there, I might miss my call and surely I must be called soon? I can't recognise anyone else here at all. All the people that were here before me have come and gone. I must be right at the bottom of the list. All the kids get to go in first. That poor bastard's cut himself and there's blood everywhere and he's gone all pale. They must think I'm having them on when I say I can't walk. I'm thirsty. Surely I can't ask someone, a stranger, to help me. They'll think I'm lazy. I wonder what they'll say.

- Christine Seeley?
- Yes.
- Come this way.

I gathered my bags of dried apricots, figs and newspapers and books and the telephone number for Karen's friend and hopped after him. I was in Africa yesterday, I wanted to say. I can't walk, I wanted to say. Help me, I wanted to say as I hopped wordlessly behind this strutting young consultant, learning against the wall and making too much noise with my plastic bags. He turned round once to see what the fuss was all about. I was miles behind down the corridor. Old people laying on trolleys in the corridor followed my progress with silent, rheumy eyes. I avoided their gaze. I shouldn't be here yet, I'm not old, like you. The consultant continued and gestured that I should turn right into a cupboard like room kitted out with an old carpet, a flowery two person sofa-bed and a ripped black vinyl chair.

- Can you tell me what happened?

I told him and he perked up when I mentioned I'd had the accident in Africa and made some extra notes. This made me different from the hip and wrist fractures down the corridor. Oh yes, perhaps the chance of a tropical infection here, if he's lucky.

- I want you to kneel on this chair, so that your feet are dangling off the edge.

He squeezed down my left calf muscle and my foot went up and down. Thompson's test, it's called, he told me. He squeezed down my right calf and squeezed a fountain of pain from my leg. Nothing moved. Ah, he said. Sit back down, he said. So, I will have to have it bandaged, I thought.

- You've a complete rupture of your right Achilles tendon. It'll take nine months to a year to get better and we'll have to operate on it as soon as possible.

Loud sobs blurted out of me and my chest hitched like a child. He looked away, eye contact gone.

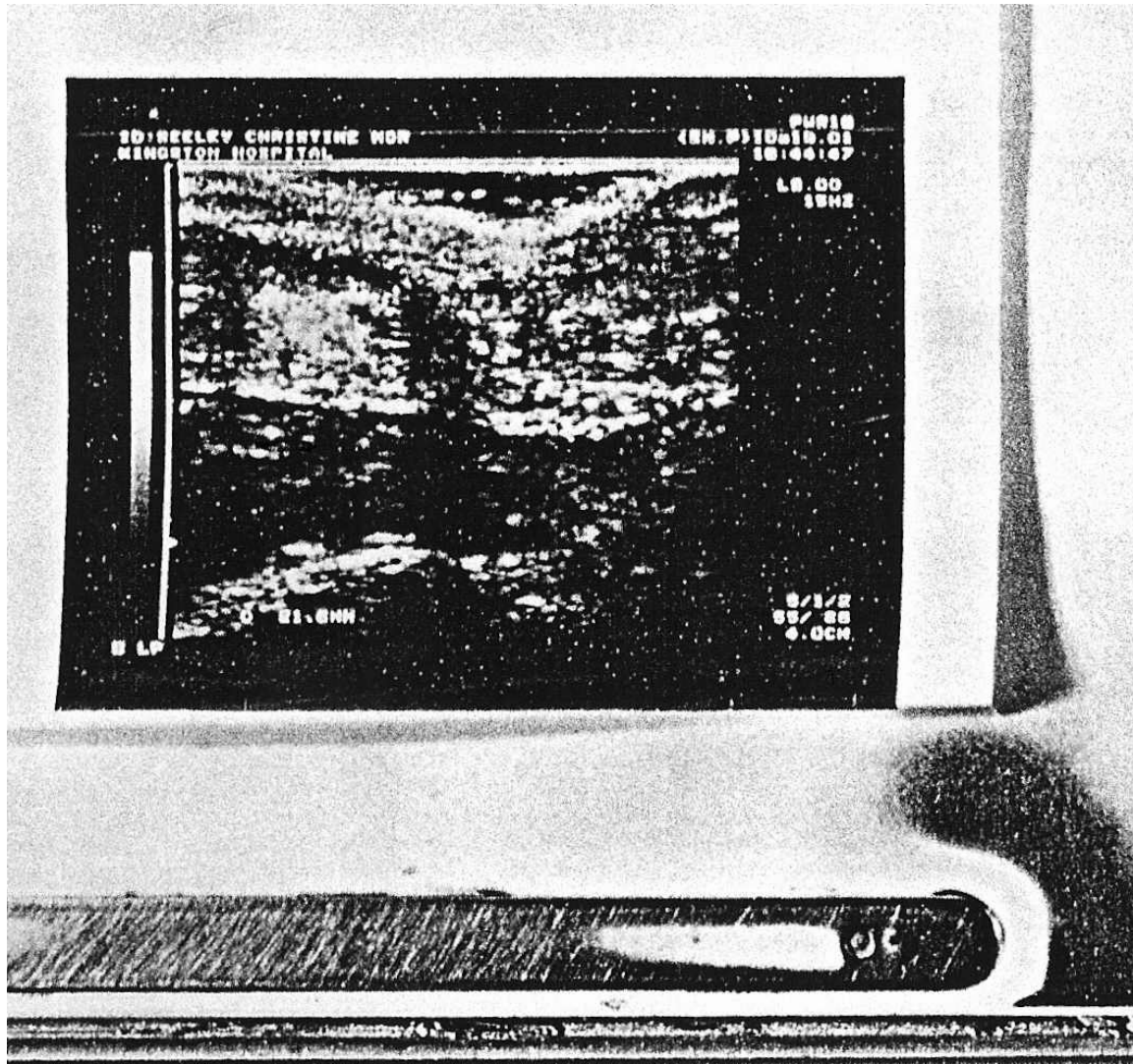
- Will it affect your life much?

TRIAGE ASSESSMENT				TIME
F TRIAGE NURSE		SIGNATURE		
CATEGORY		ACC ADM		TRIAGE SITE
<input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> Y <input checked="" type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BLEEP <input type="checkbox"/> SIG		<input type="checkbox"/> RESUS <input type="checkbox"/> MAJORS <input type="checkbox"/> MINORS <input type="checkbox"/> PAEDS
HART USED		DISCRIMINATOR		
<p> <i>because of injury</i>  <i>Yesterday</i>  <i>has difficulty</i>  <i>tipped in morning pod</i>  <i>to location to check. O/A x 2 way</i>  <i>small superficial cuts observed. Quenched</i>  <i>through away. But as per sustained there</i>  <i>is a risk would like to refer to you.</i>  <i>Can weight bear but seems to prefer to</i>  <i>hop.</i>  <i>Due to P</i>  <i>injury - not legible.</i>  <i>G.K.A.</i> </p>				
<div style="background-color: yellow; padding: 5px;"> <i>Can weight bear but seems to prefer to hop.</i> </div>				

"Can weight bear but seems to prefer to hop?"

Pain 1 2 3 4 5 6 7 8 9 10  
*on weight bearing.*

• Unable to weight bear R ankle due



"Can you see that black bit there? That gap?"

Sleep came in the afternoon light and the smell of warm rubber and masked disease and I had to be woken to be taken into the ultrasound room. I was lucky, another young doctor said, the consultant who's a real expert in this is still here and she's agreed to come and do you.

- Do me?

She was Irish and he called her Mary. They talked as if I wasn't here, dropping my foot off the back edge of the trolley and trying to stretch it open so they could do the tests. The computer screen faced away from me and I tensed my body to twist round and see what was happening. They told me to lie back down. Let me get on with my job, and I'll tell you after. They mumbled jargon to each other and ran the scanner over the damaged area, which they'd squirted clear jelly onto, pushing harder than I'd have chosen. I was a plate of meat. A printer started whirring stuff out and I thought I might be able to send reciprocal copies of the printout to friends who had got pregnant and emailed me excited files of baby at 18 weeks, 24 weeks and could I see the little hand?

- Can you see that black bit there? That gap?
- Yes.
- That's the gap where your tendon was. The ends are, er...

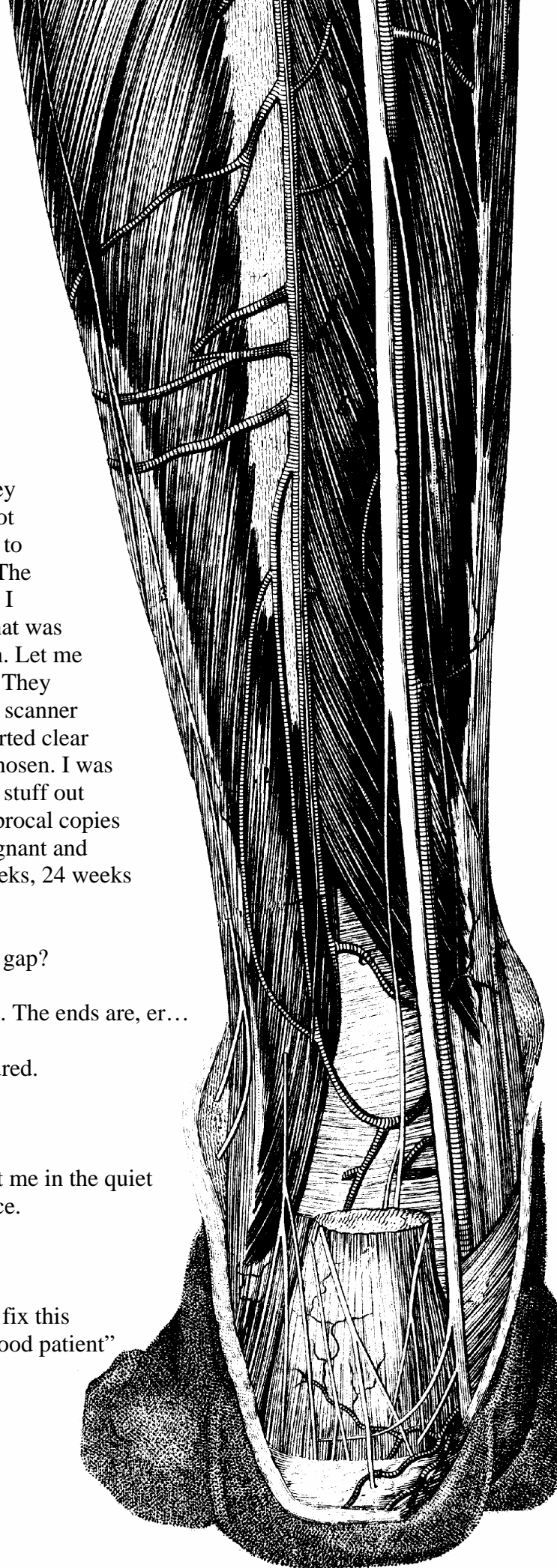
She picked a ruler off the table and measured.

- The ends are 2.7 centimetres apart.

She put the ruler back down and looked at me in the quiet darkened room like I was an inconvenience.

- That's it, we're done.

I felt myself slip into gratitude, I couldn't fix this one myself and now I had to become a "good patient"



They wheeled me away and put me in the plaster room again. The third shift of the day was coming on, I could hear the staff chattering and saying cheery goodbyes and another consultant came in to see me. It was getting dark. She was tall and young and officious with a posh voice, a mousy bob and oval glasses. She had a clipboard and a stethoscope round her neck. Pens in her white coat pocket and sensible shoes. A textbook doctor. Emotionless. She started as if from scratch. I told her the story. I was meat again. She glanced at the notes. I told her I didn't *choose* to hop, I had no choice and the notes from the triage nurse were wrong. Thoughts of court cases and litigation wove into my mind. The room was splattered with plaster. I wanted to have my say. She brushed my words aside and peered at my leg, but didn't look at me. She leant forward, bending close to the scene of the crime and I saw her hand reach out as if I were an interesting laboratory sample.

- Is the break **HERE**, then?

She asked, suddenly jabbing her uncaring thumb into the gap where my tendon used to be. Fuck you bitch I hit her silent and wordless she looked up startled straight into my eyes.

- Have a care.

I said with mild, incongruent determination and she turned away to get a small pale green papier mâché tray. She took a white tissue off the top of the tray and revealed needles and fluids. From it she extracted a small plastic device and asked me to give her my hand. This all felt like punishment for hitting her. I recognised the device, but didn't know it's name. It was one of those things they put in the back of your hand so they can pump you full of chemicals whether you like it or not.

- What's that for? I asked.

- We're going to have to admit you, so we can operate as soon as possible. This is to get you ready.

- But, I don't want to be here. I have no support here, no one can help me here. What are my choices?

- Choices?

- Yes – how can I get home, get to a hospital near me? Where I can be looked after? I live alone. I'll need help.

She put the cannula back in tray, disappointed. Beyond her, I could see people coming and going in the corridor outside. One old woman had been sat there for ages. She had blood on her head and tears rolling down her cheeks. She was like watching time lapse photography.

- I suppose we could put a temporary plaster on you tonight and you'd have to admit yourself tomorrow.

- That's what I want, then. Give me a telephone to use.



*20 October 2001, Telephone call with local GP friend, Jean*

“Now, listen, Chris, this is a serious thing. It’s not like breaking a bone, you know. The Houseman’s MacLean and the other consultant on call is Millford. Whatever happens, refuse point blank to be touched by Millford. I know it’s embarrassing, but he’s past it and needs to retire. He’s not up to operating anymore and all the GPs know it. MacLean’s OK, though. He comes from New Zealand or Australia or South Africa or somewhere. He’s as good as anyone. Remember, though, Millford’s gone past his sell by. I’ve rung A&E to say you’re coming in. Take all your files from Kingston, they’re expecting you. Get going, don’t put it off. And ring your own GP to tell them, they’ll get pissed off otherwise. Oh, and you haven’t eaten anything, have you?”

## Invisible care from anonymous people

GLOUCESTERSHIRE ROYAL NHS TRUST

NAME <u>Christine Seeley</u> REG. NO.		Signature
PROBLEM NUMBER:-		
DATE	MAINTENANCE OF A SAFE ENVIRONMENT	
<u>21/10/01</u>	<u>Christine</u> is undergoing a Surgical Procedure.	<u>MS</u>
GOAL:		
DATE		REVIEW DATE
	1. Pre - op. To ensure <u>Chris</u> is prepared physically, psychologically and safely for surgery.	
<u>21/10/01</u>	2. Post - op. To ensure <u>Chris</u> has a safe recovery from surgery without further complications.	<u>MS</u>
NURSING ACTION:		
DATE		REVIEW DATE
	1. Admit <u>Chris</u> and orientate to the Ward. Check baseline observations, weight, urinalysis and record findings. Inform the Doctor of any abnormalities. Give <u>Chris</u> time to express any anxieties and answer any questions if possible. Ensure <u>Chris</u> has been seen by the Doctor and Consent form signed. Prepare <u>Chris</u> for Theatre with Nameband, gown, canvas, blanket and apply TEDs if required. Complete Theatre Checklist and give any Premedication. Ensure all relevant documentation i.e. Notes, Xrays and Lab. reports accompany <u>Chris</u> to Theatre.	
	2. On return to the Ward, record <u>Chris</u> observations half hourly/hourly until stable. Wound to be checked for any oozing and redress if necessary. Check any Medinormes are patent. I.V. Infusion to be maintained as per regime until <u>Chris</u> is tolerating free fluids. Give <u>Chris</u> any prescribed analgesia and Anti emetic to be comfortable. If P.C.A. is present ensure P.C.A. record chart is maintained and updated. If there is no nausea/vomiting <u>Chris</u> may have fluids and diet, if permitted. Ensure <u>Chris</u> has passed urine. If not, inform the Doctor. Before discharge ensure <u>Chris</u> has been seen by the Doctor. Wound redressed if necessary. Information sheet to be given. Extra dressings to be given and Practice/District Nurse to be	<u>MS</u>

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2 litres IV fluid infused - saw some  
intubation difficult - has a  
haematoma at back of throat -  
may experience some haemoptysis /  
haematemesis.

Bougie Grade	②-③	Volatile Agent	Isosflurane	%	1.5 / 1.1
VASCULAR ACCESS		<b>NOTES</b> V. long larynx. Easy view of epiglottis, but arytenoids only just seen & cricoid + B.U.R.P.  Attempted & long blade + with McCoy to no avail  ∴ Size 4 LMA sited Good airway obtained  Antiseptic catheter mounted on fiberoptic scope passed easily + size 8 over catheter after LMA removal.  Air entry checked Rt = Lt.  Urinary catheter <input type="checkbox"/> cuprograph ✓  N/G tube <input type="checkbox"/>	O <sub>2</sub> flow	6	2.1
Venous 18G DLT & LA			N <sub>2</sub> O flow		4.1
Arterial			Time		16:00
			Note No.		
BREATHING SYSTEM					
Bain	<input checked="" type="checkbox"/> (TR)				
Magill	<input type="checkbox"/>				
Circle	<input checked="" type="checkbox"/> Theatre				
T piece	<input type="checkbox"/>				
IPPV	<input type="checkbox"/>				
LOCAL/REGIONAL BLOCK					
Sats never < 96%					
Good airway throughout					
Patent to be informed of difficulties					
No dental damage noted					
		IV fluids:			
		① Saline			
					CVP x 60

An unidentifiable angel moved towards me with what looked like an electric toothbrush in her hand. My eyes followed the arc of her movement as she clipped a tiny piece of plastic to the end of it. This she put in my ear and I thought of the Babel fish in Hitchhiker's Guide to the Galaxy that went in your ear and enabled you to understand all languages. I wanted Hitchhiker's to be true. I hadn't had an out-of-body-experience after all. My mouth was like sludge.

- Your blood pressure's dropping. Try and drink some water. I'll be back in half an hour.

Blood pressure. Dropping. Faint. Blood sugar. Jaffa cake.

I reached floppily into my little black rucksack on the chair by my bed. Jaffa cake. Good girl. Very sensible. Pushing the mask down round my neck, I nibbled the biscuit and my throat hurt deep inside. The jaffa cake was sweet jelly nectar sugar dissolving chocolate pain when I swallowed. I sipped water. And the nurse returned.

- I'm just about to go off shift and I wanted to check you were alright.
- I had a jaffa cake.
- Well done, you.

6 November 2001, Gloucester Hospital Café, after receiving new plaster and having foot pushed up 5% from equines... 95% to go.

With someone else pushing, I lost control. They wanted me to give myself up to them, so they could push my ankle up. They were *telling* me to relax, rather than *asking* me to relax. It would have been better for me to do something positive for myself. My body realised (instinctively) what they were doing and reacted against it – opposing against it... Pacify your inner core.

Later, a friend on the phone said: “your mate Nick was frightened when he took you to get your plaster redone. He didn’t know what they were going to do to you. He dreads those visits.”

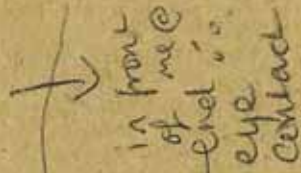
20 November 2001, Gloucester Hospital Café after receiving new plaster and having foot pushed up a further 15% from equines... 80% to go.

What was different? Charge Nurse Mick did it. He started by chatting and building a bit of relationship. Nurse Pauline Pinochet said he was going to do it because he was stronger and I fight back – but he was the right person because he was gentler and slower. They both allowed me space to experiment first with encouragement from Nick, seeing how I could flex both ways, exploring the boundaries... What did it – time, space, relationship and gentle persistence. But the wound isn’t healing very much – it’s not infected (let’s hope it stays that way), but it’s not healing either. I had a man administering unto me and not a woman – [he had a] better bedside manner: *it doesn’t matter, just do your best, reassurance.*

8 July 2006: I am moved to tears again by the gentleness of these two men, Nick and Charge Nurse Mick.

INSTRUCTIONS TO PLASTER ROOM		CONSULTANT: MR. ATWELL ROOM NUMBER: 1	
	APPLY(UpperLimb)	APPLY(Lower Limb)	Material(Not POP)
BIVALVE	ABOVE ELBOW	ABOVE KNEE NWB	FELT
CHANGE IF NECESSARY	AXILLA TO WRIST	ABOVE KNEE WB	SYNTHETIC CASTING EG: SCOTCHCAST.
COMPLETE	BELOW ELBOW	BELOW KNEE NWB	SOFTCAST
CUT/MARK WINDOW	COLLES	BELOW KNEE WB	
DO NOT REMOVE	DORSAL SLAB	GROIN TO ANKLE BACKSLAB	
PLASTER CHECK	EDINBURGH SPLINT	GROIN TO ANKLE CYLINDER	REFER TO CLINIC
REDUCE TO BELOW KNEE	ELBOW BRACE	SARMIENTO	TO BE SEEN IN PLASTER ROOM <i>[Signature]</i>
REDUCE TO BELOW ELBOW	HUMERAL BRACE		NEXT APPOINTMENT (No of Weeks/Months) $\frac{4}{32}$
REMOVE	PALMAR SLAB	OTHER:	CONSULTANT/DOCTOR MR. ATWELL
REPAIR	SCAPHOID	CAST BRACE WB	SIGNATURE <i>RM Lee</i>
SPLIT	THUMB SPICA	CAST BRACE NWB	DATE 20-11-01
TRIM	U SLAB	* HINGE SETTING	OTHER COMMENTS
X-RAY	ADD:	* FOOT IN/OUT	Change Pol & bring foot up from m-G equines - H.D. Try nateral <i>[Signature]</i>
	BOHLER IRON	* Delete as Applicable	
PATIENT DETAILS	CANVAS CAST SHOE	CERVICAL COLLAR	
SEELEY 60105354	WALKING HEEL	COLLAR & CUFF	
CHRISTINE DOLLY COTTAGE KINGSFOTE NET BURY GLOUCESTERSHIRE GL8 8XZ 21-AUG-1966 HS Number: 468 350 5207			

he established rapport  
before he started talking  
about other things  
while he was showing  
my leg / stroke and it  
talked and while he was  
disguised where he was  
applying force -  
it wasn't obvious it  
how he was moving it.



Protect your inner core (time)  
20/11/01

doesn't matter →  
neutral -  
it doesn't matter  
do your best +  
rewards

WORKING THE EDGE

6/11/01



PNF → by asking  
me to plantar  
flex against resistance  
for 6-8 seconds,  
then relax and  
pull it up.

With someone else pushing, I lost control  
they were asking me to give myself  
up to them, so they could push my  
ankle up.

They were telling me to relax, rather  
than me ask myself to relax.

would have been better for me  
to do something ~~better~~ positive  
for myself

my body reacted (instinctively)  
what they were doing +  
reached against it - opposing  
against it. (think  
judo).



20/11/01  
visit

what was different  
Cherie Mike  
he stated by Mike do ↓  
buried a bit of charity +  
Paulie because he was the stronger guy  
to fight back - but he was the weaker guy  
because he was the stronger guy  
both allowed me to experience the  
for myself Mike stay with encouragement they  
from both ways, staying new, could  
flex boundaries,  
acknowledged  
times of fullness  
PP and shorts  
at the end, as if to  
no hard feelings, man.

15% stuff at the end, as if to  
say "no hard feelings, man".  
what did ↓  
time space,  
relationship  
and gentle  
persistence.  
But the more  
I'm healing -  
it's not inflated  
I let's hope I  
stay what way  
but off way)  
healed either.

172  
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- ① established contact
- ② personal interest in progress of (no breakthroughs)
- ③ double checked

Pt was affected, too, not in pain

I had a man administered into me and not a better bedside manner

let me have other people  
S. Mike passed pushed away

*June 2002*

Slowness arrived in October as my energy plummeted following my Achilles break and subsequent operation. I'd never had anaesthetic before and I now hear that it can take a long time to recover from its effects. At first I continued at my usual energetic pace and found myself keeling over unexpectedly with tiredness. I'd thought of the injury as being on a par with a bone break, but a little research soon showed this to be classed as a "serious" injury, which takes months to recover from. It is now 8 months later and I am walking, not running and I'd say that my energy is on a slow but steady trajectory upwards. This enforced slowness served to help me develop a greater sense of being present in my work. I believe this is for three reasons:

**First**, I was literally passive, rooted to the spot (like Eddie Izzard's Achilles in his concrete boot... with a limited sphere of influence) and often left waiting to be picked up / dropped off / pushed around / helped along or just resting. With this came patience, with this came presence, a sense, especially when working with others (for example in the MSc) of attending more fully to the energy and happenings in the room without letting my mind drift off elsewhere.

**Second**, my lack of energy taught me about being more discerning with the energy I had – not squandering it, but saving it for the most important encounters, and then withdrawing to rest. My resting became more meditative than frustrating (as many friends thought it would be) as I had no choice but to accept my changed circumstances.

**Third**, I became acutely aware of the ease with which this accident occurred. How then do I legitimise and necessitate the sense making writing about the accident? What is that for? How does it help?

If it were not for access to western medicine, this type of injury would have had more serious repercussions... and our mammalian brains still know this...

"The hard job is making sense of accidents, those trivial gusts that take you off course and seem to delay your projected arrival in the teleological harbour. Are these hindering gusts distractions? Or has each one its particular purpose? Do they together combine to advance the boat, maybe to a different port?... What matters is not so much whether an interference has or does not have a purpose; rather, it is important to look with a purposive eye, seeking value in the unexpected."

*James Hillman (1996: 203-4)*

*Achilles' Footwear, Eddie Izzard, Glorious, 1997*

Achilles, immortal man, immortal body except he had an Achilles heel.

What an irony.

- You mean I'm called Achilles, Mum, and I have an Achilles heel as well?

- I'll be a laughing stock.

- Oh, bloody hell.

Achilles must have gone into battle like this.

- Get off! Get off the heel, get off! You buggers.

The Trojans with crabs and lobsters...

- Get them on his heel.

- No, not the crabs and lobsters! Aah! Aah!

- Come on, you buggers, I've got my foot...

If I was Achilles, I'd put my foot in a fuck-off block of concrete. For starters.

Then ptoo, ptoo, ptoo - arrows shooting off everywhere.

- Ha-ha-ha-ha!

- Block of concrete. No problem at all.

- See these swords here? Thbpth!

- No problem.

Wa-oo, wa-oo, wa-oo!

- Ha-ha-ha-ha.

The slight downside - he'd have a maximum radius after that.

- Could you come over here, please?

- Could you come over here?

- Could you come over here, please? I've got something to show you.

- I can't show you unless you come over here. Damn.

He'd have to put wheels on the block of concrete.

(Squeaks)

But we know trolleys. They don't quite work like this. It'd be... (Squeaks)

- Thanks for waiting.

Much better would be to have a hovercraft bottom bit on.

(High-pitched hum)

(Descending hum)

Thbpth!

(Ascending hum)

And after a hard day's battle he could get home and change from blow to suck.

(High-pitched hum)

- Mum, the plug needs moving.

Booo.

It's the noise that's the best fun in Hoovering. Booo.

Oooh.

Booo! Oooh! Booo! Oooh!

Until it breaks.

- I've bust it, Mum.

**ORTHOPAEDIC**

Tel 01452 394701 Fax 01452 395155 <b>CONTINUATION SHEET</b>	SEELEY CHRISTINE FOLLY COTTAGE KINGSCOTE TETBURY GLOUCESTERSHIRE GL8 8X2 NHS Number: 468 350 5207
Our Ref GIOA/JMA/G0105354	SU1 21-AUG-1966 BER:
31 December 2001 MR THORNTON ORTHOPAEDIC CLINIC (typed 02 01 02) DATE	CLINICAL NOTES (Each entry must be signed)
Dr R S Hampson The Chipping Surgery Wotton-under-Edge Glos	
Dear Dr Hampson	
RE <del>Christine SEALEY 21-08-1966</del> Folly Cottage, Kingscote, Tetbury, Glos.	
Now ten weeks following repair of ruptured right tendoachilles. The POP was removed today. She still has a small moist area at the distal end of the wound but it does not look actively infected. The recent swab results show no bacterial growth.	
I think we should leave the leg out of plaster now and allow her to start mobilisation with the help of physiotherapy. We have redressed the wound and have asked her to attend Tetbury Hospital for regular dressings as necessary. Physiotherapy arranged.	
Review in six weeks.	
Yours sincerely	
Mr G I O Atine FRCS Associate Specialist in Orthopaedics	
Personally dictated but unsigned to avoid delay	

*1 January 2002, Newcastle*

New Year's Day at Anne's house in Newcastle. Radio 3 is on downstairs – I can hear it, slightly blurry through the floor. Anne is chatting to a friend on the phone.

Yesterday, my leg came out of plaster and today I look at my reptilian foot and hairy, skinny leg as if it wasn't part of me at all. More like an old, infirm person someone has asked me to look after for a while. Anne's spare bedroom is still and peaceful, very plain with dairy-creamy-yellow walls and a high sash window that's letting in diffuse winter light from a clear blue sky outside. I feel the kind of safe peace here that I also experience at Weeksy's house – it's not just the similarity in terms of colour and light, it's also hearing the comforting chatter of my friend in their own home that makes me feel like I belong, bathed in the gentle presence of another with no need to entertain or glow. Surely others must also feel this safety in company? Do I ever create or enable this kind of environment / space for my friends? The subtle energy that Anne creates / conjures seems to be done my doing or saying very little – it's her *being* that counts and the detail of what she does or says is not all that relevant / is relatively unimportant. There's a quiet groundedness and lack of clutter that contains and nurtures the space...

Looking down at my leg now, I know that I need to validate the time spent with this "invalid" – or, more positively, this youngster who hasn't yet learned how to walk. Today I soaked my foot and sloughed off much of the old skin that was covering it like spilled candle wax. The new skin underneath, pink and delicate, is a symbol of new life, of moving up from the bottom of the trajectory of this journey.

I massage my foot (which now feels good), and the back of my withered calf (which doesn't).

*2 January 2002, Newcastle*

Woke up this morning with the energy to go out and see Moulin Rouge with Anne at 10am. Went to the loo and saw blood dripping down from the old ankle, joined by a piquancy of fresh pain. I think the skin has split where the plaster had worn a new hole into the side of my ankle. I don't know yet because I haven't looked under the dressing to see. One thing at a time.

*3 January 2002, Newcastle*

I felt a lot of fear yesterday "undressing" the ankle – and it was a mess in there. The very thing I was afraid of was there to be confronted. David Whyte says we need to write an inventory of our fears – and that we don't have to overcome those fears, just know what they are. So here's an inventory of my fears.

Inventory of fears. 3/1/02

*(I never wrote the inventory of fears...  
... but if I had, infection would have been one of them)*

LOUCESTERSHIRE ROYAL HOSPITAL  
 MEDICINES ISSUED ON DISCHARGE FROM HOSPITAL

WARD

THIS COPY TO BE HANDED TO PATIENT

NAME	CHRISTINE SEELEY	HOSPITAL NUMBER	G0105354
USUAL ADDRESS	FOLLY COTTAGE KINGSCOTE TETBURY GL8 8XZ	N.H.S. NUMBER	
		DATE OF BIRTH	21-AUG-1966
		DATE ADMITTED	20-OCT-2001
		DISCHARGE DATE	22-OCT-2001

PRESCRIPTION TO BE ISSUED		ADVICE TO DAYS
MEDICATION	DOSE	CONTINUE SUPPLY
1. CO-CODAMOL 30/500		Y 7
2. DICLOFENAC		

**Gloucestershire Royal**  
NHS Trust

**APPOINTMENT CARD**

CHRISTINE SEELEY

G0105354

Please tell the department advance if:

1. You cannot attend
2. You need an interpreter
3. You need Deaf sign services

Please tell the ambulance if you have arranged transport to the hospital and you cannot attend. (see number over)

**Please bring this card every time you attend**

Department telephone numbers are listed inside.

DICLOFENAC SODIUM  
 ENTERIC COATED TABLET 50mg

ONE to be taken THREE times a day as required with food or milk.



TWO to be taken THREE times a day for TWO weeks as directed by your doctor

THIS MEDICINE AT REGULARLY SPACED INTERVALS AND COMPLETE THE PRESCRIBED COURSE

OF REACH OF CHILDREN Sleep  CHE

I get up  
 lunchtime  
 in I go to bed

KAPAKE®

TABLETS  
 Paracetamol BP 500mg Codeine Phosphate BP 30mg

CO-CODAMOL (KAPAKE) TABLET  
 30mg / 500mg

TWO to be taken FOUR times a day when required for pain relief

NO MORE than 6 in 24 hours

Warning: Avoid alcoholic drink.

CONTAINS PARACETAMOL

CHRISTINE SEELEY AG0105354

FF W8TT0 22OCT01 T10 PACK OF 30 DAYS

HOSPITAL PACK

Pharmacy Dept.  
 Gloucestershire  
 Royal Hospital

Unless otherwise stated, this medicine is to be taken as directed and supersedes any list previously issued.

PRESCRIBED BY T HANHAN

14 February 2002

**ORTHOPAEDIC CLINIC**

14<sup>th</sup> February, 2002

(Typed 15.2.02).

Dr. R.S. Hampson,  
The Chipping Surgery,  
Wotton-under-Edge,  
Glos.

Dear Dr. Hampson,

**Re: Christine SEALEY, d.o.b. 21.8.66**

**Folly Cottage, Kingscote, Tetbury, Glos.**

Unfortunately Mrs. Sealey developed an infection in her wound about a fortnight after her last visit and this was associated with cellulitis in her right calf. She has had two courses of antibiotics and the cellulitis has now decreased in size but it is still visible on the skin. As a result of the infection she hasn't really had a chance to have any physiotherapy.

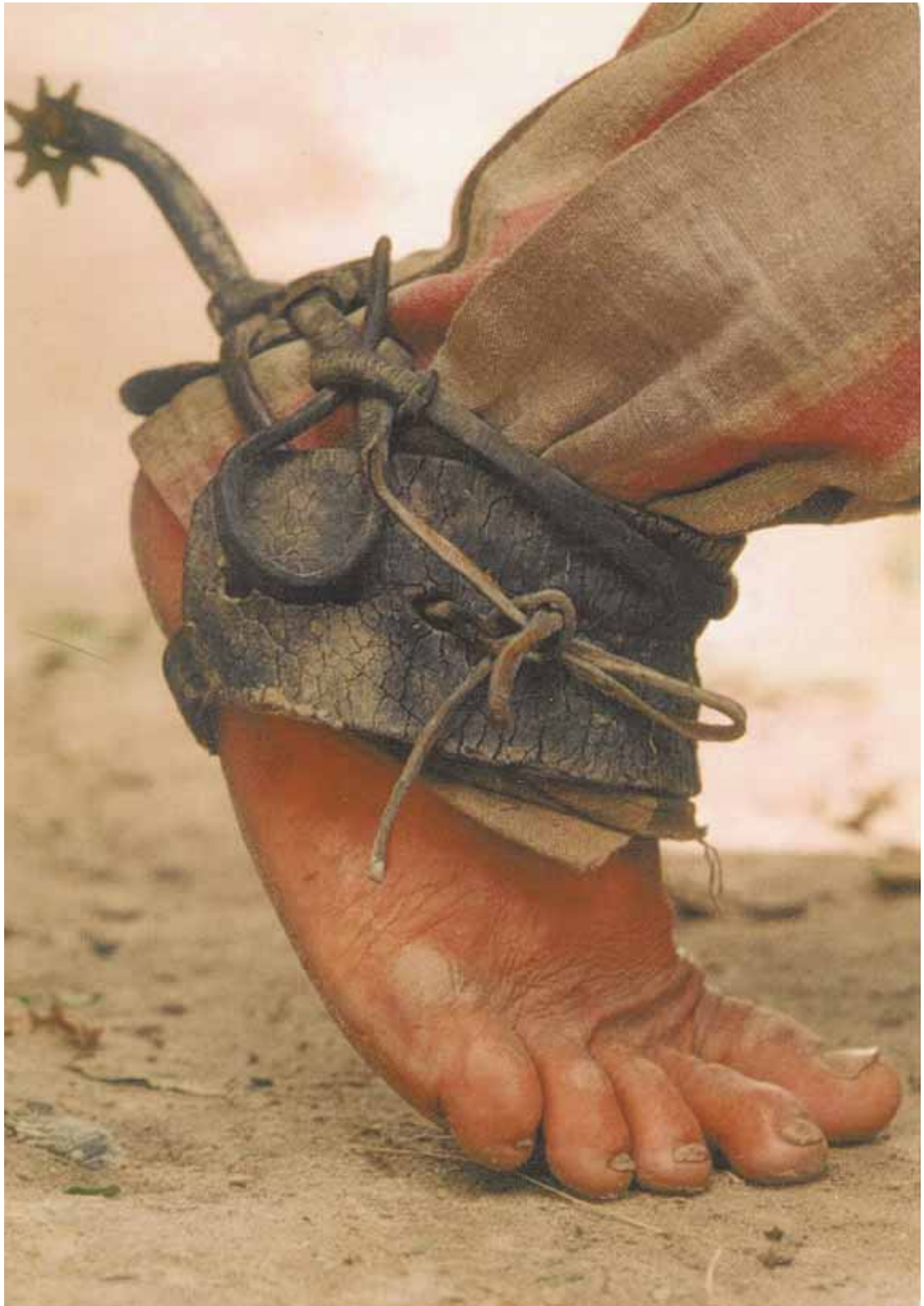
Today I prescribed Flucloxacillin and Fucidin. I understand that the organisms were staphylococcal. We could not get the sensitivities today. In any case we are taking fresh swabs today and the results will be communicated to you mid-week next week so the antibiotics can be changed accordingly. The wounds have been re-dressed. We will review her in two weeks.

18 April 2002

CONTINUATION SHEET		<b>ORTHOPAEDIC</b> <b>NHS</b> Gloucestershire Hospitals NHS Trust 60105354 SEELEY CHRISTINE FOLLY COTTAGE KINGSCOTE Gloucestershire Royal Hospital TETBURY Great Western Road GLOUCESTERSHIRE 21 Gloucester GL8 8XZ NHS Number: 468 360 50173NN Tel 01452 394731 Fax 01452 395155 (Each entry must be signed) Dawn.Millar@gloucr.tr.e-west.nhs.uk
MR TAKWALE		
DATE		
GLO/DM/G0105354		
18th April 2002		
ORTHOPAEDIC CLINIC		
Dr R S Hampson The Chipping Surgery Wotton under Edge Glos		
Dear Dr Hampson		
Re: Christine SEALEY 21 08 66 Folly Cottage Kingscote Tetbury Glos		
Now making very good progress mobilising her right tendo Achilles. The wounds seem to be healing at last. She is just beginning to walk on toes and has started doing her yoga. The physio is ready to discharge her and she will then continue with own exercises.		
See finally three months.		
Yours sincerely		
Mr G I O Atine F.R.C.S. Associate Specialist		

~~Now making very good progress mobilising her right tendo Achilles. The wounds seem to be healing at last. She is just beginning to walk on toes and has started doing her yoga. The physio is ready to discharge her and she will then continue with own exercises.~~





27 June 2006, Kingscote



To: "Chris Seeley" <[chris.seeley@just-business.co.uk](mailto:chris.seeley@just-business.co.uk)>  
Sent: Tuesday, June 27, 2006 9:54 AM  
Subject: Achilles calling

> Hi Chris  
> I have a friend who has just bust her Achilles tendon (on holiday in  
> Greece)  
> and is devastated. She is hopping about at home with the pointy-toe plaster,  
> after the op to re-attach the tendon. I mentioned you and your long, but  
> ultimately successful recovery - and she would love to talk to you. Would  
> you mind?  
> D  
> x