

joint-pounding, muscle-taxing hours, the track being lost in snow and darkness. But the sky was a panoply of stars like a desert night and the stillness was palpable. Light and noise are overlooked as pollutants of city life but the urban nocturnal photo hemisphere deprives city dwellers of a glimpse of their place in the universe and they seldom know the silence of solitude. 'Still the night, holy the night' they may sing but few seem to find its meaning. My Bedouin patients do. They don't need tranquilisers. I suspect the Scottish ghillies are alike. Both know their kinship with the stars before they mingle with the dust.

The limitations imposed by age can now be kept at bay by modern technology. Heavy laden but well designed rucksacks when shouldered can be tolerated; Mountain boots gaitered from knee to toe take limbs through torrent, bog and snow, snug warm and dry; all wool garments under Gortex breath out sweat and prevent heat exhaustion or chills when resting. It was cold. I thought luxuriously of the college key and sneaking into a warm interior. But at last the bothy loomed dark and still and beckoning. The coal soon brought warmth external and a tot or rum the internal equivalent. Scots in the know favour rum to whisky as a reviver, though no clinical trials are available. The bothy, due to the selfless efforts of the Mountain Bothy Association, was like a wooden box inside stout stone walls; no draughts blew, the candles never flickered. Sleep was deep and finally banished by sun streaming from blue skies. Porridge-filled and refreshed we set out with ice axes, crampons, emergency clothing and rations—the lot, or almost! What had been forgotten? Sun barrier cream and lipsalve. In Saudi they are a sine qua non. Desert sands and tropical seas reflect UV almost like snow. The snow was deep and dazzling; the sun warm; the climb inspiring and the views spectacular. Seven hours in snow and sun burned everyone's type 11 skin but it was all worth it.

Back here in Saudi the shade temperature is 104°F. My sunburn has become suntan but actinic herpes labialis remains to heal. And so to quote that popular psychologist, Susan Jeffers, 'Life is an adventure and we are adventurers. It is full of opportunities and learning experiences'. I agree. Live it to the full but don't forget the sun cream and lipsalve, even in Scotland in April.

Letter from South Africa

LIVING IN SILENCE—OR TRYING TO

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'Noise' or 'sounds' differ only in degree and quality. Most noises are unpleasant but certain sounds are very acceptable and together they can be roughly divided into two categories. First there are obligatory noises which one cannot avoid such as neighbourly disturbances, children and nearby or distant industrial activities; secondly there are the sounds specifically desired, such as the music records and classical TV videos that one selects and plays to one's liking at an appropriate volume; also there is the sound of bird calls which one can appreciate and record with pleasure.

My home now is in a pleasant rural area with considerate neighbours, not closer than 100 metres. Noise and one's reaction to it are, of course, relative features, and I can remember well sleeping peacefully and continuously on uncomfortable hard moist ground not 10 metres from ear-splitting high velocity artillery weapons laying down lengthy barrages during the Italian Campaign.

Silence can be considered to be completely attainable only in Trappist monasteries and to a much lesser degree in our Superior Courts—'Silence in Court!' being enforced by all the weight of the Law. However one could hardly live in a Trappist monastery without taking vows and in a Law Court, Learned Counsel may bellow at the witnesses for effect or to impress the Bench.

Of the obligatory noises, the most persistent and usually unavoidable are those emanating from a spouse, happy children, some mistresses or servants, or indeed the welcome bark of a guardian dog which may well be incessant. These can only be avoided if one is in the enviable position to abjure female company and live by one's self in a simple cottage in a rural region—a decision recently made easier for me by the 4-weekly implant of an anti-hormone for inoperable prostatic carcinoma. Naturally one has to choose whether or not to have a wife, mistress or dog. Perhaps the most obtrusive sound is that of happy children.

Some years ago I lived in a suburban town afflicted with the horrifying banditry which characterises the 'New South Africa'. All the neighbouring residents were petitioning for dogs to be silenced at nights and they approached me to sign their petition. I sent them packing. Under certain circumstances nothing is more reassuring than watchful dogs and I never had to pay for their food or veterinary expenses. Unfortunately in our stressful times here, one has to leave the telephone on, and of course the Civil protection 27 MHz Radio, which has already served me well in a dire emergency but is often loudly obtrusive.

Having lived in a number of noisy cities, I believe now that silence may be a potentially effective passport to a full appreciation of life—almost as good as wine and other judicially administered beverages. I cannot help believing that it has a material effect on the treatment of stress hypertension, which I never thought existed until being afflicted with it. I cannot imagine that even an eager researcher could conclude a statistically significant study on the effects of silence (or comparative silence) on expectation of life—in the exhausting rating manuals of the insurance offices there is no reference to it.

In any idyllic rural retreat someone may have set up a sawmill closeby, there may be blasting to re-route a road and giant Boeings may grind away 12,000 metres above where one lives. Soon after occupying my retreat I found myself to be next to a busy Helipad with 15 massive second-hand Russian helicopters—and directly on the runway approach of a busy rural airport, and also close to four farmers' shooting ranges specialising in automatic weapons, in response to our long ongoing state of rural emergency.

The search for silence is seldom well rewarded. I went to live for a year on the Lowveld 10 metres from the fence of the Kruger Park and not 80 metres from where a tar road entered one of the park gates. Unfortunately the Mozambique border was only 3 kms away and I was kept awake most of the night by bursts of heavy machine gun fire and mortar bombs as Frelimo and Renamo argued out their differences. Further away was the noise of heavy army trucks and of elderly Dakotas flying miners to the great city previously known as Lourenco Marques.

Now I live alone in a small one-bedroom cottage, and wake early and listen to the calls of the many birds in this garden—only 54 species recorded—very low for this region. I never listen to the radio and seldom to the TV unless there are special natural history, rugby or other programmes. At 7:30 a.m. I get up and start my day—lock the firearm away, open the various windows and curtains and turn off the security lights and re-check the Civil Protection 27 MHz radio. I switch on the various demand gas appliances. Breakfast is a cup of tea and a biscuit, and then at 8 o'clock the thrice-weekly elderly 'Help' arrives; I unlock all the security doors, and greet her in Swazi and give the briefest household instructions and re-lock all the doors because of the current frequent attacks on domestics during the mornings. I then check that my doubly-front-and-back-chained 'KT' (Toyota Hi-Ace Kombi) has not been stolen in the night—it is the most desired vehicle in Africa. I greet the neighbour's Shangaan gardener courteously in his own language and talk briefly about the extent of my refuse. My study is my bedroom and during the hour or so when the 'Help' is sorting it out, we do not need to utter a single word. Silence obtains until 11 o'clock. Then chaos tends to set in; I take the slightly longer but attractive rural route into our 'Dorp' and park near a Sotho chap with a machine gun who guards a massive chicken depot and kindly watches my car. We have a short greeting's talk, short because my Sotho is limited. In the supermarket, chaos reigns as I am one of the few Zulu-speaking customers and am greeted in succession by virtually all the black till ladies there, especially as they know that I am an Inkatha supporter. Here there is a minimum of 20 minutes of noise—not unpleasant I might add. The next stop is the Post Office where I am a good friend of a number of black pavement vegetable 'ladies', and this riotous bedlam lasts about 60 seconds. I then jump back into the Hi-Ace and drive slowly along a road with an unbelievable 100 km view to a peaceful Country Lodge, run by ex-Rhodesian (not Zimbabwean) friends, for half an hour's pleasant conversation amongst ideally peaceful surroundings—generally accompanied by 2 iced gins. Then home, and no single word spoken from 1 p.m. until 8 a.m. the next morning unless the phone rings.

I have a minimum of 20 hours of part-silence daily excluding quiet evening music which is as good as or better than silence. No matter how small one's budget may be, silence if obtainable is an inexpensive contributive path to contentment. This is not as much silence as in a Trappist monastery, but infinitely pleasurable. It is Virgil's *Ultima Thule*, or as near as one can get to it.

FOURTH EUROPEAN STROKE CONFERENCE, 1995

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At the Fourth European Stroke Conference, held in Bordeaux last June, 283 papers were presented. No striking new development was announced but the conference provided a good general view of the present state of the art and of prospects for improvements in both prevention and treatment of stroke.

Trials for acute stroke therapy

There is increasing interest in the development of drugs for stroke treatment and of the methodology for testing them. Assessment scales are widely used in stroke research and are loved by pharmaceutical companies. However, they only carry a flavour of what is happening to the patient and do not include any assessment of the patient's quality of life. What is important and needed in stroke trials is clearly defined end-points. Due to the heterogeneity of stroke, multi-therapy trials may be more appropriate, for example a combination of thrombolytic agents with neuroprotectors. There is still a lack of co-ordinated effort in stroke research. Centralisation of information with the development of networks of research centres may ensure adequate quality control and the development of new therapies.

Thrombolytic treatment

Results from three thrombolytic trials for acute ischaemic stroke were presented.

The European Co-operative Acute Stroke Study (ECASS) used recombinant tissue plasminogen activator within six hours of the onset of the stroke. Whilst 620 patients were randomised, 104 were later found to be ineligible due to protocol violations. Results analyzed with and without these patients suggest that thrombolysis is safe and effective for selected patients.

The Multicentre Acute Stroke Trial-Europe (MAST-E) randomised patients to either streptokinase or placebo in patients with a middle cerebral artery infarction. The trial was prematurely stopped due to an increased number of deaths and haemorrhagic events in the active treatment group. However, the Barthel score at 6 months was significantly better in the streptokinase group.

The Australian Streptokinase (ASK) trial looked at whether there was a reduction in mortality and morbidity at three months in patients randomised to active or placebo therapy. Again there were more deaths in the streptokinase group compared to placebo. However, for patients treated within three hours there were no concerns for safety or efficacy and the trial is continuing to recruit patients within this limit.

Surgery for carotid artery disease

The European Carotid Surgery Trial (ECST) and the North American Symptomatic Carotid Endarterectomy Trial (NASCET), have clearly defined the role of surgical treatment for severe symptomatic carotid artery disease.

The ECST data on morbidity and mortality among those patients undergoing endarterectomy shows that among factors associated with an increased risk of stroke or death were female sex, systolic blood pressure >180 mmHg, peripheral