

He Knew I Knew

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EVERYONE KNOWS WHAT doctors do: they diagnose and treat illness. First, a patient comes to the doctor and complains of symptoms. Then the doctor examines him and perhaps performs some laboratory or other tests. Finally, having arrived at a diagnosis, the doctor applies the correct treatment, be it pharmacological or surgical. From the purely abstract point of view, it is all rather simple and straightforward.

In practice, however, complications sometimes arise. For example, last week there was a patient in my ward who told me that he had been off sick from work for the past year.

‘With what sickness?’ I asked. Normally in these circumstances this question produces puzzlement, as if it were a complete irrelevance. But this particular patient was well prepared.

‘Backache,’ he said. ‘I’ve got severe pain in my back.’

I confess I was surprised. He looked a fit young man to me, and he moved around with perfect ease, not like a man crippled by back pain. Moreover, he had a number of cuts and bruises on him, the result of having been beaten up by a gang of children who had tried to mug him in the street and whom he had unwisely chased. People with back pain are quite often mugged, of course, but they rarely run after their muggers. Perhaps this man was emboldened by the fact that his hobby was martial arts: again, an odd choice of pastime for someone with incapacitating backache.

I telephoned his general practitioner with my suspicions, thinking that perhaps he had been deceived by his patient into signing him off sick. I told the doctor my grounds for suspecting that his patient’s backache was not as bad as he claimed. It turned out, however, that I was telling the doctor nothing he did not already know.

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‘Yes,’ he said, ‘he has never struck me as having been in much pain.’

‘But he has been off sick for the past year,’ I said, my voice tinged with outrage.

‘Yes,’ said the doctor, ‘but the last patient whom I made fit to work when he didn’t want to return to work picked up my computer and threw it at me. We ended up having a fight on the floor.’

I understood at once. It isn’t only sick notes that are procured by threat, of course: round here all mind-altering substances – tranquillisers and antidepressants – are prescribed not for the patient’s sake but to forestall an attack on the doctor, who gives that patient whatever he wants to remove him from his presence as quickly as possible, before the patient spits at or punches him.

Things are a little better in the prison, I’m glad to say. There the doctor is free to do what he thinks is best for the patient, thanks to the proximity of several very large men at his beck and call.

Last week, a patient arrived in the prison, a fit (though presumably not very skilful) young burglar.

‘Are you on any treatment?’ I asked him.

‘Yes,’ he said. ‘DF 118, diazzies and amitriptyline.’

An opiate analgesic, an addictive tranquilliser (diazepam) and an antidepressant (amitriptyline).

‘Why?’ I asked.

‘Backache,’ he replied.

‘Ah, a burglar with a backache.’ I said.

He smiled at me, and I smiled back. Then we had a good chuckle together. I knew, he knew I knew, I knew he knew I knew, and he knew I knew he knew I knew.

‘Nice one, Doctor,’ he said as he left the room, in excellent spirits.

Everyone Does It

WHY DO PEOPLE do the things they do, especially when they are so bad for them? A patient of mine last week offered me the complete explanation, when I asked him why he had taken heroin for the last eight years, with the exception of the time he had spent in prison.

‘Everyone does it,’ he said.

‘I don’t,’ I said.

‘Everyone I know.’

So there you have it: in this age of unbridled self-expression, when (to quote our esteemed Minister of Education) the three Cs, culture, creativity and community – or is it compassion, caring and crying in public? – have replaced the three Rs, everyone does what everyone else does. But things are not quite as bleak as they seem; there is more variation than at first sight appears.

‘Do you have brothers and sisters?’ I asked

‘Yes, two brothers and two sisters.’

‘Do any of them take heroin?’

‘No,’ he replied.

‘So it’s not quite true, then, that everyone you know takes heroin?’

Suffice it to say that he did not greet my exposure of the contradiction between what he said and the truth with the pleasure that a disinterested searcher after knowledge might have expressed.

‘I’ve been trying to give up for years,’ he said. ‘But it’s everywhere.’

Then he uttered the heartfelt cry of despair that thousands of middle-class housewives since time immemorial have uttered.

‘I just can’t get the help.’

I moved on. My next patient had spent the last 20 minutes chatting cheerfully on his mobile phone. Having made arrangements for the

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evening, he wore a complacent grin, and it surprised me to learn that the night before he had taken an overdose.

‘What did you take?’ I asked.

‘Temazzies,’ he said.

Temazzies belong to the same class of drugs as diazzies – and nitrazzies, lorazzies, bromazzies, flurazzies and oxazzies. You can tell that people love them by the fact that they give them a familiar name. No one does this for, say, the vincristine that treats their leukaemia. And the property for which all the -azzies are so highly esteemed is their ability to dull the mind and empty it of thought: which is, after all, the great object of most English life, especially in its recreational phase. If someone were to start a Society for the Prevention of Thought, he would swiftly make a fortune from the subscriptions.

I broke my vow never to use the argot of the streets.

‘Why did you take the temazzies?’ I asked.

‘This bloke gave them to me in the pub.’

‘But why did you take them?’

‘Well, what else was I supposed to do with them?’

‘But why? Did you know what they were?’

‘I’d seen him take them before. He took them regular, by the handful. They never did him no harm.’

‘But I still don’t quite understand why you took them.’

‘Well, I had alcohol in my head, didn’t I?’

I suppose every event must have a cause but, when it comes to human conduct, not every action must have a reason.

‘Would you do it again?’ I asked.

‘It depends how I was feeling. And whether there was any temazzies about.’

Gold Front Tooth Syndrome

I TRUST THAT I shall not be called cynical when I mention that the first question to be answered by a doctor on examining a prisoner with abdominal pain is whether the patient is trying to get out to hospital, either as relief from the monotony of the prison regime or because it is easier to escape from hospital than from prison. The last prisoner who gave it a go ended up with a broken leg, because he escaped from his hospital bed still wearing his socks and he slipped on our hospital's shiny stone floor. I am not sure whether he brought a case against the hospital, which after all has a duty of care towards its escaping prisoners, but I wouldn't mind betting that the thought occurred to him.

Nevertheless, I always examine very carefully prisoners who claim to have abdominal pain. After all, even notorious E-men (the prison term for escapees) are not immortal, and can suffer medical emergencies. Sod's law states that the one prisoner you don't examine properly will be the one who turns out to have something seriously wrong with him.

So when I was asked to see a young man called Aziz who was complaining of serious abdominal pain, I resolved, as I always do, to examine him properly, despite the fact that he was laughing and joking with the other prisoners, gave the thumbs-up sign to them on his way to the examination room, and continued to walk with the self-assured vulpine lope of the urban predator.

In fact, I recognised him at once as a severe case of Gold Front Tooth Syndrome. There has been a frightening epidemic of golden dentistry in our inner cities: one sees the gleam of it in every nook and cranny in the prison, mainly among youths of Jamaican and Pakistani descent, though it seems to be spreading fast among the whites. I suspect that half the crime in this country is committed not

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to purchase drugs, as the conventional wisdom holds, but gold front teeth.

There are, of course, several styles of gold front teeth. There is, for example, the whole row of gold teeth, which may sometimes be replacements for the originals amateurishly extracted with baseball bats. Then there is the golden rim around one, two or three teeth, and the golden edge that is to a normal tooth what an iron toe-cap is to a normal shoe.

Sufferers from Gold Front Tooth Syndrome are recidivists who see nothing wrong in what they do and are even proud of it. They are cheerful and never commit suicide, unlike other prisoners. Lack of self-esteem is the least of their problems. The girlfriends they are about to abandon are always pregnant: indeed, pregnancy is to their girlfriends what designer stubble is to certain celebrities. They walk with their legs slightly apart and their arms swinging in front of them. They have springs in the balls of their feet.

Aziz was a fulminating case: no hope for him, I am afraid (or rather, for those with whom he comes in contact 'on the out'). Otherwise, though, there was nothing wrong with him. I told him so.

'You mean I'm not going out to hospital?' he said.

'No,' I replied.

'I thought you was here to help me,' he said. 'You're just flogging me off.'

'No I'm not,' I replied. 'I wouldn't get anything for you.'

Later, I saw a woman who complained of headaches and unhappiness.

'I'm in a battered relationship,' she said.

It was not her first such, of course. She had three children by three different men, all of whom had abandoned her, but not before strangling her a little, blacking her eye a few times and knocking her unconscious.

'And how are the children?' I asked.

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They were fine, she said, except that the eldest had begun to steal cars, which is the modern equivalent of measles, although it is unlikely that a vaccine will be found against it.

‘Does your current boyfriend live with you?’ I asked.

‘No, he’s in prison,’ she replied.

‘What for?’

‘Kidnap.’

‘Of whom?’

‘A man. He owed him some money.’

‘He’s been in prison before?’

‘Yes, lots of times.’

‘And he’s violent to you?’

‘Yes. You see, he’s very jealous. He doesn’t like me to talk to no one. That’s how the rows start.’

‘Has he had his hands round your throat?’

‘Yes, a few times. But he’s never squeezed hard.’

‘And what else?’

‘Well, he’s give me a broken rib, and he’s slashed me across the back with a smashed glass. But don’t get me wrong, doctor, he’s not a bad person. He’s brilliant with the kids.’

‘And of course you visit him in jail?’

‘Yes, otherwise there’d be a row between us.’

‘He sounds as if one day he might kill you.’

‘It’s funny you should say that. I’ve often thought he’s the one of all of them who’ll kill me.’

‘But he’s not a bad person?’

‘No, not really.’

Each man kills the thing he loves, but each woman is killed by the thing she loves.

The Poetry Of The Welfare State

WHEN I WAS 12 years old, I had an English teacher whom I admired to the point of hero-worship, one of whose aphorisms was that poetry was man's natural form of expression. It was prose, in his view, that was unnatural. I came to think this an absurd and overwrought idea, but now I am not so sure. Age, of course, makes us more rigid in our beliefs; but experience makes us more flexible.

Yes, it is true that people, and not necessarily the best-educated among us, often speak in poetry. For example, I was in the prison last week when I heard a few lines of the purest verse. A female officer had refused to give an inmate more tablets than the doctor had prescribed, to which he responded with the words, 'Listen, you bitch, I'm gonna cut your tits off and nonce your children.'

What command of language, what rhythm, what verbal inventiveness! This was the first time I had heard the noun 'nonce' (sex offender) used as a verb. Imagine it in verse form:

*Listen, you bitch.
I'm gonna cut your tits off
And nonce your children.*

This is the very lyricism of the slums, the poetry of the welfare state.

Perhaps it was on account of the rhythmical quality of his outburst that he was not punished for it; in any case, it would be quite wrong to inhibit self-expression, and possibly damaging to the psyche also.

Drugs, of course, are a well-known aid to self-expression, but they are used for other purposes as well. For example, in the hospital that same week I had a patient who was admitted with what was described in the notes as an overdose of cocaine (what is the correct dose?). He had been taking cocaine for years, and I asked him why he started.

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‘I was just trying to shut down, trying to take everything away. Now I take it and take it until something happens, until my mind stops working overtime.’

I guessed from his tattoos – ACAB (All Coppers Are Bastards) on his knuckles, a policeman hanging from a lamppost on his left ankle and a cannabis leaf on his upper arm – that he had sometimes been in conflict with the law, and I asked him about his latest imprisonment.

‘It wasn’t for violence, it was for a verbal.’

Now, however, he had a health problem.

‘Doctor,’ he said, ‘I’ve got severe anger loss.’

He meant, of course, that he was always going into one and losing it.

The patient in the next bed had taken an overdose because his girlfriend had left him and he was on bail for having assaulted her.

‘I know I’ve given her a good slap now and again,’ he protested, ‘but a slap’s just a slap.’

They’d fallen out over the care of their child.

‘I told her it’s my baby’s inside you, I don’t want you to fucking get rid of it. But I still have feelings for her, even though she’s a crackhead and a smackhead.’

I asked him about his relations with his parents.

‘My father don’t speak to me no more,’ he said.

‘Why not?’ I asked.

‘He says I tried to run him over.’

‘And did you?’

‘No, of course I fucking didn’t. I’ve been brought up old-fashioned, to respect my olders. If I’d run him over, I’d’ve put my hands up to it, wouldn’t I?’

There Is Only One Way To Escape British Squalor

WHY THE BRITISH want to reproduce themselves is a question which is as puzzling in its own way as that of the origin of life. Their existence is so wretched, so utterly lacking in anything reasonably resembling a purpose, so devoid of those things that make human life worthwhile (I am merely paraphrasing what thousands have told me) that it is a marvel that they should go in for children. I suppose the nearest I can come to an explanation is that they hope a child will supply the want that they feel: the triumph of hope over experience, for they soon discover that a British child merely adds chores to emptiness.

However, there is a small sub-group of our population that recognises the undesirability of reproducing itself: I mean, of course, some fathers, or perhaps I should say, to be more accurate, baby-fathers. Between fathers, in the old sense, and baby-fathers there is a great gulf fixed. A baby-father is an inseminator merely: the term derives from Jamaican culture, or – again to be more accurate – I should say behaviour.

A true baby-father neglects his offspring, except to buy it a pair of shoes now and again when he wants access to ‘his’ baby-mother, to have sex with her and beat her up either afterwards or before. I mustn’t generalise, of course: not all baby-fathers are the same, and some believe that prevention is better than neglect. In accordance with this wise view, they attempt to prevent their babies from ever being born, by procuring miscarriages.

There are two main techniques for bringing about this desirable end: they pull their baby-mothers by their hair to the top of the stairs and push them down, or they kick them in the stomach. Of course these methods are not mutually exclusive, and some use both. That’ll teach women to conceive, or (as they say) fall pregnant.

Some baby-mothers never learn, however. Last week I met a baby-mother whose baby-father had thrown her down the stairs and kicked her in the stomach while she was pregnant, yet subsequently had – I use her own words – ‘two kids for him’. Of these, one had narrowly missed being kicked into touch, as it were: my own hospital saved the pregnancy after the kicking. Now that we believe that adopted children have a right to know who their biological parents are, should children who narrowly miss being aborted by their fathers have a similar right to knowledge?

That same day, I was preparing to go abroad for a short and much-needed rest from British state-promoted squalor. I went to bed late – half-past one – after finishing a couple of medical reports before my departure. At 4.20 a.m. came an urgent and insistent ringing on my doorbell. Blearily I answered it to a drunk woman in her thirties, swaying in a miasma of stale alcohol.

‘Can I use your phone to call the police?’ she asked. ‘I’ve been raped.’

I asked her in, dialled the number and handed her the receiver. She was too drunk to explain coherently what had happened. A few minutes later, the police arrived. Seeing them, she said, ‘Oh, let’s forget it.’

A policewoman spoke into her radio. ‘She’s homeless. She appears to be destitute.’

The woman was mortally offended.

‘I’m not a prostitute, I’m not!’ she cried.

There is, it seems, only one way to escape British squalor, and that is to escape Britain. Closing your front door behind you is not enough.

Pure And Unvarnished Truth

IN THE PREFACE to *Martin Chuzzlewit*, Dickens replied to those who accused him of being a mere caricaturist. What is caricature to one man, he said, is pure and unvarnished truth to another.

He was certainly right, at least with regard to language. Though few recognise it, people in this country are still speaking pure Dickensian, for which I thank God. To listen to my patients complaining in Standard English would be the purest torture.

Of course, the beauty of Dickensian speech depends wholly upon the existence of Standard English, but that is another matter. There would be no uplift, no soaring of the spirit, in Mrs Gamp feeling so disposed, if there were no correct way to speak. No doubt there is an educational theorist somewhere who will object that there is nothing wrong with disposed, because Betsy Prig knew exactly what Sairey Gamp meant by it; but this is an argument not worth disposing of.

A single phrase often makes my day. I think I have not lived entirely in vain if I have heard something poetic, inventive, original and wrong. An avalanche of drivel may bury a verbal gem, and so one must listen attentively. A moment's lapse of concentration and it is lost for ever, irrecoverable. I try to impart this wisdom to my students, but few if any listen.

I once had a patient who could hardly open his mouth without uttering a perfectly formed malapropism. Alas, he is no more: but when I get to heaven, I expect him to greet me there, still complaining that the antibiotics have given him a gastric stomach.

Last week, I was talking to a man about the reason he was in prison. He had beaten up his baby-mother's latest boyfriend.

'Why?' I asked.

'He was baby-sitting and he was cracked out of his face.'

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‘Cracked out of his face’: how succinct and expressive, so much more vigorous than, say, ‘intoxicated by an excess of crack cocaine’. I asked him what he had done.

‘I didn’t want no crackhead looking after Gemma, so I took her upstairs – they’re on the brown, like, so they’re nice and quiet – and then I went downstairs to sort him out.’

Being ‘on the brown’, by the way, is taking heroin.

I asked him whether he had ever been violent before.

‘My first sentence was for violence.’

‘What did you do?’

‘I beat up my best mate.’

‘Why, if he was your best friend?’

‘I caught him shagging my ex-missis, the one before my baby-mother. They was banging away, so I went and got a piece of scaffold.’

I asked him whether he had ever been violent to his baby-mother.

‘When we argued, it was aggressive.’

It? What was the ‘it’ to which he referred? In this context ‘it’ technically means the relationship between a man and a woman, at least one of whom is violent.

‘What do you mean?’ I asked.

‘Well, I mean we was having a bit of a scrap in the street and her mother comes running up to me and tries to head-butt me.’

‘And did she succeed?’

‘No, she couldn’t, she was pissed up. She’s always on the piss.’

‘But did she attack you often?’

‘Only when she was pissed off with me.’

How Terrible It Must Be To Live In Switzerland

I ARRIVED ON my ward last week just in time to hear a woman on the television shriek, ‘It’s disgusting!’

I agreed with her completely, of course, though I never found out what it was that had disgusted her. Since everything these days disgusts me, I think it follows in strict logic that I was in full agreement with her.

Disgust, I have noticed as I grow older, is a pleasure that never palls. I spend many happy hours discussing my disgust and its objects with my friends, who are all of like mind. How terrible it must be to live in Switzerland, where everything is perfect and nothing is disgusting. What on earth do the Swiss find to talk about? Remove disgust from my conversation, and I should fall silent.

Watching television from adjacent beds in the ward were two young people, the first of whom had metal studs in his lips, ears, eyebrows and tongue. His arms were tattooed with pseudo-Maori and Japanese designs, as if he hoped to be mummified after death and exhibited in the Museum of Mankind. He was in hospital because he was suffering from some of the less-desired effects of what are popularly known as ‘recreational’ drugs. Before passing out under their influence, he had managed – also under their influence, he said – to beat his girlfriend so badly that she ended up in our intensive care unit.

I wanted to find out whether he was what I call a recreational beater of girlfriends. ‘I’ve only ever done it once before, doctor,’ he said.

‘When was that?’

‘I was out of my skull on drugs at the time, doctor. It wasn’t really me talking, it was the drugs.’

This, I suppose, is the 21st century equivalent of spirit possession.

‘Doctor, I think I need help with my temper.’

‘How about not taking drugs?’

‘That’s easier said than done.’

In the bed next to his was a young woman with lime-green hair and a black eye. She also had a ring through her nose – I dare say that, had I asked, she would have told me she was easily led. That would probably have explained why she had LOVE and HATE tattooed on her knuckles.

I interviewed her in my room. She had been sexually abused as a child in the normal fashion – that is to say, by her mother’s boyfriend – and ever since puberty she had consorted with jealous, drunken, drug-taking, violent criminal men. She was in hospital because she’d taken an overdose of sleepers. This was after Leroy (her third boyfriend of that name) had half-strangled her. I asked whether he half-strangled her often.

‘No, only once before. That was a long time ago.’

‘How long?’

‘I don’t know.’

‘Go on, have a guess.’

She looked for inspiration at the reproduction on my wall: the portrait of Giovanna Tornabuoni by Domenico Ghirlandaio. It jogged her memory. ‘About a month.’

‘He sounds dangerous to me,’ I said.

‘Our relationship’s always been violent,’ she said, as if in complete contradiction to my remark.

‘Why do you stay with him?’

‘Leroy’s the best thing that ever happened to me.’

‘You mean the second best,’ I said.

‘What do you mean?’ she asked.

‘I saw you exchanging telephone numbers with the man in the bed next to yours.’

Men Of No Talent

HAVING SPENT SO LONG, if not in the lower depths exactly, at least among their inhabitants, it is not surprising, perhaps, that I see the lower depths wherever I go. My experience haunts me, and I am on the lookout for them. For example, not long ago I was in a bookshop in a chic part of Paris when I picked up a book by a young woman who called herself simply Leila. The title of the book was *Mariée De Force* (Forced Marriage), and the cover showed the eyes of a young woman peering out of a slit in a black veil.

The book recounts the life of a young woman, born in France of Moroccan parents. Everything she recounted reminded me of my young female patients of Pakistani origin: everything, in fact, was exactly the same. She was allowed no freedom at all; if she failed to obey her male relatives with the alacrity of a slave or, worse still, showed the slightest sign of independence, she was accused of prostitution and then beaten into obedience. Her brothers defended her 'honour' – that is to say, their own right to lord it over a female slave called a wife, while indulging themselves elsewhere to their hearts' content – by spying on her constantly and denouncing her to her parents. And her father perpetuated the whole horrible social system by forcing her to marry a Moroccan boy who wanted to marry her so that he could live in France. 'It was a rape pure and simple,' she said, 'to which he wanted me to submit.'

The book caused me to tremble with rage, so many times had I heard the story from my own patients. I had to move on to another book in the shop, or everyone would think I was a lunatic escaped from the asylum. I picked up a book by the Hungarian novelist Sándor Márai called *Mémoires de Hongrie*. In the first few pages there was an anecdote that explains the current state of Britain better than anything else I know: reading it was like having a Eureka experience.

Márai had a dinner party in Budapest in March 1944, shortly before the arrival of the Red Army. There wasn't much food, but he had wine. One of the guests, a Nazi sympathiser, said that it was necessary to 'remain faithful to our allies'. Márai tried to contradict him, and was surprised by his reply.

'I'm a National Socialist,' he said. 'You can't understand, because you have talent. But I, who haven't any, need National Socialism.' A little while later he added, 'The age belongs to us, we the men who have no talent!'

Who, on reading that, could fail to think of the whole inflated apparatus of British government, especially if he had worked in the National Health Service?

On a train back home, I sat next to a young woman with a pleasant expression, whose manner was definitely not that of the slut class. Her mobile telephone rang, and it seems that even good girls these days do not mind discussing their private affairs in public. She was having difficulty with her boyfriend, who was clearly the jealous type.

'You're not going to be in a mood with me tomorrow, are you?' she asked. 'What do you mean, you don't know? I haven't had no text messages, and I haven't spoken to no-one neither... Steve, please don't be like that, don't be arsey with me... I haven't been ignoring you all day, you know my phone don't work on the Tube.'

When the conversation was over, I spoke to her. 'I hope you don't mind,' I said, 'but I couldn't help overhearing. I'm a doctor, and I hear stories like that every day. You should leave him. You will do so in the end, so you might as well now. Don't waste your life on him, he isn't worth it.'

'I know,' she said, and laughed. 'You're right.'

But she won't leave him, not yet. She'll prefer to be beaten up a few times first.

My Wife Says I Don't Talk Enough

IT IS IN LISTENING to other people talk that you learn to appreciate silence. What higher praise of a man could there be than that he is taciturn? People have only to talk for a short time for it to become obvious that the greatest of human rights is not freedom of opinion, but freedom *from* opinion. It is a mercy that there are so many languages that one does not understand.

While in Venice recently I joined a queue for an exhibition in the Doge's Palace. It was very long, and the conversation behind me obtruded itself upon my consciousness.

It was between a middle-aged couple, formerly of Detroit, Michigan, but now of Sarasota, Florida (out of the frying pan into the warm bath, as it were), and a young Canadian woman, the large number of whose earrings in her upper ear served as her Declaration of Independence.

They had formed the equivalent of a shipboard friendship and the young Canadian poured out her soul to the American couple. She had been travelling in Italy for some time and had arrived in Venice the night before. She gave her initial impressions of the city that has enchanted so many people before her.

'I was so happy to arrive here,' she said. 'It was the first hotel I'd been in with a bathtub.'

'Wow!' said the Floridan couple in concert.

'I wish I could describe it to you,' the Canadian continued. Then her wish came true. 'It's like, deep and wide. It's awesome. It has two showerheads, one in the place where you normally expect one to be and one on the side. I mean, I just loved it when the two were going together. I filled up the tub and lay there for hours.'

Then came a description of the shower in Sorrento, a town that she had found quite 'westernised'.

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‘There were ants in it,’ she said. ‘I mean, you can’t have that kind of fun in Canada.’

‘I’m not so sure,’ said the man from Sarasota, not wishing to impugn the possibilities of enjoyment in the northern climes. ‘If you go to the right places...’

‘Yes, if you go to the right places,’ agreed the Canadian. ‘I guess I’ve just never been to them.’

However, she had been to the right places in Italy all right, including the public conveniences.

‘In Florence,’ she said, ‘I never had to pay more than 50 cents, sometimes only 25.’

‘Wow!’ remarked the couple again.

‘But in Venice I’ve always had to pay one euro.’

I was about to interject that in that case perhaps she should not carry a bottle of mineral water with her, when I reminded myself that I was not my sister’s keeper.

‘But if you go to the glass-blowing factory in Murano,’ she said, ‘it’s free.’

Gosh, I thought, for someone who has been in Venice only since last night, she’s fitted in a lot.

‘That’s useful to know,’ said the woman from Sarasota.

My wife says I don’t talk enough. In that case, I think I must be almost unique.

He Took The Precaution Of Stabbing Him

FROM TIME TO TIME, our ward looks more like a police lock-up than a haven of healing. By every bed there are two policemen preventing the escape of the patient, and usually watching television at the same time. Sometimes they and their captives chat amicably; at other times there is a sullen silence between them.

Last week we had one of the jollier type of suspects in our ward. He was what is known in the trade as a body packer: a man (or woman) who transports heroin or cocaine by swallowing packets and recovering them from the other end of his digestive tract a few days later, in the privacy of a lavatory. This is the modern equivalent, I suppose, of the transport of nitroglycerine in *The Wages of Fear*: for one burst packet of cocaine means certain death. I am not sure whether the jolly body packer was unaware of the danger he was in, or merely set a low value on his own life.

The police, of course, were interested in his faeces. The law states, however, that an Englishman's poo is his property, and to search it without the owner's consent requires a search warrant. I had mistakenly supposed that, once shed, it was in the public domain. One learns these arcane things through experience.

I spoke in private to the body packer about his life. He prefaced his remarks by admitting that he was no angel, in case I was under any misapprehension on that score. If I had been, his gold front tooth alone would have disabused me. His body bore the scars of various fights: he had been 'cut' many times, though he had no bullet wounds as yet, and therefore wasn't a real man. I asked him whether he was violent.

'No,' he said. 'I'm peaceful. But I don't like parties where there's a lot of bare niggers.'

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‘Bare niggers?’

‘Niggers with attitude, bad boys. Then I can get aggressive, and things happen.’

His latest knife-fight had been with an old adversary.

‘The boy was a typical boy who acts bad, who comes on bad.’

‘Who is he?’

‘His nickname’s Snake.’

‘Why?’

‘Cause he’s like a python, he’s got a deadly sting.’

‘Pythons are not poisonous,’ I said. Imprecision in such matters brings out the pedant in me.

‘Well, Snake is.’

One day they had a minor contretemps in the street. Snake, who was with some friends, drew away and immediately started calling people on his mobile phone.

‘What was he saying?’

‘He was getting people to come and get me kidnapped, or hole me up.’

‘Hole you up?’

‘Yes, shoot me, put holes in me.’

Next time he saw Snake, he took the precaution of stabbing him a few times. Snake had asked for it: he had taunted him by saying, ‘Come here, pussy, come here. Bring it on.’ So he did.

‘And now? What’s going to happen next?’

‘I’ve had these phone calls from friends of Snake.’

‘What do they say?’

‘We know where you live, you’re fucked wherever you are, you’re fucked if you’re in prison and you’re fucked if you’re not.’

No wonder he was so cheerful on the ward. Eat, drink and be merry, for tomorrow we die.

Nietzsche Had The Advantage Of Suffering From Neurosyphilis

ALL FLESH IS GRASS, of course – that goes without saying – but, round here, it is also batteries, coins, razor blades, bleach, ‘wraps’ of cocaine and heroin, and anything else that can pass down the human gullet. Some people come to the hospital, indeed, with entrails like a small hardware store. The surgeons are forever retrieving bits and pieces from the guts of the disgruntled. In our district, getting down to the nuts and bolts is no mere metaphor.

There has been an epidemic of swallowing lately. One poor deluded soul swallowed a battery because he thought he was a robot and needed power. Another poor deluded soul thought he could elude the attentions of the police by swallowing the evidence, in this case heroin wrapped in condoms. He refused to have blood tests until his solicitor was present.

In the prison the day before, a prisoner informed me that he had swallowed a bottle of washing-up liquid. I asked him why.

‘My cellmate said he’d beat me up if I didn’t.’

This, of course, brings us to the interesting question as to why anyone would demand of another that he drink a bottle of washing-up liquid. I suppose it would take a Nietzsche to answer that particular question; but then Nietzsche had the inestimable advantage, from the point of view of explaining human behaviour, of suffering from neurosyphilis.

The things people do to themselves! I suppose by now I shouldn’t be surprised at it, but having grown up in an ordered world in which I was by far the least rational person I knew, I am still shocked by the insouciance with which people destroy themselves. That doesn’t prevent them from blaming others, of course.

Drug addicts are among the most enthusiastic, or at any rate most successful, of self-destroyers. You’d think that British housing estates

were concentration camps to see the state in which the young men who live in them arrive for a sojourn at Her Majesty's expense. They come in hollow-chested, sallow-skinned, sunken-eyed, rotten-toothed; one rubs one's eyes and wonders what century one is in. Prison is a health resort by comparison with a British housing estate.

The arms of drug addicts are so horrible that I avert my eyes. You'd also think our housing estates were infested by vicious tsetse flies that confined themselves to biting along the line of the veins of the arm. Quite often such arms bear dark, purplish-black lumps, rather like buboes, where an abscess is forming when the addicts have missed the vein and injected into the tissue instead. And of course they're all on methadone – known round here as 'meffs' – as well. Just as alternative medicine is actually additional (additional, that is, to the orthodox variety), so round here methadone does not supplant heroin; it supplements it.

Last week a prisoner told me that, 'on the out, like', he was prescribed '80 ml of meffs a day'. I pointed out to him that the numerous injection sites on his arms suggested to me (I told him that one didn't have to be Sherlock Holmes to deduce it) that he took heroin as well. And methadone, I said, was supposed to be taken as a substitute for heroin, not as a top-up.

'Yeah, but it's prescribed to stop me feeving, doctor,' he said.

'And what are you in here for?' I asked.

'Feft,' he replied.