Lysander
The nature of heroism

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The medical history we seek and the past we get to know reveal the richness of our patients.

There was a crescendo hum as a black Lysander lifted off from a secret airfield in southern England. It was a moonless night and all Flight Lieutenant Matthew Carr had with him was a map and a compass. He was headed for Nazi-occupied France to pick up an Allied agent. The rendezvous would be a farmer’s field lit by 4 torches.

The room was warm and bright and there was a hum of incoherent conversation. Lunch was about to be served. Matthew Carr sat beside his wife of 60 years. She was in a mobile recliner. Her waxen features glistened and her eyes looked to somewhere else—perhaps the past.

From the corner of the dining room I watched Matthew as he tended to his wife.

Her repetitious sounds …
Like the rhythms of cornstalk brooms
Sweeping to another bonspiel victory.

The tear in her eye …
The memory of their little daughter.

The wave in her hair …
Just as it was
When he first whispered
I love you.

Matthew adjusted the bib, sipped some soup from the spoon, and said, “Mary it’s your favourite, not too hot and not too cold.”

The “special duties” of Squadron 128 in the fall of 1941 were daunting but not as daunting as flying reconnaissance for the army. Spotting German artillery positions helped the Allies, but Lysanders were no match for the Luftwaffe’s fighter planes. In the past year, half of the Lysanders operating over France had been lost. Matthew considered himself fortunate to be flying in the dark to a vague destination with a specific goal—one that he knew he could accomplish.

The postwar era was full of opportunities and, despite the nagging presence of the Cold War, optimism reigned. There were medical advances; the standard of living was moving ahead in leaps and bounds. It was a very good time for Matthew Carr.

One Saturday afternoon 3-year-old Victoria, the Carrs’ first daughter, developed a sore throat. She became progressively sicker. Results of a throat culture were negative for infection, but a complete blood count provided the diagnosis. And with it came a grim prognosis. For a few desperate months everything was done that could be done. It was all to no avail; Victoria died. Matthew and Mary were numb and exhausted. They endured by working hard, staying active, and being very protective of their 2 remaining children.

Their life did regain a semblance of normalcy, but a shadow was never far away—a reminder of the unpredictable. Then the improbable happened. Their adolescent son developed type 1 diabetes. Michael didn’t want to be saddled with the limitations of regular meals and exercise. He wanted to be free, to be with his friends on the weekends, to play hard, have some beer late at night, forget the midnight snack. There were hypoglycemic attacks, wrestling matches with paramedics, close
Reflections

calls. Gradually the denial receded and responsibility replaced risk. Michael settled down, graduated from university, started a business, and married.

Secure and free, Matthew retired. For the next 2 years he and Mary curled and skated and traveled to Europe. They went to Tangmere, Newmarket, Tempsford, and every farmer’s field he had visited in Nazi-occupied Europe. They traveled farther—Southern France, Rome, and Greece.

In the third year of Matthew’s retirement Mary began to have episodes of agitation. There was a year of trial and error, consultations, and hospitalizations. Gradually it became clear: Mary had a dementing process, probably Alzheimer disease. Matthew wanted to look after Mary at home. He became the caregiver. He learned about housekeeping and nursing; he became a cook. He accepted only minimal help and tiny periods of respite.

After 2 years Mary could no longer help herself, and recognition of Matthew became only a smile. Matthew made arrangements for a nursing home and the vigil began: twice-daily visits, 7 days a week.

During this time Mary had a lumpectomy for breast cancer, keratoacanthoma, a decubitus ulcer, and some actinic keratosis. Matthew developed ulcerative colitis, prostate carcinoma, and type 2 diabetes; he grieved when his twin brother died. He did begin to take small trips, to see his daughter and her family. He also bought a Jaguar. But the vigil continued.

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In the fourteenth year of Mary’s illness, Matthew donated money on behalf of himself and his wife to the children’s hospital for an isolation room in memory of Victoria. A month later Mary went into renal failure; she died within a week.

When Matthew’s Lysander crashed into the North Sea he was wearing a Mae West. On impact his face hit the instrument panel and he lost consciousness. His next memory was the cold water and being pinned underneath the wing of the inverted plane in 4 feet of water. He managed to get out from underneath the wing and bobbed to the surface. There was an air-sea rescue boat in the vicinity, and within an hour Matthew was on his way to hospital. His face was badly lacerated and he had broken facial bones.

While recuperating in hospital Matthew found a book on Greek history. He learned that the original Lysander was a Spartan admiral who defeated the invincible Athenian navy and captured the city of Athens.

Lysander is remembered as a great Spartan hero. He died attempting to destroy democracy in the Greek City States. Matthew Carr is alive and well and considering a new adventure.

Dr Cameron is a Professor in the Department of Family Medicine at Dalhousie University in Halifax, NS.

Competing interests
None declared

“Lysander” is a fictional account based on a patient’s story, created with the patient’s permission. Below is an excerpt from a letter by the real “Matthew Carr.”

Dear Dr Cameron,

Thank you sincerely for your article “Lysander”—I have read it over and over!

Your words and descriptions always cause me to become emotional, causing my eyes to mist up with memories of my precious wife.

Loving and caring for her during our married lives and especially during her lengthy illness was not like flying a “dead compass.” She was the Magnetic North, which, when corrected for variation, pointed to the True North and my destiny. She was indeed, the “girl of my dreams.”

The Royal Canadian Air Force motto—per ardua ad astra (through adversity to the stars)—helped guide me and sustain us through the heartbreaks that occurred during our lengthy, happy marriage. Your touching article has impressed me with your ability to use your powers of description, imagination, knowledge of history, and wisdom to inspire the next generation of family medicine practitioners to relate to mature, elderly patients and, especially, “relics” like me. The time and dedication you have devoted to researching some of your older patients is recognized and appreciated. I feel honoured to have been chosen as one of your subjects. Thank you for your kindness.