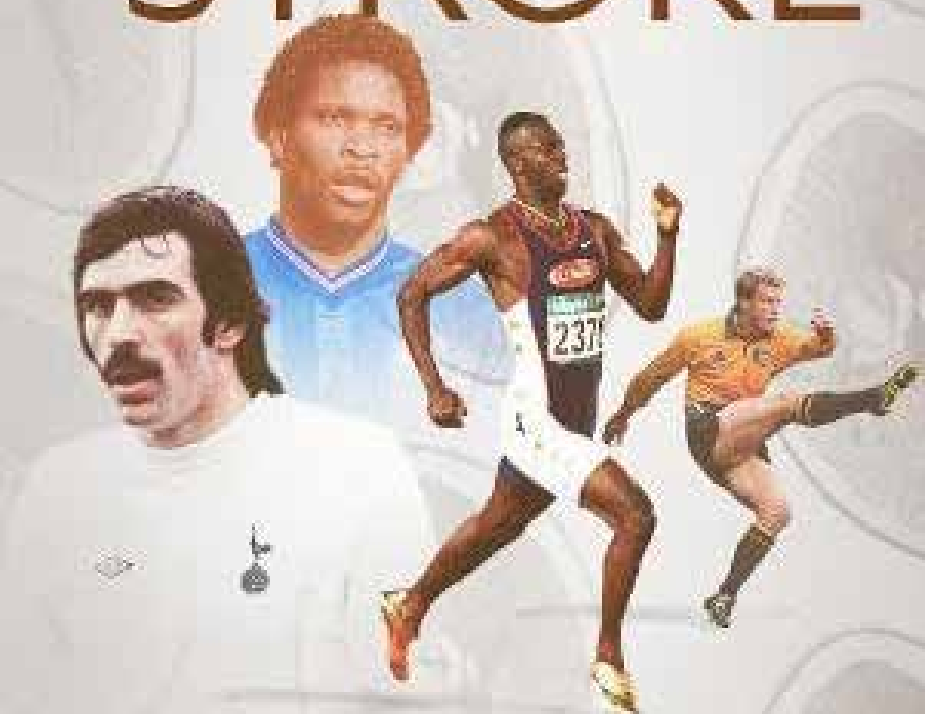


BRUSHES

with a

STROKE



*Sporting Survivors and their
Stories of Recovery*

N E I L H A R M A N

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STROKE? NAH, NOT ME

I WOULD never know the precise extent of the circumstances that cut me down on May Bank Holiday 2023, which was probably a blessing when all was said and done. One thing was without doubt, if you messed with your brain, the consequence wreaked bloody cataclysm in your life.

My apologies for having resorted to coarse language so early in proceedings though this was increasingly the lot of we stroke victims – a description I grew to loathe – who tended towards aggressive outbursts that were not heretofore in our nature.

To give the awfulness of the attack on me its full description – it was a right intracerebral haemorrhage thalamus and basal ganglia extending into the anterior and posterior horns of the right lateral ventricle. A mind-blowing (literally) and grisly mouthful. But what precisely did it all mean and what could possibly have caused it?

I needed to learn as much as possible because it was embedded in the bloodstream of a journalist of 40 years' experience to need to learn as much as possible about everything.

In the early desperate throes of the trauma, I couldn't determine faces but distinguished voices. I heard one say it was a small bleed, another said significant, while on my return to Wokingham's Corpus Christi church congregation after a six-month absence, the priest announced that my condition had been 'severe' before encouraging a round of applause during Mass which felt both extravagant and faintly embarrassing. In my mind, all I'd done was not die.

I took a deep breath, leaned against the top of the pew behind me and hauled myself to my feet, nodding appreciation towards Canon Simon for what was a characteristically gracious gesture.

I supposed on the face of it, being alive was a cause for restrained celebration. I raised a sheepish right hand while pressing my kneecaps tight against the back of the pew in front, clutching a rosary as tightly as I could in a partially clenched left fist.

When I slumped back, I was reminded how uncomfortable pews without cushions could be especially as the stroke had obliterated my buttock muscles to such an extent that the landing was essentially the crack of raw bone on solid wood.

It wasn't until I saw an image of my brain scan that the precise extent of my dice with death became somewhat clearer. I thought I'd show it to Bassam Alchi, a fellow chorister, and a kidney specialist at the Royal Berkshire Hospital in Reading who, besides my wife Maureen and daughters Elizabeth and Kathleen, was first at my bedside when he discovered I was in residence.

We were in the choir loft – I'd been back singing for a couple of Sundays from the spring of 2024 – and Bassam took a long look at the picture. 'You're pretty lucky to be here,' he said in that matter-of-fact way I had previously admired in the medical fraternity.

The comment caused me to inhale when practising my exhaling diaphragm exercises and led to an onset of spluttering that caused members of the congregation to cast an anxious glance up and over their shoulders.

I had tried for the best part of a year to play down the gravity of my situation because I wasn't that sure of it myself, but I'd been given a taste of the full horror. God had spared me this one and I had every cause to be grateful.

The trouble was, while surviving the initial scourge of a stroke may have been a beautiful thing, living with one was extended torture. How did you deal both effectively and rationally when one half of your body acted independently of the other or rather just went bananas most of the time?

One arm worked, one didn't; one leg worked, one didn't; one half of your face worked, one didn't. And what was worse was that the bits that didn't work openly conspired against the bits that did. That struck me as a particularly unwarranted piling of unfairness upon misery.

I hadn't seen it coming, that was for sure. There had been no warnings, no hints, no 'get ready for something awful' preparedness. In the lexicon of the US sixties TV series *Batman*, it was, 'Whaap!' 'Biff!' 'Oof!' Have some of that, and then a bit more.

One minute alert and bright, the next clinging to mortality with the one good hand I had (the right in this left-hander's case). What had happened? How long would it last? Would I be a stumblebum until my dying day?

If I learned one thing about stroke specialists in several soul-searching months, it was that they had one important thing going for them – they never actually told you anything.

It was all light and shade, there could be no definitive answer because though they were expert at determining the extent of the damage and thus how to seek to rectify it, none could say for sure if it was fixable or offer a time frame or parameters for potential recovery.

The brain wasn't something you could remove, give a robust shake to, shove back in again, tighten the screws and all the circuits would magically reconnect.

A specialist's peer into the future would be no more or less authoritative than mine, so they thought better of

going there. They would evaluate the difficult news – if you really wanted to know it – then monitored recovery stage by stage and offered guidance as to how you best prepared for the complete unknown.

Quite honestly, stroke was an utter pain in the arse and several other places besides. The brain – that extraordinary hub of your living network – had gone haywire and needed to reboot by computing which bits of you worked and which required to re-learn the mechanisms you'd started to pick up the last time you were dressed in nappies.

With that, it was over to you and your corrupted body.

It was two days after King Charles III and Queen Camilla's coronation and well past the cut-off for completion of a task I should have finished weeks earlier. I needed to sharpen the indistinct edges of the speech for my daughter Kathleen's wedding a few days down the line, one of the most special moments in our family's life.

Being a writer all these years, I believed I did my best work pressed tight against an onrushing deadline. When I had minutes, the words had always come to me, don't ask me how, they just did. The nature of the beast after years of on-the-precipice practise. Having days to play with, I would fidget and prevaricate. It drove Maureen nuts.

Knowing me, then, I'd put the speech on hold until later and prepared instead to walk the dog, catch up with the news, test myself with a samurai Sudoku and see if there was a Championship match on *Sky Football* worth recording to watch later. Just then I was jogged by a particular moment in the coronation ceremony I felt the urge to revisit.

Countless times, I had mimicked Handel's rousing anthem 'Zadok the Priest' in the privacy of the bathroom or in the car and had never quite mastered the breaths required to fully complete the complex semiquaver runs and quaver chords of the 'Alleluia' and 'Amen'.

The rendition by Westminster Abbey's choristers while Charles received his kingly anointing had been so pitch-perfect I decided to replay it before diving back into the mundanity of life post full-time employment – something I had never reconciled myself to in the nine years I'd endured without a clear professional focus.

I was on my sofa breathing deeply and joining in a bracing 'Alleluia' when the left side of my face went disturbingly stiff. Rock hard in truth. My upper left arm followed suit.

I must have slept too long on one side the past night and these pins and needles would dissipate once I got up and paced the living room. Two or three circuits would do it and then I could prepare Arlo, our golden cocker spaniel, for the regular stroll alongside Bearwood Lakes golf course hoping to avoid those owners and their dogs to whom he reacted with a hostility I'd never figured out.

Bloody hell, the stiffness would not relent. I felt beads of perspiration forming on my forehead. Frustration was giving way to real alarm. What was this? Should I just ignore the numbness and hope it would eventually go away or do something about the panic that had begun to mess with any attempt at logical thinking?

I decided to Google the symptoms, the second of that day's acts that may have saved my life (I'd probably have been a dead man had I left home with Arlo in the back seat of the car rather than wanting to listen to Handel's coronation *piece de resistance* one more time).

I typed something like ‘sudden numbness in face, left arm’ and it flashed immediately as early indication of a stroke. Nah, couldn’t be. Not me. Maureen was taking her morning walk and she’d be back soon to tell me I was over-dramatising – a particular habit of mine so she often repeated the accusation.

God knows why but something told me that if I was having a stroke, I’d be taken to hospital and I couldn’t go there smelling a bit stale, so I went upstairs for a shower. Upstairs! Bloody idiotic in retrospect, yet a good idea at the time. The dog dutifully followed.

I was emerging still slightly damp from the ensuite and about to reach for some clothes when I went into an uncontrolled tailspin and landed face first on the bedroom carpet, the bottom half of my semi-legless frame on the tiled floor of the bathroom. There was no sharp sensation of pain, in fact no feeling at all except one of floating through the air, and not being able to do anything but participate in a crash landing.

I dropped my mobile phone in the blur of the fall, but it ended up – quite miraculously – within both confused sight and reach, though getting to it required an ungainly shuffle as half of my body had been liquified.

Nine times out of ten I would have left the phone charging in the kitchen and would not have been able to get at it without sliding in some form or another down the stairs. Had I managed that (hardly likely) I couldn’t have stood up to prise it from the charging cord. Bringing it with me to the bedroom was another probable life-saving decision.

As it was, I made a successful grab for the phone, pressed Maureen’s number and she picked up, probably thinking on seeing my name that I’d forgotten for the umpteenth time where we kept the dog’s poop-bags.

‘Sorry to bother you honey but I think I’m having a stroke,’ I said in the just-so manner of asking if she might want a biscuit with her second cup of tea before leaving for work. At least she believed me, probably because my words were a bit slurred. There was an audible shriek of ‘oh my God’ and the distinct sound of her breaking from a walk into a mad dash.

On the way up the lane, she had summoned an ambulance and the operator indicated its arrival in 23 minutes. I had no idea then that every second saved might lessen the seriousness of the stroke’s impact on my body, both physical and mental.

It had struck me that had I fallen ten seconds earlier, it would have been in the shower or on the bathroom tiles. Imagine if I had hit my head on an unforgiving, rock-hard surface, the rim of the toilet, say? I would probably have been paralysed or at the very least suffered a far more severe haemorrhage from knocking myself out.

* * *

I heard the key in the lock, Maureen raced upstairs and said a few things I can’t recall before the ambulance pulled up a few minutes later than the prescribed ETA. (1.9 million brain cells died every minute a stroke was left untreated, so I was roughly 47.5 million down at this point.)

The paramedic’s initial cry of, ‘he’s upstairs’, was followed with, ‘and he’s on a tiled floor’, expressed with an explicit element of frustration. The visitor introduced himself and I said good morning to his shoes. His name was Dave if I remember rightly. ‘Up here,’ he called to his oppo. ‘We’ll need a chair.’

Somehow, without sliding on the still slippery tiles, Dave and his pal winched me up, placed me in the

apparatus and managed to get me downstairs without scraping the wallpaper, for which I'd have been held responsible.

'Bloody gravel drive,' Dave muttered. 'Sorry,' I responded.

The paramedics were a little displeased that they'd have to lift me from the front door to the ambulance rather than risk the wheelchair's wheels getting snared in the stones (I'd always hated them anyway but my pleas for asphalt in their place had long since fallen on deaf ears).

I was hoisted into the vehicle, laid on a stretcher, a canula embedded in the top of my right hand and various tubes attached to it. 'I think I've had a stroke,' I said. 'Actually sir, you're having a stroke,' Dave corrected me in a firm West Country burr.. 'Rovers or City?' I asked, guessing Bristol. 'City of course, there's only one team in Bristol,' he replied. Well, at least I was still able to pick an accent.

'Fancy the blue-light treatment?' 'That'd be fun. My first time.' 'Okay, let's do this.'

Next stop was the Royal Berks, seven miles away. Maureen had been informed she needn't break her neck unduly in pursuit of the flashing light as I'd have to be thoroughly examined and would need a CT (brain) scan to evaluate the extent of the bleed before I could be considered equipped to face anyone.

Indeed, I was taken straight from the ambulance, placed in a tube, and watched what looked like the Aurora Borealis inches above my face. I heard someone say brain damage and John Radcliffe, the Oxford hospital that specialised in neurological trauma. Dear God, not that awful please.

On being retrieved from the scanner I first clapped eyes on a dapper, bald man wearing a radiantly green bow

tie, which did wonders for sharpening my optical focus. ‘Mr Harman,’ he said in a gentle, yet striking accent, German I surmised. ‘My name is Dr Flossmann.’ I was right again.

He began to tell me what had happened and that though I’d had a significant bleed, it was located on one spot on the brain and the damage didn’t appear to have spread further. He asked if I had any questions. True to four decades of journalistic training, I managed to muster, ‘Will I be able to drink again?’ – thinking specifically of a stimulating glass or two of chilled red wine of an evening.

‘You’re allowed to have one large glass a night but only if it is very expensive,’ Dr Flossmann replied. ‘No cheap wine, promise me.’

He told me I couldn’t be in a better place as the Royal Berks had what was considered one of the most up-to-date stroke units in the country, which was reassuring, as far as it went. With that, I was loaded on to a trolley and wheeled off, walls, ceilings and passers-by merging into one numbing blur.

From there my recollection became a little foggy. Maureen said that in the first instance, as only one section of my mouth functioned properly, I was spouting incoherent drivel (sub-editors who had worked with me on newspaper sports desks across the decades would immediately recognise this description).

I did remember I had no sensation at all down my left side. The arm was useless, as was my leg and malfunctioning mouth, which drooped at one corner. All those sessions spent trying to perfect my Johnny Mathis impression and now it would come naturally. At least my vision hadn’t been significantly affected and I knew where I was, but also that I was defenceless, hopeless and clueless.

The wife had brought half a hundredweight of clothes, as if packing for a month on Cape Cod, a long-time favourite Harman holiday destination. Instead, what was before me was a first night of what would become four months of incarceration in places where the likelihood of lobster tail appearing on the menu was decidedly remote.

I supposed I simply had to do what I could, fearful of what else might go wrong but at the same time strangely confident that one day I'd be assured that this was nothing more than a terrible dream from which I'd wake up and be Peter Pan again, or at least an elderly relative of his.

Apart from the removal of some haemorrhoids in the 1980s which were the uncomfortable upshot of sitting twice, often three times a week on damp wooden benches in archaic football press boxes, and having wisdom teeth extracted in the early 2000s, I'd neither been a hospital patient nor taken a sick day in my life.

It was probably when my underpants were peeled away, and a couple of nurses squeezed me into a one-size-fits-all nappy – the first time I'd used the disposable type (in the fifties they were of cotton, washed countless times, and re-fastened with a giant safety pin) – that I realised life would never be quite the same again.

It would be three months before I could get to a toilet without needing either someone's arm or a wheelchair.

And I'd never complete that wedding speech.

'Carer! Carer!'

I was the newcomer on A Ward of the Acute Stroke Unit at the Royal Berks, desperately trying to relax but keenly conscious of small shifts in a fellow patient's position, breathing patterns, groans and indistinct chatter from the nurses' station.

I didn't want to pass wind lest it generated a second exceptional bowel movement and the consequent unwanted refilling of my nappy, then realised that the breakdown in my muscle mass – such as it had been – meant controlling any bodily spasm was almost impossible.

My bed was in a corner by the window. The ward was mixed gender and the bespectacled old lady horizontally across from me was banging on the reinforced plastic frame of her bed, demanding attention, and obviously believing she was back at home.

My God, how long was I going to have to put up with this? The poor dear was so confused and no one seemed to be rushing to her aid, so I presumed they'd heard it from her before.

Then a voice was raised, somewhat abruptly, 'Your carer's not here, I'm a nurse. You're not at home, you're in the hospital.' That stilled her for a while but soon she was off again. The lady one down had a tube inserted into her nose and the order NIL BY MOUTH written in black Sharpie on the board above her bed. All she could do was moan, mouth agape. I tried to avert my gaze.

After a couple of days in this woebegone place, I was told I was being moved to D Ward, for men only. I was wheeled to a bed in the same spot, top left-hand corner, with an uninterrupted view of a temporary staff car park in which almost every driver blatantly ignored the one-way signs. I was desperate to get out and remonstrate with them but had to content myself with a few mumbled obscenities and silly arm gestures.

Being by the window was a simple blessing. I could witness life beyond the room in which I was trapped, and promptly asked the nurses to open it a touch (which required the aid of a plastic cup to keep it from slamming shut) for refreshing intakes of real air and

to let out the smells and many more stultifying odours from within.

I had always been fascinated by the oddities of human nature and didn't doubt that spotting behavioural nuances across 40 years of reporting on public dramas both enhanced my written work and brought occasional employment as a colour commentator for BBC radio sport in the days before its output played havoc with the most able of functioning brains (in my new state, I couldn't take the shrill inconsequence of it anymore).

I was invited to the commentary booth more for my anthropological skills than any express sporting expertise – forever trying to work out what made people tick and why they did the strange things they did. I was good at reading a room if I said so myself.

Tennis players, their coteries, umpires and linespeople had delivered an enriching harvest of peculiarity for as long as I had followed their every moves. I left the boring 'why did Tim Henman go crosscourt rather than down the line with that backhand?' bits to the actual experts.

I scanned my fellow patients in D Ward. What damage had they incurred? What were their recovery chances? Of course, given the obligations for doctor/patient confidentiality, each time I asked a nurse what was wrong with someone they politely told me it was nothing they could share with anyone bar family.

I'd have to try to assess these fellow humans myself while surmising who they were and what they had done to end up in here from the merest snapshot – and a terribly unhappy one at that. The first occupant of the bed directly opposite me was a gentleman I took to be in

his late 70s, named Cliff, balding and bespectacled, who gently hummed away to himself most of the day but was able to get up and walk around freely without anyone asking him where he was going or why.

This I found more than a trifle disorienting. No one else in the ward could walk, so why could he, the eldest by some distance? Surely stroke victims were bed-ridden. Cliff would attach one of those bum-bags over his pyjama trousers and stroll nonchalantly about in a flat cap, though he was never out of sight long enough to have ventured outdoors.

It may have been a result of my brain malfunction, but I was finding insignificant things very annoying. Cliff had more than one irritating habit, the incessant humming notwithstanding. First, he kept repeating his home address out loud, to the nursing staff and otherwise simply into thin air.

If one of us managed to escape before him, we would have known exactly where to go to help ourselves to a few valuable trinkets. As I'd lost the ability to write anything down, my short-term memory was compromised and I couldn't walk, I'd at least have been free from suspicion.

Cliff also possessed several books of Sudoku puzzles and – checking no one was looking, but never across at me – snatched the answers from the back to fill in the spaces, all the while sniggering at his own ingenuity.

The great skill of Sudoku is to work out yourself how each nine-number grid is filled. I was addicted to it if truth be told. Copying the numbers surely brought a player zero sense of achievement, but I supposed it helped him cope with confinement in his own corner of la-la land.

'Look, he's doing it again, he's doing it again,' I'd say breathlessly to my family when they visited, pointing

across the ward. ‘Oh Dad, give it a rest,’ was my daughters’ response, accompanied by much rolling of the eyes.

Each evening, Cliff emptied his bum-bag of the bronze and silver coins he had stashed around his waist on to his bedside table, counted them out one by one, placed them in stacks and put them back in the bag. He couldn’t have spent anything during the day so the number and amount would be the same as the previous night and the one before that. He’d obviously once been a bank clerk.

Later I would see him take coins from a secret compartment in the heel of his shoe and run them through his fingers like Ron Moody’s Fagin in *Oliver!* I just found he and his mannerisms both exasperating and compelling at the same time.

Then, without any indication of him being discharged – though he’d counted his coins with particular care the previous night – Cliff was gone and his bed thoroughly washed and swiftly remade for a new occupant. That became the way of it. This was not somewhere you could build a lasting acquaintanceship.

In all, during my two months in the ward, there were eight different patients in that bed. It got to the stage where I’d welcome the latest arrival with a cheery, ‘You won’t be there long.’

I was trying to give their morale a bit of a boost but, upon reflection, I appreciated why some looked across at me as if they’d just seen a ghost.

Each new first name was scribbled on a board on the wall behind the bed so if you were minded to strike up a conversation, you could cut through formality and just say, ‘Hi, I’m Neil good to see you X, Y or Z.’ There was

Martin (God could he snore), Peter (incommunicado) and, believe it or not, Marc was followed by Anthony.

Some were happy to nod or even chat across the width of the ward, but most seemed lost in their own world and avoided engagement with a stranger, even one with my instinctive affability.

The most sociable was Ernie, a Londoner with a light heavyweight's frame, glasses too big for his face and a distinctively mottled nose. He would venture nearer to a fellow patient's bed than anyone else bar a nurse would dare attempt, though never in a manner that alarmed (well, he didn't scare me).

Ernie marched with the aid of a frame and began every conversation by drawing his face close to yours and saying, 'I've no idea why I'm here you know.' He repeated the same to his wife on her daily call to him and every nurse offering him succour. Whatever he was here for, he had soon departed.

One morning, Dennis the Glaswegian who'd been in the next bed to mine for three weeks was also gesturing goodbye, to be replaced by a much younger lad – I guessed he was in his late 30s – named Steve who the minute he'd been tucked in, and the curtains closed around him, broke into uncontrollable sobs. The rest of us didn't quite know where to look. The nurses retreated but I couldn't just ignore it.

I whispered across the gap between us that he shouldn't be afraid to let go of his emotions, and if there was anything I could do please to let me know. It all seemed rather useless, but I wanted to assure him that whatever was troubling him he shouldn't keep it locked inside. A problem shared and all that.

As time went by, through eavesdropping snippets of conversation, (you couldn't help but hear through the

curtain and the old journalist in me hadn't completely died) I learned that Steve, a big, hefty bloke, ran his own company and was petrified that whatever had struck him down might lead to financial ruin, because no one else knew the ins and outs of his business.

He needed to be back on his feet and at his desk as soon as possible and who knew how long that might take?

To these levels of anxiety, I couldn't properly relate. I had all but retired from working life (not my choice) and Maureen was in full-time employment, running a golf club in Surrey that she had turned into a long-lasting success story, which was enormously to her credit.

I knew our finances were sound, but that couldn't stop me fretting about what an uncertain future held, especially as I was marooned in this place for who knew how long and Labour (sure to come poking their noses into everyone's bank accounts), were gaining in public popularity. I kept such anxieties private.

My overriding concern at present was to sustain Steve's spirits and keep pressing home the message that he'd be fine (obviously not knowing if it was true) in the hope he'd quieten down somewhat.

I would gabble on about football to try to take his mind off the personal tribulation, then discovered he was a Chelsea supporter so accepted going there might make things worse. When his wife came in and told him she was learning the business ropes from scratch and was sure she had things under control, Steve dissolved into more floods, his entire body shuddering.

As time went by, he relaxed a little and the night-time sobbing relented. He would end up being discharged from the hospital with me still parked, semi-detached from real life, ready to test my amateur psychology skills on the next poor sod to be dumped into the bed to my right.

It was Arnold as it happened, and he couldn't have been more different to Steve if he'd tried. Arnold was, I surmised, in his early 80s, could barely see and didn't have a clue where he was or what was wrong with him.

When Steve cried, it was full-on, guttural sobbing. Arnold moaned, a low lament as if he was trying to speak but couldn't. The noise went right through what was left of my brain, like someone drawing their fingernails down a school chalkboard.

I told my kids about it, and they thought I had to be exaggerating, so I taped a single uninterrupted ten-minute session of this pitiful noise and played it back to them when I felt he was asleep. Their response was apologetic distress at my situation, dealing on a nightly basis with a sound even my headphones couldn't completely block out.

I tried to chivvy Arnold along, but he either couldn't hear what I was saying or was ignoring me, so I gave up.

His children and grandchildren beat a regular path to his bedside which would temporarily give him – and the rest of us – some respite but as soon as they had gone and the nurses failed to persuade him to take in anything other than his favourite blackcurrant juice, it was back to the whimpering and wailing.

I wondered how much more of that I could take.