Day to remember

Tuesday 7 January

News, sport and entertainment that have shaped lives on this day in history.

News

❑ **1558: Calais, the last English possession on the mainland of France, was regained by the French.**

❒ **1610: Galileo discovered the four satellites of Jupiter.**

❒ **1789: The first national US elections were held: George Washington, pictured, became the first president.**

❒ **1844: Saint Bernadette of Lourdes (Marie-Bernarde Soubirous) was born. She was an asthmatic French girl who claimed to see vision of the Virgin Mary at a spring near her home.**

❒ **1857: The London Central Omnibus Company started its first services.**

❒ **1921: The first woman was elected as foreman of a jury in Britain.**

❒ **1927: The transatlantic telephone service between London and New York opened, charging £15 for three minutes.**

❒ **1967: BBC1 began serialisation of *The Forsyte Saga*. It became compulsive viewing and resulted in clergymen changing the times of Sunday evening church services.**

❒ **1989: Emperor Hirohito, pictured, of Japan died, aged 87. He had reigned for more than 62 years.**

❒ **1990: The leaning tower of Pisa, pictured, was closed to the public for the first time in 807 years so work could begin to stop it leaning any further.**

ON THIS DAY LAST YEAR:

Chancellor Gordon Brown, pictured, and his wife Sarah mourned the loss of their ten-day-old baby daughter Jennifer Jane, who died after suffering a brain haemorrhage.

TODAY'S BIRTHDAYS

- **William Peter Blatty, novelist, 75.**
- **Hunter Davies, journalist and author, 67**
- **Ian La Frenais, screenwriter, 66**
- **Kenny Loggins, rock singer, 55**
- **Helen Worth, actress, 52**
- **Erin Gray, actress, 53**
- **Nicolas Cage, pictured, actor, 39.**

Tuesday's spotlight: **Suddenly a family is turned upside down**

Constant

PART TWO

Today we continue the story of Doctors David and Bee Flavell. As the shock of their son's diagnosis sinks in, they move on to treating the potentially deadly disease of leukaemia.

AS WE emerged from the shock following Simon's diagnosis and as he himself came to terms with and began to understand the nature of his condition, there really was only one thing to do – get on with the available treatment.

This was 1988 and lurking in the back of our minds was the realisation that Simon's particular form of leukaemia, T-cell acute lymphoblastic leukaemia or T-ALL, was more difficult to cure at that time than its more common counterpart, c-ALL.

Nevertheless, the three of us took a positive view and plunged headlong with enthusiasm into the treatment regime, as harsh and prolonged as that was going to be.

The alternative was Simon's certain death – so there was little choice.

Dr Jan Kohler became Simon's consultant in the days before Southampton General Hospital possessed a dedicated children's cancer ward.

Although Jan and I had worked in the same establishment for almost five years, our paths had never crossed until Simon's illness came upon us.

As one of the best children's cancer doctors in the country, Jan took a very human and personal approach to her patients and their families.

In the years that lay ahead we were destined to work together professionally on a number of projects that would eventually lead to national clinical trials with a new anti-leukaemia drug developed by ourselves.

So Simon's treatment began in earnest under her careful guidance.

This comprised an initial month's stay in hospital during which time chemotherapy, cocktails of toxic anti-leukaemia drugs would be administered into the blood, the spinal fluid, the muscles and through the mouth.

Regular lumbar punctures and bone marrow biopsies, done under general anaesthetic, were also needed to monitor the presence of leukaemia cells and to enable anti-leukaemia drugs to be injected directly into the spinal fluid, again in an attempt to kill any leukaemia cells that might be lurking in the brain and spinal cord.

When Simon was diagnosed in 1988 the cure rate for common ALL was about 70 per cent and for T-ALL – the variant he had – a little more than 50 per cent.

Wishing to retain our sanity we naturally hoped and believed fervently that Simon would belong to the 50 per cent curable group.

Continued research and clinical trials have now improved this figure to around 80 per cent overall.

Nonetheless, that means that 20 per cent of children with ALL are still

Parents' camaraderie kept us going

THE daily routine and the camaraderie that grew between parents kept us all going – we made some of the best friends of our lives on Ward G2 – all of us cemented together by a common and dreadful experience that ultimately changed each and every one of us, mostly for the better.

Of course there were dreadful occurrences, the sudden and sometimes unexpected death of little patients who we had all came to know and the denial that this could ever happen to our own child.

There was Nigel, Christopher, Emma, Dominic and Rachel, children with whom Simon had shared a joke or entered into conversation with when lying in the next bed on the day ward, who suddenly were no longer there.

He never asked but I'm certain that he knew just why they had disappeared.

For all those parents and their children, ourselves included, there was the ambivalence of both real hope but also of real fear that showed in all our eyes.

These were impossibly difficult times that could either make or break family relationships, lift you to the highest level of ecstasy when treatment was going well or the deepest depths of despair when it wasn't.

as a young boy is diagnosed with leukaemia but from tragedy grew a lasting legacy

hope for cure

LOVING FAMILY: Simon pictured with his parents Doctors Bee and David Flavell.

RESEARCH: Bee Flavell at work.

Leukaemia Busters, Southampton General Hospital, Southampton S016 6YD.

Tel: 023 8063 6607

e-mail: www.leukaemiabusters.org.uk

incurable in 2002.

It was this stark fact and the numerous personal tragedies that this represented, many witnessed by ourselves, that eventually drove us to redirect all our energies and scientific skills toward developing new and more effective treatments for childhood leukaemia, a dream then that we were to turn into reality only many years after Simon's death.

Despite having spent most of our working lives in hospitals, our entry onto ward G2 was an unexpectedly bewildering experience.

Suddenly being thrust on to the opposite side of the fence was something of a culture shock.

Ward G2 was and still is an exceptionally busy general paediatric ward at Southampton General, filled with small patients and dedicated teams of highly-skilled nursing and medical staff.

In 1988 Ward G2 also served for the treatment of young cancer patients.

This was far from ideal as it often meant that children with infectious diseases were treated alongside cancer patients. Because the drugs that are used to treat cancer suppress the body's natural defences against everyday germs, these patients are rendered more susceptible to infection, the simplest of which can become life-threatening.

In an attempt to overcome this problem, the ward had a number of isolation cubicles in which cancer patients who were susceptible to infection could be treated and nursed.

Happily, the quality of the service for young cancer patients has improved significantly since the opening in 1991 of a dedicated purpose-built children's cancer ward at Southampton General and the danger of cross-infection has been dramatically reduced.

So we joined a sub-culture of other anxious parents whose children had leukaemia and whose daily lives revolved around waiting for their child's blood count results and watching out with hawk-like eyes for the red INFECTION signs that went up on the other isolation cubicles which told that meningitis or something similar in another unfortunate child was in close proximity and posing a threat to their own child.

It was in this climate that Leukaemia Busters was eventually born. As his treatment progressed and Simon went into remission we moved from the institutionalised life on Ward G2, spending more time at home and taking local trips out by car whenever he was well enough.

By this time most of his medical care was conducted on an out-patient basis with regular visits to the paediatric day ward. This was an informal open ward unlike the cloistered isolation cubicles of G2 and this was the time when we really started talking properly with parents of other children with the same disease.

I remember clearly that at that time I could hardly contain my outrage that our only child had contracted the disease with which we worked.

I spoke in earnest to other parents about this, explaining the nature of our work and how we could turn this toward new targeted treatments for leukaemia in the future, if only we had the money to do so.

My verbal anger made an impact on many parents but particularly on two mothers, Julie Daws and Wendy Sutcliffe, whose sons had T-cell lymphoma.

Listening carefully, they realised that a lack of staff to help us in the lab was a major problem and took it upon themselves to raise £30,000 to fund a research technician for three years – no small task for someone starting out from cold with limited fundraising experience.

Julie telephoned me one evening in June 1989 as we were sitting down to our evening meal.

She wanted a brand name for their fundraising efforts and wondered if we had any ideas.

As we sat in front of our pork chops and new potatoes, it was Simon, a great *Ghostbusters* fan, who immediately retorted "Leukaemia Busters" and at that precise moment the charity was born.

GHOSTBUSTER: Simon was determined to fight his leukaemia.