

The Last Banana *by Peter Brooks*

15 years ago this Summer I lost a friend to a failed heart lung transplant.

We'd been friends for some twenty years, ever since grammar school - the kind of solid friendship where we'd lose touch for several months and then pick up where we'd left off as if there had been no intervening gap.

I had been best man at both his weddings and godfather to his son, and if I could be sure that I had been as good a friend to him as he had been to me, I would be content.

The balance, though, is almost certainly tipped in his favour. That is, I owe him a great debt of gratitude on several levels, not least of which was his provision, as a zookeeper, of opportunities for me to gain insights into the working of the animal mind, and, as a consequence, ultimately into that of my own.

Ironically it was as a result of his commitment to animal conservation and welfare that he eventually lost his life. Working as an RSPCA inspector in south London he had been called to deal with an injured semi-feral cat that had invaded the home of an elderly couple. In the process of trying to capture the agitated cat he was bitten on the hand.

Unknown to anyone he had had since birth a heart defect and a genetic vulnerability to a type of pathological bacterium found in a cat's mouth. Despite obtaining immediate medical attention for the bite he swiftly developed septicaemia (blood poisoning) and a day later was in critical condition in intensive care.

After successful treatment for the infection and the unearthing of his heart defect, it was discovered that his already vulnerable heart had been damaged still further by the infection, which had not only eaten away at a valve but had also exposed - and worsened considerably - the underlying defect, a kind of matrix of small holes in the inner heart wall that had not previously been evident.

The prognosis was not good. There was certainly no cure, and, at the time, no real treatment. Surgery to close the holes - now merged into one large one - was out of the question. From birth his physiology had

adjusted to the original defect to such an extent that any attempted repair - normally feasible when picked up during the formative years - would have produced such excruciating pain that it would have been impossible for him to have any life at all. The level of medication necessary to control the pain would have left him virtually unconscious twenty four hours a day.

It was a death sentence of the worst kind: a slow degradation into virtual immobility, punctuated along the way by multiple mild heart attacks leading inevitably to death before the age of 40.

It had to have been a tremendous blow to all his aspirations, hopes, goals and ambitions, but he appeared to me to bear it well, showing little outward sign of the despair that must have drenched his spirit.

At one point he did confide in me that he had contemplated suicide as his only viable option. What stopped him was the thought of the impact that would have had on his son, then only a few years old. He wanted to be around for as long as he could, just to be there for the lad, at least during his formative years.

A few years later, as his health was deteriorating as predicted and the frequency of his inpatient stays for urgent but ultimately palliative treatment was beginning to rise, the slim hope arose that he might qualify for the then up and coming heart lung transplant procedure.

He had no illusions that the experimental surgery would give back to him what had been so cruelly taken away: the rest of his life.

But he still wanted what I guess we all might want under those circumstances: to stick around as long as he could for those he loved and to at least have some kind of future to look forward to, no matter how brief.

He did ultimately qualify for the surgery, and a donor was eventually found. Afterwards, two most remarkable things happened. Firstly, his own heart was apparently found to be healthy apart from the hole and the damaged valve, both of which were repaired and the organ was used to give a new lease of life to another human being.

Secondly, in a bizarre failure of protocol, the hospital identified recipient and donor to each other, and in what was probably a very

unique moment the two met, speechless and tearful. You may meet the person who donates a kidney to help save your life, but I doubt there is another person anywhere who has met the donor of their heart after the event.

His greatest concern was for the other man, as he told me. Convinced that his own heart had not been in pristine condition he agonised over whether he should tell the recipient that he had received what he called a "retread". In the end he decided to say nothing, fearing that the adverse psychological effect on the recipient might damage the chance for success of their transplant.

It was typical of the man that he would think of others ahead of himself.

The last contact I had with him was two weeks after the surgery. I went to visit him in hospital and found him up and about, wearing a surgical mask to reduce his risk of exposure to airborne pathogens, and ready to take a trip under his own steam to the local League of Friends (which, as usual, he deliberately mispronounced as the "League of Fiends") shop.

We talked as we walked. He asked me to make him a promise, to which I warily agreed, knowing his propensity for getting me into mischief. He wanted me to make sure that, no matter how things turned out, his son would be sure to know what his dad was like, what he believed in, what he had tried to do with his life.

I stopped being wary: it was clearly a hard thing for him to ask, since it implied an expectation of failure, but I readily agreed. It was a task I would have undertaken anyway - whenever we used to get together it had always been an excuse to both reminisce about "the old days" and talk about the progress of plans for the future, so it wasn't as if it would be an impossible or onerous obligation.

As we drank strong hot tea outside on the shop's patio, enjoying the pleasant weather and the sight of young nurses parading in their sexy uniforms and not so sexy hobnailed boots - excuse me, sensible shoes - he showed that his sense of mischief, which had so often come close to getting us both into hot water

since the age of 14, was still present and as devilish as ever.

Looking around and then leaning forward with a conspiratorial air - a ruse he had for elevating a relatively mundane event to a higher level of expectation - he suddenly whipped a large banana out from under his dressing gown.

Apparently there was a staff nurse on his ward with a penchant for yanking the bedclothes off a patient's bed when she visited a room, and he planned to lie in wait for her, banana strategically placed through the fly of his pyjama trousers, concealed by his bedsheets.

I never found out whether his prank worked. A short time later his body reacted adversely to the anti-rejection drugs, his kidneys failed and on top of it all he contracted a viral infection. He was placed on older, less effective medication but it all proved too much for his weakened system and life slipped away from him within a couple of weeks.

I apologise if this story leaves you feeling as sad as it does me as I write it, but I do at least have the benefit of his legacy: a godson who is growing into a fine young man of whom his father would be proud - no question - and ten thousand memories to turn into stories.

This particular story doesn't fulfill my obligation to let my godson know about his father; it just begins it.