

ASIA

SINCE 1922

# Reader's Digest

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AS PODCASTS

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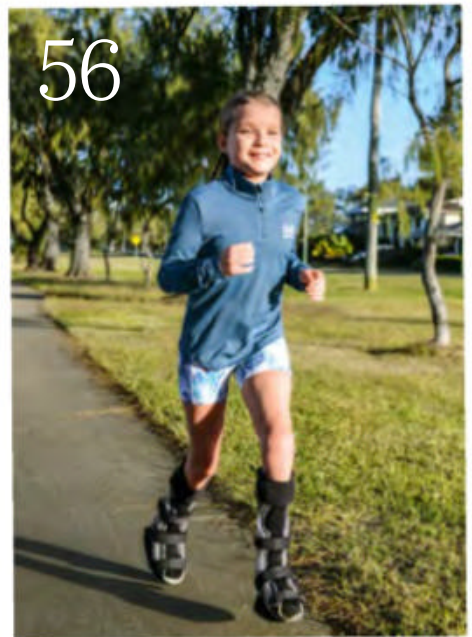
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Join the world's last scheduled steam train service as it huffs and puffs along its route.

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FROM *THE FINANCIAL TIMES*



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LETTERS

Reader's Comments And Opinions

Elder Independence

After reading 'Golden Girl' (June 2023), I felt a great deal of empathy for us ageing parents. In both Eastern and Western societies, children are concerned about their elderly parents and feel that when they get to a certain age, they should not try challenging things.

But like the mother in the story, it's important for us to prove that we can take ownership of our lives in our latter years. Last year, I travelled abroad for the first time. I was alone and not able to speak the language. I was a bit nervous before



I left home, but I soon fell in love with my independence. I will embark on my second solo trip in a few months' time and sincerely hope that I can continue to plan a 'big event' every year.

PEI LINE HO

Animals Predicting Weather

I agree with the author of 'All About Extreme Weather' (Oct/Nov 2023) who said "animals can predict the weather". Spiders, caterpillars and ladybirds predict cold weather; when birds fly high, the weather is clear; when cows sense bad weather, they

swat flies with their tails; when bees and butterflies disappear from the flowers, you can expect heavy rain; and in preparation for bad weather, ants build up their mounds. The animal kingdom could be another way for meteorologists to predict weather.

RIFAQUAT ALI ➤

Let us know if you are moved – or provoked – by any item in the magazine, share your thoughts. See page 7 for how to join the discussion.

## EDITOR'S NOTE

### *Frontiers Of The Brain*

**AFTER SEVEN YEARS** of fighting a daunting illness, and two years of intensive treatment and finally round-the-clock care, my brother-in-law, Alistair, passed away peacefully last year. The condition that robbed him of reaching old age was dementia. He was diagnosed at just 58.

In 'Dementia Breakthroughs Offer New Hope' (page 44), we take a look at the latest drugs as well as the advances in identifying risk factors and the importance of supporting carers. There remains so much yet to learn about the human brain and dementia. So much so that maybe if the energy harnessed to forge new discoveries in space was instead put towards unravelling the mysteries of the human brain, we might be able to secure even more breakthroughs in dementia treatments.

Among the other features in this month's magazine, we have a quiz about animals (page 80) as well as advice on how to master awkward conversations (page 70).

There's something to interest and entertain everybody.

*Louise*

**LOUISE WATERSON**  
Editor-in-Chief

Reader's  
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► **Robots On The Loose**

I was thrilled to learn in 'High Tech Helpers' (Aug/Sep 2023) that many countries are using robotics to help humanity. Then, I recalled the article 'Robots Gone Wild!' (September 2022) that mentioned a branch of the Henn na Hotel in Japan had experienced so many problems with their robots they had to 'fire' half of them! Hopefully, the robots in the South Korea branch (mentioned in 'High Tech Helpers') are preparing for other job options if all goes haywire. **AUSTIN LOO**

**On The Bright Side**

As an animal lover, I am always curious about their quirks ('Pretty Colourful', Oct/Nov 2023) Our world would be so much the poorer without these colourful critters and their photographers. **CLAIRE JOLLIFFE**

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**A FERTILE MIND**

**We asked you to think up a funny caption for this photo.**

Some things just grow on you.

**JOHN SPENCE**

Talk about a growth mindset.

**KYLER KOH**

Nurturing green ideas.

**PAUL BALIN**

This will give me a head start in the garden competition.

**HELEN GILLET**

I've an idea, let me grow it!

**KAMALA DECY ALAGARATNAM**

**Congratulations to this month's winner, John Spence.**



**CAPTION CONTEST**

**Come up with the funniest caption for the above photo and you could win \$100. To enter, email [asiaeditor@readersdigest.com.au](mailto:asiaeditor@readersdigest.com.au) or see details on page 7.**



# ASIA Reader's Digest

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## MY STORY



# Yellow Dog's Travels

*Years and vast distances couldn't break their bond*

BY *Libbie Escolme Schmidt*

I was eight years old and oblivious to all the arrangements being made for our journey as a family from Toowoomba to London in 1950. My mother was in great pain from the 1950s epidemic of polio. She had been told that she would never walk again without callipers, and wished to visit specialists in London and Switzerland. My father reluctantly had to sell our property

'Hamilton Park' near Wallumbilla, in south-west Queensland.

The day before we boarded the ship *SS Orion*, Father bade a tender farewell to his five-year-old red heeler (Australian cattle dog), Spider, who was loved by us all. Father's friend Sandy had been getting to know Spider for many weeks, as Sandy was to be his guardian while we were overseas.

We didn't know how long my mother's treatment would take or how long we would be away.

Six weeks later, a flimsy blue airletter arrived from Sandy, giving my father the news that Spider had run away just two weeks after we had sailed. I will always remember my father's face crumbling and his eyes glistening as he read this news. My mother and I tried to console him, knowing in our hearts how useless this was. Our excitement at finally arriving in England was quickly dispelled.

Sandy had advertised constantly on ABC radio and in the *Toowoomba Chronicle* and other regional newspapers. Despite many 'sightings', the dog was never found. It seems Spider just kept running and searching for us. As he was a red heeler, almost yellow in colour, my father thought he would be shot or dingo-trapped, because of his appearance. But our family thought that Father held a secret hope that Spider was still alive.

We sailed back to Australia two years later and re-established our home in Toowoomba. My father immediately began his own

search for Spider. The newspapers and radio were inundated by his repeated calls to the people who had said they had seen his dog. Many false calls and sightings meant that a huge aura of disappointment hung over our household. My mother was fed up with all this and impatient for my father to accept the inevitable.

The dog was gone – possibly shot or dead from starvation and exhaustion.

One cold winter's Saturday morning eight months after our return, my father had a call from Gin Gin, 375 kilometres from

Toowoomba. An elderly lady living on her own on the outskirts of the town was putting food out "for a very old yellow dog". In the night the food disappeared. This had been going on for a few weeks. As she told my father on the telephone, it was "just glimpses of a dingo-type dog in the shadows" of her disused tennis court.

That was enough for my father to interrupt my homework. My mother said to him, "Ian, this has to stop. You will be driving miles in the bush!", but we set off in his low-slung, blue and black Jensen car which he had brought back from England. It was hardly the right vehicle for the rough roads we travelled that day.

Five and a half hours later, we

## SHE'D HAD GLIMPSES OF A DINGO-TYPE DOG IN THE SHADOWS OF HER DISUSED TENNIS COURT

---

Libbie Escolme Schmidt lives in Brisbane. She is a keen reader and enjoys public speaking, the arts and travel.

## READER'S DIGEST

found the run-down old property. The lady invited us into an old bush kitchen for tea and damper. My father was anxious to see this yellow dog and so we followed her to the tennis court, its fencing bowed over, covered in creepers and weeds, with a ragged old tennis net waving in the wind.

Sadly, she then told my father that the 'dingo dog' hadn't been around for a few days. My father had a strange look in his eye. He put two fingers to his lips and did his special whistle for Spider.

Suddenly there was a rustling in the bush. Out of the growth flew this battered dog right into my father's arms. Spider had leaped over the tennis court fence with great force and certainty. My father's eyes shone, and the old lady and I stood there with tears in our eyes.

He kept licking my father's face and making choking noises. He smelt dreadful. We wrapped him in an old blanket and I held him on my lap all the way back to Toowoomba. He never once took his eyes off my father as we drove home. Every so often I received a lick of gratefulness.

Once home we had the task of getting all the burrs and prickles off him, before he was put in a tin tub and we gently cleaned him up with Neeko soap. Spider stood stoically through all this as my father also examined his teeth and ears.

We had ignored so many of those sightings – for example Gayndah, 299 kilometres from Toowoomba – but my father never lost hope that he would find his dog.

Spider spent the rest of his days – years – on the front verandah, content and satisfied, always in wait for my sister and me coming home from school where he would give us a lot of licks to make sure we were all right. He then waited for my father by the garage door. We never left him anywhere alone again.

*Note: Crossing native dingoes with collies and other herding dogs was first done by Australian George Hall, who developed the red heeler breed on his farm in 1840.*

---

**Do you have a tale to tell? We'll pay cash for any original and unpublished story we print. See page 7 for details on how to contribute.**

---



### See You Later, Alligator

A US baseball fan and his leathery emotional support animal, an alligator named Wally, were recently denied entrance to watch a Philadelphia game. Owner Joie Henney describes the razor-toothed reptile as "just lovable" and enjoys sharing hugs. AP NEWS



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## SMART ANIMALS

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### **Bella Goes Fishing**

JACQUELYN WARD

We didn't know if our rescue dog, Bella, would like the boat when she first joined us for a lake fishing trip. But she's adventurous for a Shih Tzu, so we strapped her into a canine life jacket and put on

goggles to protect her eyes from the wind, and it turns out that she's a natural angler.

---

**You could earn cash by telling us about the antics of unique pets or wildlife. Turn to page 7 for details on how to contribute.**

ILLUSTRATIONS: GETTY IMAGES

Once the line is cast and the bait is in the water, Bella zones in on the pole, as any good angler should. When there's a bite, she wags her tail and yips as if she's coaching us while we reel in the line.

Once the catch is landed, Bella is the first to inspect it, eagerly sniffing as the fish flops across the deck. Occasionally, she picks up the fish, but she is always gentle and drops it on command. Even when we release what we've caught, Bella leans over the edge and stares at the water, tracking the fish until it is long out of sight.

At home, Bella loves to watch TV, especially shows with dogs, and comes running when we say "Puppies on TV!" She even checks behind the screen when one runs out of frame. It's hard to believe this extraordinary dog was returned to the shelter twice.

## Taking A Shine To Each Other

MARNIE SPERLING

We rescued our cat, Gizmo, from a shelter at the 11th hour. He was very skittish when he came home with us and rarely emerged from our wardrobe. It wasn't until we got Sunshine, a surprisingly gregarious bearded dragon, that Gizmo really began to shine.



Gizmo was intrigued by the lizard, so we placed Sunshine's tank by the lounge where the cat sometimes napped. They'd spend hours gazing at each other. Gizmo was pretty docile, so we thought it safe to let them meet paw to claw. And they delighted in each other's company. Gizmo gave Sunshine a tour of the best sunbathing spots in the house. When it was Sunshine's bath time, Gizmo sat on the edge of the tub to 'help'.

They've had five happy years of napping, soaking up vitamin D and watching me garden through the front door together. Such an unlikely pairing in nature, but our cat and pet lizard are so companionable in our home.

**PETS CORNER**

# Why Do Dogs Bark At Other Dogs?

*While challenging, it's totally normal*

BY *Elizabeth Heath*

**D**ogs bark at each other for a variety of reasons, according to Trevor Smith, a dog trainer. “But mainly,” he says, “dogs use barking as their primary communication tool to express their needs.”

It may be especially difficult when they bark at their fellow four-legged friends – which begs the question: why do dogs bark at other dogs?

**THEY'RE BEING PLAYFUL** A dog on a leash may bark at other dogs to try to engage in play. He's essentially calling the other dog, trying to get it to join in the fun. If you're at the dog



park and know your dog generally plays well with others, now is the time to let him off-leash so he can engage in some positive playtime.

**THEY'RE BEING DEFENSIVE** If your loyal companion senses a (real or imagined) threat to either himself or his family members (human, canine or otherwise), he may emit a bark that essentially says, “Back off, buddy.”

**THEY'RE BEING AGGRESSIVE** A dog that aggressively barks at other dogs may or may not ever get to the point where he can play with other dogs. For some pups, the aggression is based on fear. Others just aren't friendly with other dogs.

**THEY WANT TO JOIN THE PACK** If your dog comes upon a new group of dogs – say, at the dog park – he may bark or even howl to get their attention. It's his way of asking to join the pack.



**THEY'RE FEELING ANXIOUS** Your dog may be anxious by nature, and being around other dogs may heighten his sensitivity. And he may respond with his primary communication tool: barking.

Dealing with a dog whose barking develops into a persistent and negative behaviour pattern can be frustrating. But with time and patience, most dog-barking issues can be managed and modified.

### **EXPOSE THEM TO OTHER DOGS**

Smith suggests exposing your dog to situations in which he encounters the stimulus, such as another dog. "For instance, if you observe your dog barking at another dog in the park from a distance of three metres, take a step back to a distance of ten metres, or an appropriate distance that allows your dog to remain calm without barking while still being exposed to the stimuli," he says.

He suggests that you reward them with high-value treats when they don't bark, and don't reprimand them when they do bark. "Repeat this process and gradually decrease the distance while adjusting accordingly, until the barking response is minimal," he says.

**KEEP MOVING** If you're out for a walk and your dog starts to bark at another dog, a simple solution may be your best bet: pick up your

pace. Keep control of your dog, and swiftly walk away from the other dogs, praising him as he complies.

### **REMOVE THEM FROM THE SITUATION**

If the dog park or the regular route you walk your pooch becomes fraught with stress for both of you, it's time to change course – literally. Take a different route, one you know has fewer dogs.

### **LEARN TO DECODE YOUR DOG'S BARKS**

If your dog's facial expression, tail position and barking indicate he's feeling playful, the solution to stopping him from barking may be to let him play or socialise with other pups in an environment where he feels safe.

In contrast, Smith says that if your dog barks out of extreme fear of other dogs, you should give him more distance from them. "By consistently positive reinforcement, your furry friend will learn which behaviours are rewarded, avoid those that receive no rewards and become comfortable in situations where they encounter the disrupting stimuli."

### **CONSIDER A DOGGY TRAINING CLASS**

Your dog's barking issues may call for professional intervention in the form of one-on-one obedience training or a group dog-training class.



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# Quick Remedies For Constipation

*These at-home solutions will help to get your bowels back on track*

BY Taylor Shea

**SESAME SEEDS** are one of the best constipation remedies, according to a study published in the *International Journal for Research in Applied Science and Engineering Technology*. The oily composition of sesame seeds works to moisturise the intestines, which can help if dry stools are a problem. Add the seeds to cereals or salads for instant constipation relief, or pulverise them in a coffee grinder and sprinkle on food like a seasoning.



**MOLASSES** One tablespoon of blackstrap molasses before bed is one of those constipation remedies that works overnight and should provide relief by morning. The ingredient was studied by the *Journal of Ethnopharmacology* in 2019 as a remedy for paediatric constipation with successful results. Blackstrap molasses is boiled and concentrated three times, so it has significant vitamins and minerals; magnesium, in particular, will help you achieve constipation relief.

**FIBRE** acts like a pipe cleaner, scrubbing food and waste particles from your digestive tract and soaking up water. It adds bulk to your stool, giving the muscles of your GI tract something to grab on to, so they can keep food moving along. The Mayo Clinic suggests aiming for 20 to 35 grams of fibre a day to stay regular. Foods particularly high in fibre include bran cereals, beans, lentils, oats, almonds, barley, many

PHOTOS: GETTY IMAGES

vegetables, and fresh and dried fruit. All of these things can be home remedies for constipation. If you're constipated and taking in additional fibre, be sure to drink more water than usual to keep your stool soft and easy to pass.

the inside of the body to generate more heat; herbalists say this can help speed up sluggish digestion. Dr Stephen Sinatra of Heart MD Institute recommends ginger in either capsule or tea form. In tea, the hot water will also stimulate digestion and provide constipation relief. Dandelion tea is also a gentle laxative and detoxifier.

**LEMON WATER** The citric acid in lemon juice acts as a stimulant to your digestive system and can help flush toxins from your body, providing constipation relief. Squeeze fresh lemon juice into a glass of water every morning, or add lemon to tea; you may find that the refreshingly tart water not only acts as a natural constipation remedy but also that it helps you drink more water each day. This will improve your long-term digestion. And don't be afraid to warm it up, says the American Cancer Society, sharing that warm or hot fluids can also be a helpful constipation treatment.

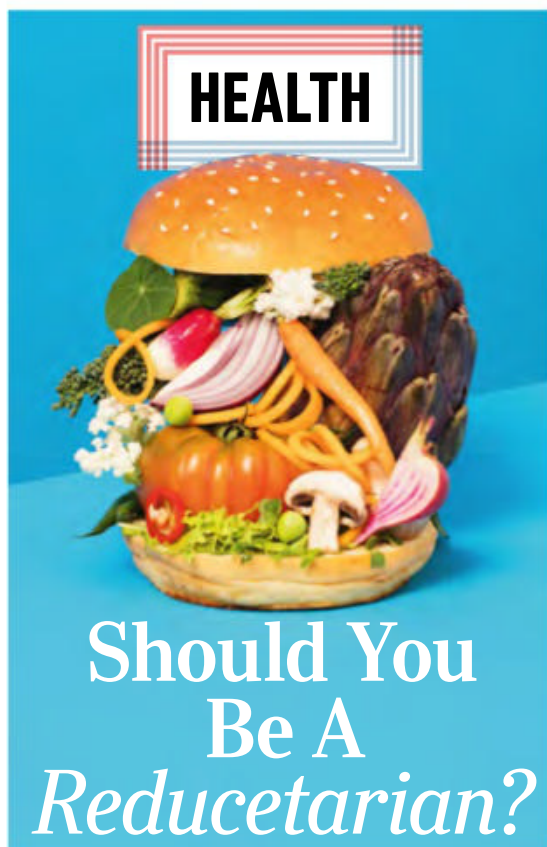


**MINT AND GINGER** are both proven home remedies for constipation among other digestive problems. Peppermint contains menthol, which has an antispasmodic effect that relaxes the muscles of the digestive tract. Ginger is a 'warming' herb that causes



### A Real Dummy

To avoid being detected by CCTV in a Warsaw shopping centre, a 22-year-old man pretended to be a shop window mannequin. The sly fox robbed a jewellery stand when the shop closed, but he wasn't cunning enough to avoid the long arm of the law. ABC.NET.AU



*If you flirt with vegetarianism but like burgers and chicken, this might be the ideal solution*

BY *Lauren Cahn*

**B**rian Kateman, author of *The Reducetarian Solution*, first coined the phrase ‘reducetarian’ in 2015. Reducing meat from your diet by just ten per cent is enough to make someone a reducetarian, says Kateman. Reducetarianism backs away from the all-or-nothing

approach of vegetarianism, instead providing a flexible framework for reducing the consumption of meat.

Vegetarianism is growing in popularity around the world due to the significant health benefits associated with a vegetarian diet, as well as environmental and ethical reasons for not eating meat. Reducetarianism celebrates every plant-based meal because of the commitment you are making to reduce the consumption of meat.

The Reducetarian Foundation (RF) encourages people to make “healthy, sustainable, and compassionate food choices” and is piloting research on the most effective ways to encourage the reduction of meat consumption. Their first in-house study found that just by reading a news article, people were motivated to modify how much meat they eat and change their opinions with respect to the treatment of animals and the factory farming/food production system – at least for a period of up to five weeks.

Reducetarianism isn’t new, even if the phrase was only recently coined. Although vegetarians remain in the minority around the world, people in many countries have been eating less meat every year, with more people opting for meat-free or plant-based meat meals more often.

According to RF, becoming a reducetarian is as easy as committing to eating less meat over the next 30 days.

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## Gleneagles Hospital

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## WORLD OF MEDICINE

### KNOW THE SIGNS OF COLORECTAL CANCER

Unlike people over age 50, younger adults aren't screened regularly for colorectal cancer (CRC). But their CRC rate has risen steadily since the 1990s, possibly because of unhealthy diets.

A US study revealed four red flags that should prompt untested people to see their doctors: abdominal pain, rectal bleeding, diarrhoea and iron-deficiency anaemia.

Study participants with one of these ailments were twice as likely to have CRC, compared to those without them. With three or more of the ailments, risk rose more than six times. The symptoms should not be dismissed in younger people.

### OPIOID-FREE BACK PAIN RELIEF

If you're looking for a painkiller to relieve lower back pain but want to avoid potentially addictive opioids, the main options are paracetamol (acetaminophen) and non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen.

According to a

German-led review, combining the two types brings more relief than NSAIDs do alone. The study found that while NSAIDs alone can help, acetaminophen by itself doesn't work better than a placebo for this kind of pain. To find out what might be the best combination for you, speak to your family doctor.

### DEMENTIA AND THE DIGITAL FACTOR

Spending time online may prevent or delay cognitive issues, suggests US research. In a study that followed people over age 50 for an average of nearly eight years, those who spent six minutes to two hours on the internet daily had the lowest risk of developing dementia. The group who rarely or never logged on was around twice as susceptible.

Being online offers mind stimulation, from staying socially connected to finding interesting things to read. Still, beware: Though there was no proof of cause and effect, subjects who were online for more than six hours a day had the highest dementia risk.










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## HARRISON FORD

# “I Love Being Older”

*The screen legend opens up about his success, ageing and his final Indiana Jones film*

BY Vicky Dearden

**I**n a Hollywood journey filled with serendipitous twists and unexpected luck, few actors have experienced a career as diverse and prolific as Harrison Ford. From the fearless Indiana Jones to the sardonic Han Solo and the world-weary Rick Deckard in *Blade Runner*, Ford's portrayal of iconic characters has left an indelible mark on cinema. Yet, the irony lies in how many of his career-defining roles fell into this self-proclaimed “late bloomer's” lap by chance.

Born in Chicago to Dorothy, a radio actor, and Christopher Ford, an actor-turned-advertising-executive, Harrison got disillusioned with pursuing a career on the silver screen as a young man, having failed to land any significant parts after multiple attempts. Instead, he turned to professional carpentry as a means to support his then-wife and two young sons.

But fate had other plans. While working as a carpenter in Hollywood, Ford crossed paths with numerous celebrity clients such as Joan Didion



**Top: Harrison Ford and director Steven Spielberg on the set of *Raiders of the Lost Ark* (1981). Above: Ford and Sean Connery on the set of *Indiana Jones and the Last Crusade* (1989)**

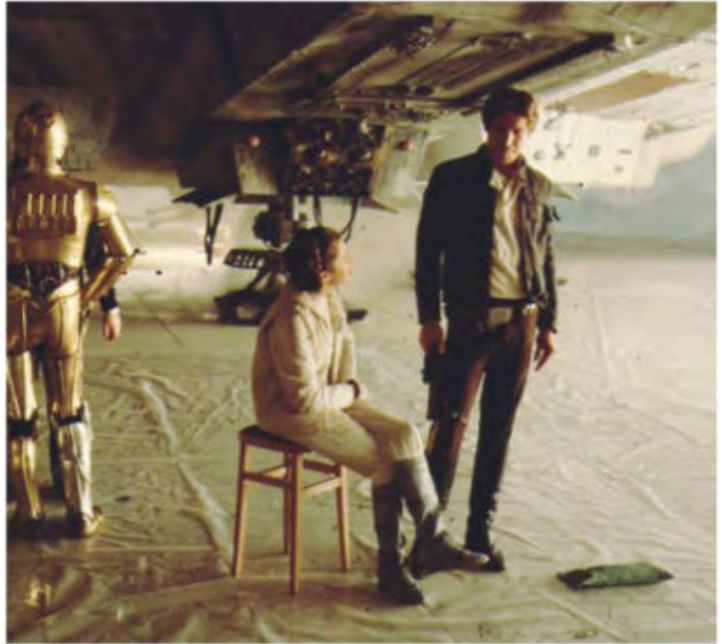
and John Gregory Dunne. One of them was legendary producer Fred Roos, who hired him to build a door in the American Zoetrope offices, where director George Lucas was holding the casting call for *Star Wars*. Little did Ford know that this chance encounter would lead to his breakthrough role as the charismatic Han Solo. Lucas was captivated by Ford's reading and offered him the iconic role, catapulting him to stardom.

"I had to wait for luck to come along," says Ford with his trademark curmudgeonly charm. "But during that time, I had the opportunity to learn a bit of craft. Because luck won't save the day. There's a skill involved in what we do, and the art that surfaces in our work is a spirit we all seek. My luck has been to find my way into this crowd of geniuses - and

not get my ar\*e kicked out when I didn't do as well as I wanted to!"

Ford's next lucky break came when he auditioned for the role of Indiana Jones in a colossal project concocted by Lucas and Steven Spielberg, *Raiders of the Lost Ark*, about the globetrotting archaeologist who embarks on daring expeditions to uncover ancient artefacts. Spielberg initially wanted Ford for the role, but Lucas was hesitant as he had already collaborated with Ford on *Star Wars*. Before eventually giving in, the production team had to look at other possibilities, including many big action and comedy names of the 1970s like Tom Selleck and Peter Coyote. The role eventually went to Ford, cementing his status as a Hollywood legend.

**OVER 40 YEARS** and four films later, Ford found himself completing the series with the fifth and final instalment, *Indiana Jones and the Dial of Destiny*, alongside Phoebe Waller-Bridge starring as his goddaughter, and Mads Mikkelsen playing a former Nazi working for NASA. Eighty-one-year-old Ford received



**Top: Ford as Han Solo, Carrie Fisher as Princess Leia, and Anthony Daniels as C-3PO pose for a portrait on the set of *Star Wars: The Empire Strikes Back* (1980).**

**Above: Ford on the set of *The Empire Strikes Back***

a five-minute standing ovation after the screening of the film at the Cannes film festival last year, and previous to the premiere, he picked up an honorary Palme d'Or for his achievements in film.

"It was indescribable," the film icon says, clearly moved by the response.



**Above: With Phoebe Waller-Bridge in *Indiana Jones and the Dial of Destiny* (2023). Above: Ford's face was digitally de-aged in *Dial of Destiny***

"It's just extraordinary to see a kind of relic of your life as it passes by."

After all these years spent playing Indy, was there anything in particular that he wanted to see in his final adventure?

"I wanted to see a good movie. I wanted to see a completion of the five films. I wanted to round out the story. I wanted to see this man who

depended so much on his youth and vigour, I wanted to see the weight of life on him. I wanted to see him require re-invention, re-support," muses the actor.

As the character of Indiana Jones aged over the course of four films, it hadn't really crossed Harrison Ford's mind that his age would become a pivotal consideration – until now.

In an interview with *People*, Ford expressed how, as he grew older, it became essential for the character to evolve with him, adding depth and authenticity to the story. "I always wanted to see him without his youth, when he had become disillusioned, jaded, tired. And to see him rally for a last adventure."

Seeing Indy as an older man in *Dial of Destiny* is made even more poignant

PHOTOS: (TOP) GETTY IMAGES, (BELOW) ALAMY

thanks to its intriguing use of AI: a digitally de-aged Ford appears in a 25-minute sequence, looking several decades younger. What was Ford's impression when he saw himself on the big screen as a young man?

"The technology has evolved to the point where it seems very realistic. And I know that that is my face, it's not kind of photoshopped magic; that's what I actually looked like 35 years ago – because Lucas Film has every frame of film that we've made together over all of these years.

"And this process, this scientific mining of the library, was put to good use. But it's just a trick unless it's supported by a good story. And it sticks out like a sore thumb if it's not real – I'm not talking about visually,

I mean emotionally real. And so I think it was used very skilfully and assiduously. I'm very happy with it. But I don't look back and say, 'I wish I was that guy again' – because I don't." And he means it; there's not a hint of sentimentality or regret in the actor's voice when he reminisces about the early days.

**LIVING A SERENE LIFE** away from Hollywood's hustle and bustle on his sprawling Wyoming ranch with wife Calista Flockhart, he seems entirely content with growing older. "I'm real happy with age. I love being older," he quips in his deep, rumbling bass. "It was great to be young, but sh\*\*fire, I could be dead! And I'm still working. So, go figure."

**Below: Ford and his wife, Calista Flockhart, on the red carpet at the German premiere of *Dial of Destiny* in Berlin**





**A life-sized bronze statue of the character Indiana Jones played by Ford being cleaned as it is unveiled as the latest addition to a statue trail in Leicester Square, London. The statue features Jones's trademark whip, brown fedora and weatherbeaten jacket**

Ford shows no signs of slowing down in his professional or personal life. A passionate pilot for nearly three decades, he has personally provided emergency helicopter services, coming to the rescue of hikers in need. Having survived a serious plane crash in 2015, as well as numerous injuries on film sets, the actor is still committed to physical fitness, and performed many of his own stunts in *Dial of Destiny*.

With a light-hearted grin, he reflects on the question about staying in shape: "Let me tell ya, I can still

ride a horse - well, if they let me." Appreciating a comment about a shirtless scene and the fact that he's 'still got it', he playfully responds, "You're too kind. I've been blessed with this body," punctuating it with a good-natured laugh.

Staying true to his love for storytelling, Ford remains actively engaged in the industry, taking on roles in both a new Apple TV+ comedy series, *Shrinking*, and a Western drama series called *1923*. With a career that has spanned decades, Ford's dedication to his craft is evident as he



exclaims, “I love the work! I just want to work and tell good stories. I’ve been so fortunate in my life to have that opportunity.”

**DESPITE HIS LEGENDARY** status in Hollywood, the actor’s humility shines through, and he expresses gratitude for the continuous flow of work, especially in the wake of the SAG-AFTRA protests against streaming platforms and studios.

Ford empathises with the struggles faced by many talented individuals whose gifts go unnoticed. “There are so many people with talents that never get to see the light of day, and that’s a terrible shame,” he laments. “Actors, in particular, can be very unhappy if they can’t work, and work doesn’t come easy unless they are sought after.”

Although Ford himself is far from retiring, he is ready to bid farewell to Indy. “Is it not evident? I need to sit down and rest a little bit, you know?” he chuckles.

As for keepsakes from his film sets, one might wonder if Ford holds onto any treasured memorabilia, like his famous fedora. With a mischievous grin, he jokes, “I think it’s at Sotheby’s where it will hopefully earn a lot



**Top left: A scene from *Indiana Jones and the Temple of Doom*. Top and above: Indiana Jones memorabilia command high prices**

of money for charity. While the material possessions are great, what truly matters to me are the experiences of making these films, which I deeply treasure. The memories and the journey are what stay with me for a lifetime.” **R**

PHOTOS: GETTY IMAGES



# 7 Global Sleep Tips



*One of these could  
be your key to a  
good night's rest*

—  
BY *Vanessa Milne*  
ILLUSTRATIONS BY  
**HAYDEN MAYNARD**

**H**aving a good night's sleep allows your body to function at its best: it boosts your immune system, lowers stress, improves mental sharpness and may even lower your chances of overeating. But as anyone who has ever sat up at night staring at the clock knows, getting the recommended seven-plus hours can be elusive.

There is no shortage of techniques that really work: sleep in a darkened, cool



## READER'S DIGEST

bedroom; avoid prolonged screen time before bed; get regular exercise; and aim to wake up and go to bed at the same time every day.

Here are some lesser-known ideas from around the world that are well worth a try.

### China

#### Wash Your Feet Before Bed

Foot massages and spa treatments that are focused on the feet – including aromatherapy and wrapping the feet in warm towels – are widely practised across China. What could be more relaxing? The ritual is so beloved that many people perform a DIY version at home before bedtime each night.

Automatic foot spas are ubiquitous in Chinese households. Every night, people soak their feet in hot water; many machines have exfoliating and massage functions, too. The routine is done right before bed, so that after you dry your feet, they are still warm when you tuck in.

Putting your feet in a warm basin and massaging them can stimulate blood circulation by dilating your vessels. Having warmer feet may lower your core body temperature, helping you fall asleep faster.

A 2018 South Korean study of people who wore socks to sleep, which warm the feet,

found that they fell asleep seven minutes faster than those who didn't wear socks. And they slept for 32 minutes longer, too.

### Japan

#### Nap In Public – And At Work

According to a government survey, 40 per cent of adults in Japan sleep fewer than six hours a night. That's likely why the tradition of *inemuri*, or 'sleeping while present', is practised, and that includes in cafés and on public transit.

As long as you don't invade other people's space when you nod off while seated, it's widely accepted – even in the workplace. Napping at your desk is frowned upon in other parts of the world, but the Japanese regularly do it; in white-collar jobs,



it shows dedication. After all, the workday often extends well into the evening, when colleagues are expected to socialise.

Daytime napping can be a good idea if you're sleep deprived. A 2021 French study found that naps improved cognitive performance and alertness. Other research has shown that a ten- to 20-minute nap improves your mood, too.

### Germany

#### Use Separate Doonas

In Germany, couples have solved the problem of one of them waking up cold whenever their partner rolls over and takes the sheets with them. While it's typical for partners to share a bed – often two singles pushed together – each chooses their own single-sized sheets and a separate doona. Not only does that make it less likely that your partner will disturb your sleep when they move around, but you can each customise the amount of bedding you use to stay as warm or as cool as you prefer at night.

“Different sets of bedding can be great,” says Michael Breus, a clinical psychologist with a speciality in sleep disorders.

It's useful when one partner is a cover stealer, he says, but also when partners differ in how hot or cold they feel at night. Because women generally have less muscle mass

than men, they may have a lower metabolism, burning fewer kilojoules and therefore producing less body heat. That can make finding bedding that's comfortable for both partners a problem – and separate covers could be the solution.

### Guatemala

#### Adopt A Worry Doll

Guatemala has a long-standing tradition of parents putting ‘worry dolls’ under their kids’ pillows to comfort them if they are afraid of the dark. Plus, children can tell the tiny dolls their worries before they go to sleep. The legend goes that the colourful fabric dolls, which are only a couple of centimetres long, can alleviate kids’ anxieties by morning.

But it's no longer a ritual just for children. Adults in that country and in Mexico are increasingly relying on the dolls, too, according to Adriana Villagra, Mexico-based editor-in-chief of the Latin American edition of Reader's Digest. “More and more, adults rely on worry dolls at night,” she says. “They're like a comforting presence.”

Anxiety can make it hard for people to fall asleep. According to a 2021 review from researchers in Germany that was published in the journal *Sleep Medicine Reviews*, about 50 per cent of people with clinical anxiety also have insomnia. Not sleeping enough can lead to more anxiety,

## READER'S DIGEST

perpetuating the problem. Expressing your worries before bed can help – so why not tell them to a doll?

Writing down your worries can also be effective, says Breus. “You can make a worry journal by taking a piece of paper and drawing a line down the middle. You put your worries on one side, and the first step to help resolve each worry on the other.”

## Britain

### Sleep Naked

Thirty per cent of people in the UK sleep naked, or at least they did when the most recent global poll on the subject was done by the National Sleep Foundation in 2013. Not wearing clothes to bed might be beneficial for several reasons, says Breus. “The biggest one is thermoregulation. It’s easier for ‘hot sleepers’ to be comfortable.”

And a potential bonus? Healthier relationships. It’s possible that couples are intimate more often when at least one of them sleeps naked, Breus says.

## USA

### Couples Sleep Separately

In the US, some couples are getting a so-called ‘sleep divorce’: when one partner gives up the marital bed and sleeps in a separate room. According to a Slumber Cloud poll of 2000



North Americans who lived with a partner, nearly one-third said they had discussed sleeping in separate rooms, and 12 per cent of them actually do. The reasons range from one partner snoring to having different sleep schedules to not having enough space in the bed.

“I’m actually a big fan of couples sleeping in separate rooms,” says Breus. He says there is a stigma attached to it, since some people may think couples who sleep apart have weaker relationships than those who sleep together. But in his experience, that’s not true. It’s more a case of absence making the heart grow fonder.

“When I advise couples to split apart for sleep, they actually have more intimacy. And partners usually don’t need to stay in separate rooms every night. I recommend it four days a week and then spending weekends together.”

### Australia

#### Cosy Up With Your Pets

In 2019, a survey by Purina found that up two-thirds of pet owners in Australia sleep with their furry friends.

There's likely a good reason why some people are comfortable sleeping near dogs, says David Samson, the author of *Our Tribal Future*. He studies the so-called sentinel hypothesis in relation to dogs. It argues that one of the main ways they helped our ancient ancestors survive was by barking to warn them of danger during the night.

"The relationship between dogs and humans likely goes back about 55,000 years," he says. "Dogs and humans have been co-evolving." It makes sense that some people instinctively feel safer, and therefore sleep better, with a dog around.

A 2017 study from the Mayo Clinic found that people who let their dogs

sleep in their rooms slept well, although those who let their dog sleep on their bed slept worse than those whose dogs slept on the floor next to them.

That backs up the findings of an earlier study in which more people found sleeping near their pet to be beneficial than they did disruptive. Those in favour said that it didn't affect their sleep, and some reported that it even helped them sleep better.

If you do allow a pet to sleep on your bed, says Breus, be conscious of the fact that they're less clean than you are. "Your animal brings pollen and dirt from outside into the bed," he says. Some can also have a breathing or sleep disorder and can disrupt your sleep.

But overall, Breus feels animals curling up on the bed are fine as long as they don't bother you – and that's based on first-hand experience: "My two bulldogs sleep at the end of my bed," he says. **R**



### Monkey See, Monkey Do

Smartphones can be a huge distraction for humans – and gorillas, too. A Canadian zoo has a sign urging visitors not to hold up their phones for the primates to view when visiting the gorilla exhibit. "For the wellbeing of the gorilla troop, please refrain from showing them any videos or photos as some content can be upsetting and affect their relationships and behaviour within their family," reads a sign. According to the Toronto Zoo, a gorilla named Nassir was so enthralled with gadgets and phones and videos that he was not interacting with the other gorillas. PEOPLE.COM

## LIFE'S LIKE THAT

### *Seeing The Funny Side*



**"Maybe if you stopped calling us 'little pigs' we'd let you in."**

#### **Horror Story**

My husband and I had a date night at the cinema. We arrived late and had to sit right next to the speakers. I'm not a fan of horror films (my husband's choice), and the blaring music and loud noises from the speakers scared me more than usual.

At the end of the film, I couldn't wait to leave. I bolted out of my seat and headed straight for the exit, grabbing my husband's hand and pulling him along behind me through the crowds. Outside, I turned to talk to him, but looked up

at a total stranger grinning at me.

Red-faced, I quickly let go of his hand and apologised profusely.

My husband was several metres behind watching and laughing, in total despair at my antics, as usual!

SUBMITTED BY LEAH ROTTIER

#### **Honk Back**

I wish we all had a second car horn that was one octave lower and lets everyone know that you know you've made a mistake, and you're no longer accepting outside feedback.

KATRINA DAVIS, COMEDIAN



## Remember This

My annual physical exam includes a memory test. It begins with the nurse giving me three words to remember later in the appointment. The words sounded familiar.

"Aren't these the same three words you gave me last year?" I asked.

"Yes," she said. "I like to use the same ones so I don't forget them."

SUBMITTED BY BRENDA ERICKSON

## How To Write A Classified Ad

Be mindful of specifics before posting an ad on Facebook. I came across one that read: "Looking for an outdoor heated cat/doghouse for my mother." I really hope the mother has a pet.

This ad under farm equipment proves that spelling counts:

"Looking for pastor for 20 to 50 pairs of cows."

This classified ad from the car section of a newspaper proves successful sellers are optimists: "Honda: 1999 Civic. Not running, but was."

SUBMITTED BY JULIA TILSON,  
LULIA WEAVER, L.S.

## Call Me Sweet

The first year teacher asked each of her pupils if they knew their parents' names. My nephew did. "My mum is called Paula," he announced to the class. "And my dad is Honey."

SUBMITTED BY GLORIA PALMER



## THE GREAT TWEET-OFF: THE MARRIED BLISS EDITION

The spouses of Twitter (X) find  
humour in each other.

My wife will be like, "gut reaction, yes or no?" And then show me two shades of beige paint I can't even tell are different.

@SIMONCHOLLAND

We needed to leave five minutes ago for a family event and my naked husband who is applying lotion to his feet just announced that he's "basically ready".

@ELIMCCANN

\*Me dressing up\*

Me: Do these match? I don't want to look stupid.

Wife: Well, that ship has sailed.

@MILIFEASDAD

I love when my husband says, "correct me if I'm wrong", like I would pass up that opportunity.

@MUMOFTWO

Nobody has ever been more surprised than a husband hearing about his wife's plans for the second time.

@LMEGORDON

I'm on a business trip and I get this text from my husband, "I think the kids have hidden a hotdog in the house, but I can't find it." @NOTMYTHIRDRODEO







**SEE THE WORLD...**

Turn the page »



## ...DIFFERENTLY

**On September 19, 2021**, the *Cumbre Vieja* (Old Summit) volcano erupted on the Canary Island of La Palma. For almost three months, it repeatedly ejected red-hot lava and vast quantities of ash. When the eruptions ended on December 13, several hundred hectares of banana plantations, 70 kilometres of roads and 1300 homes were covered by lava and ash. Nobody was harmed. Forewarned by earthquakes, the authorities had evacuated residents of endangered areas in time.

PHOTOS: PICTURE ALLIANCE/  
ASSOCIATED PRESS/EMILIO MORENATTI



# Dementia Breakthroughs Offer New Hope

*After decades of disappointments, new  
treatments and tests are finally here*

---

BY *Vanessa Milne*

ILLUSTRATIONS BY **MARY HAASDYK VOOYS**



# Eight years ago,

neurologist Dr Dan Gibbs was sitting in a room with two dozen doctors and researchers. He was getting ready to look at brain scans – not a patient's, but his own. They would definitively answer a question he had had for years: what was wrong with him?

It started when he was 55 and working as a neurologist. He noticed he couldn't smell certain things, like flowers. Then he began to smell things that weren't there, like baking bread, perfume or citrus. He randomly got a clue as to what might be the cause after doing an at-home DNA test to find out more about his family tree. The results showed he had two copies of a gene, APOE4, that increases Alzheimer's risk. He was shocked: it had never occurred to him that he might get the disease.

At the time, he did not have memory symptoms, but over the next few years he noticed some mild memory problems, like forgetting his colleagues' names and having difficulty memorising his new office phone number.

That, combined with his background as a researcher, led him to participate in a study at the University of California, San Francisco, that was focused on diagnosing Alzheimer's.

And now the results were in.

The researchers pulled up the pictures and showed him beta-amyloid plaques in different parts of his brain, including his prefrontal cortex and the olfactory area, which controls smell. It was a sign of early-stage Alzheimer's. Surprisingly, Dr Gibbs was happy. "When they showed me the scans, it was a relief to have a firm diagnosis," he says.

## WHAT IS DEMENTIA?

Dementia is an umbrella term for a group of symptoms contributing to a decline in memory, thinking, reasoning and social abilities. It's progressive, and some people with dementia will need 24-hour care at the end of their lives. Fifty-five million people around the world have dementia. While only one per cent of those aged 65 to 69 have it, the risk of a diagnosis doubles every five years between ages 65 and 84. One in four people over 85 have dementia.

But breakthroughs in treatment and testing have given new hope to researchers like Dr Don Weaver, director and senior scientist at the Krembil Research Institute at the University Health Network in Toronto.



“There’s genuine room for optimism,” he says. “The research is moving at a faster pace than ever before.” There are new treatments, and groundbreaking tests are in the pipeline.

Alzheimer’s disease accounts for 60 to 70 per cent of dementia cases. While its cause is not yet fully understood, researchers have been focusing on the malfunctioning of two brain proteins.

The first, beta-amyloid proteins, are a normal part of the central nervous system, and are usually cleared out of the brain. In a brain with Alzheimer’s, however, these proteins are not properly cleared away. The protein clumps together in between neurons, creating deposits called amyloid plaques, which disrupt cell function.

The second type, tau proteins, are primarily found inside neurons. In people with Alzheimer’s, this protein, which normally assists in the transportation of nutrients throughout the brain, accumulates and becomes ‘tangled’ inside the neuron. The build up of these two proteins impacts the capacity of brain cells to communicate. Eventually they kill the cells, affecting a person’s ability to think and remember.

Other types of dementia include Lewy body dementia, in which protein deposits called Lewy bodies build up in the brain, affecting thinking, memory and movement; vascular dementia, which can

happen after a stroke or blood vessel damage reduces the flow of blood and oxygen to the brain; and frontotemporal dementia, when the frontal and temporal lobes of the brain shrink. The latter can happen to people as young as 40; it was in the spotlight last year after actor Bruce Willis was diagnosed with it at age 67.

### NEW DRUGS FOR ALZHEIMER’S

For decades, the treatment of dementia has seemed frustratingly dormant. Two classes of drugs that were introduced three decades ago improve symptoms: cholinesterase inhibitors boost acetylcholine, a chemical the brain needs for alertness, memory and judgement; and memantine regulates glutamate, a chemical messenger needed for learning and memory. But neither limits the disease’s progress. There is also Aducanumab, a drug launched two years ago; it can reduce build up of amyloid plaques in Alzheimer’s



patients, but has not been proven to slow cognitive decline. While available in the US, it is currently not available in the rest of the world.

“The new drugs are big, exciting breakthroughs,” says Gill Livingston, a professor of psychiatry at University College London and lead of *The Lancet* standing committee on dementia prevention, intervention and care. She adds, however, that it's still early days and there are some big hurdles to clear.

In January last year in the US, the first drug that slows the progress of Alzheimer's rather than just treating the symptoms was approved. In clinical trials, people with Alzheimer's who took lecanemab (Leqembi) for 18 months showed a rate of memory and cognition decline that was 27 per cent less than in those who took a placebo. But it's not clear what the decline translates to in the real world. The drug is currently under evaluation in several other places, including Australia, New Zealand, Taiwan and Southeast Asia.

As Dr Roger Wong, clinical professor of geriatric medicine at the University of British Columbia, explains, “We need to know what this means to a person living with dementia. We're looking for an improvement in functionality.”

In addition, there are downsides to the new drug, which is given by IV. It's expensive, and can have serious side effects including bleeding in the brain.

A second drug, donanemab, not yet approved by the FDA (US Food and Drug Administration), has also shown promise in clinical trials. It slows the rate of cognitive decline from Alzheimer's by about one third. But, like lecanemab, it can have serious side effects. “So we're not quite there,” says Prof Livingston. “But it's fantastic that we're beginning to be there.”

## BIG ADVANCES IN PREVENTION

In the past few years, our knowledge about the prevention of dementia has increased dramatically, and many issues that cause it are actually now treatable. “We have finally sorted out what the risk factors are, and we are paying attention to them,” says Dr Weaver.

According to a 2020 *The Lancet* report led by Prof Livingston, 40 per cent of dementia cases could be avoided. The number one factor was hearing loss, which can affect your ability to converse with others, leading to isolation. “That really surprised us,” she says. “And it's a reversible risk, because you can change it by simply using hearing aids.”

Spending time socialising was another important factor. “Talking to other people stimulates your brain and gets it working because you have to engage, you have to think,” Prof Livingston explains.

Getting 150 minutes of exercise a week can keep your heart in good shape, which translates into a healthier brain. Having a stimulating job also helps, as does getting more education earlier in life. It boosts what's known as your cognitive reserve, so even if you do suffer from a loss of cognitive power, you have some to spare. Treating depression is also important.

And then there are things to avoid: smoking and air pollution raise the risk. Plus, it's now known that traumatic brain injury also raises the risk, as do heavy drinking, having high blood pressure or diabetes, and being obese.

"We now know that for many people, dementia is not inevitable," says Prof Livingston.

### TESTS FOR MORE ACCURATE DIAGNOSIS

Just as important as new medications are breakthroughs in diagnosis. Multiple blood tests for Alzheimer's, which have been used widely in clinical trials, are expected to be available to the public over the next few years.

"I think the blood tests and new treatments that are coming are going to really transform how we practise



and how we care for people with memory loss," says Professor Gil Rabinovici, professor of neurology and radiology and director of the University of California's Alzheimer's disease research centre.

Currently, Alzheimer's is diagnosed by doctors through a combination of means, including reviewing symptoms and family medical history, physical exams and brain imaging. Doctors will also administer cognitive tests, such as asking people to remember a list of words or name as many animals as they can.

What's missing from this evaluation is direct and conclusive biological evidence of Alzheimer's – meaning the diagnosis relies heavily on the doctor's expertise, says Prof Rabinovici. Dr Weaver agrees. "It's not like rheumatoid arthritis, for which we can do a blood test, or pneumonia

## READER'S DIGEST

where you can do an X-ray and go, 'Yep, you've got it.'"

That's important, because according to a 2012 study of people with mild to moderate dementia, about 30 per cent of people clinically diagnosed with Alzheimer's were discovered via autopsy to have not actually had it. For those with only mild cognitive impairment, which is harder to diagnose, accuracy would be even lower, says Prof Rabinovici.

In some cases, that would mean that instead of having Alzheimer's disease, people might have vascular or Lewy body dementia. However, for others, their symptoms are caused by something reversible, such as sleep disorders like sleep apnoea, mood disorders such as depression, or hormonal changes. Medications including those used to treat insomnia, incontinence and allergies can negatively affect cognitive function, especially in older adults.

With new Alzheimer's drugs becoming available, it's even more important that doctors have the right diagnosis before they prescribe them. An accurate diagnosis allows people to make crucial decisions such as whether to quit their jobs or move into assisted living, and for their families to plan for caregiving support.

Epidemiology Professor Michelle Mielke says an earlier and more accurate diagnosis, which a blood test may provide, could transform health care in the future.

Plaques start developing in the brain about 20 years before symptoms begin, she explains, and not everyone with plaques will develop cognitive impairment. She says that years from now, "Just like we screen people for their cholesterol because we know it is a risk factor for heart attack and stroke, we might be able to screen people by a certain age for amyloid and tau brain proteins. And if they are elevated, we could try a treatment plan of medications that will delay or prevent that person from ever developing symptoms."

## MORE FOCUS ON CAREGIVERS

Caring for a family member with dementia can be incredibly stressful, and for a long time, caregivers' needs have been overlooked. Now their struggles are better known, thanks to research findings. A review published in *Dialogues in Clinical Neuroscience* in 2022 found that in developed countries, up to 85 per cent of caregivers developed depression, and up to 45 per cent developed anxiety.

The good news, however, is that community support is growing. Initiatives include memory cafés, where caregivers can go with their loved one who has dementia to have a coffee and share in activities. There are more than 1200 memory cafés around the world. (Your local

## Dementia Breakthroughs Offer New Hope

Alzheimer's organisation can help you find one near you.)

Other public places, such as museums and libraries, are also getting on board, running 'dementia-friendly days' to offer a supportive environment for people with cognitive issues and their caregivers. And Alzheimer's organisations in many countries have programmes to support dementia-friendly communities.

For example, in the UK hundreds of communities now offer training about dementia to municipal staff, put signs at eye level and mark glass doors so they're more visible. In Australia, activities range from choirs for carers and caregivers to bowls and croquet clubs.

Paula Spencer Scott, author of *Surviving Alzheimer's*, knows first-hand how hard caregiving is. She cared for her father-in-law, who had dementia.

"Truly the most intense emotions I've ever experienced have been from being a live-in caregiver," she says. As a coping mechanism, she and her husband used to say to each other, "It's not him, it's the dementia."

"Intellectually, you know that," she says. "But emotionally you can just be so frustrated and almost angry with the person, and then you feel guilty."

Though it's not a full solution, there's now a push for caregivers' work to be financially supported. In the US, for example, many states now fund payment for caregivers, and more and more are allowing spouses to be paid as well. The UK, Australia and New Zealand also offer financial support, in the form of allowances or tax breaks for carers.

Programmes to support caregivers are effective at preventing some of these issues, but it can be difficult for people providing full-time care to access them. Increasingly, information and support groups are being offered online, so that those who are caregiving without a break can log in from home at a time that works for them.

"It's been a breakthrough for caregivers that there's an increasing emphasis on their emotional and mental health," says Scott. "Over the last ten, 15



## READER'S DIGEST

years there has been a huge groundswell of support.”

This also helps reduce the stigma about people with dementia, says Dr Gibbs. “I’m very upfront with telling people about my Alzheimer’s. A couple of weeks ago, my wife and I went to our 50th college reunion, and I talked to my classmates about it. Sometimes I think we’re too hesitant to engage people with dementia.”

## MORE CLARITY ON THE CAUSES

Dr Weaver feels that over the past two decades, there has been a myopic focus on amyloid plaques. “The new drugs demonstrate that amyloid plays a role, but it’s only one part of a big picture.”

His lab is researching another factor: inflammation in the brain. “I think of Alzheimer’s as an autoimmune disease of the brain, where the immune system is turned on by multiple factors like air pollution, depression or infections,” he says. “Now you have a hopped-up immune system on a search-and-destroy mission in the

brain. It’s wandering around inside your skull, and oops, it searches for and destroys a few neurons, which causes inflammation.”

Other researchers are also looking in different directions, he says: malfunctioning of the brain’s mitochondria, which produce energy for cells; distortion of the brain’s lipids; or damage to diseased cell membranes, which can kill the cell. Treatments being tested for other possible dementia causes include stem cell therapy and transcranial magnetic stimulation.

Dr Weaver will always remember one of his first encounters with a dementia patient, a military veteran. “The poor man was so confused that he was hiding under his hospital bed,” he recalls. “He was reliving his war experiences. I got down on my hands and knees and looked into this man’s eyes. It was heartbreaking. I thought, *‘We’ve got to do something for these people.’*”

After the frustrating decades since then of delivering the news to thousands of patients that they have dementia, he’s more determined than ever to finally be able to tell them, “I have something that can help you.” **R**



### Wrestlers In High-Speed Rumble

Wrestlers recently competed in the narrow aisle of a packed 290km/h bullet train in Japan. The organised event proved popular, with 75 seats selling out within half an hour. The organisers have previously arranged bouts in a bookshop and a campsite. SKY NEWS

THE JOURNEY TO 100% PURE

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# LAUGHTER

## *The Best Medicine*



### **Problem Solved**

“Whenever I wake up in the morning, I feel dizzy for half an hour,” a man complained to his doctor.

The doctor replied, “Get up half an hour later then.”

SUBMITTED BY BARTHELEMY PETRO

### **Passwords**

“Your password must contain at least eight characters, a number, your university roommate’s maiden name and a hieroglyph.”

An ATM: “Just any four numbers.”

@EDEN\_EATS

### **Bad Break**

Remember back in high school when you would have your friend tell the person you’re dating that you wanted to break up? The last guy I dated did that. He had his wife call me and break us up.

SHANNON LAVERTY, COMEDIAN

### **Straying Fit**

My dog Sam is great for exercise. I let him into the backyard, he leaps the fence and I spend the next two hours looking for him.

SUBMITTED BY DEREK THOMPSON



## Bruce Springsteen Lyrics That Hit Differently As I Age

*"Baby, we were born to run"*  
Or walk, depending on my knee.  
*"Dancing in the dark"*  
If I'm dancing, this is the only lighting that makes sense.  
*"You ain't a beauty, but hey you're all right"*  
Biggest compliment I've received in a decade.  
*"Everybody's got a hungry heart"*  
That's why my doctor prescribed a statin.

JEFF BENDER AND TALIA ARGONDEZZI  
IN MCSWEENEYS.NET

## Class Fool

"If there are any idiots in the room, will they please stand up," said the scornful teacher.

After a long silence, one student rose to his feet.

"Now then, mister, why do you consider yourself an idiot?" inquired the teacher with a sneer.

"Well, actually I don't," said the student, "but I hate to see you standing up there all by yourself."

BOREDPANDA.COM

## Check Mate

I was visiting the house of a distant cousin when I saw that he was playing chess with his cat. I said that it had to be the most intelligent cat ever.

My cousin replied, "Absolutely not! She has lost all her matches!"

SEEN ONLINE

## WINGING IT

Jokes to leave you flying with laughter

**Q: Why do seagulls fly over the ocean?**

**A: Because if they flew over the bay, we'd call them bagels.**

**Q: Did you hear about the crow on the telephone pole?**

**A: He wanted to make a long-distance caw.**

**Q: How do penguins make a decision?**

**A: Flipper coin.**

**Q: What do you get if you kiss a bird?**

**A: A peck on the cheek!**

**Q: Why do hummingbirds hum?**

**A: Because they forgot the words!**

**Q: What do you call a chicken who loves telling jokes?**

**A: A comedi-hen.**

**Q: Why did the teacher carry birdseed?**

**A: Because he had a parrot-teacher conference.**



WWW.JOKES4US.COM; CHORTLE.CO.UK



**When she was born, Halle McCoombes wasn't expected to walk. Now she runs**

# She Defied *All The* Odds

*When doctors told the McCoombes that spina bifida would severely limit their daughter's life, they refused to listen. So did the little girl*

---

BY *Sabrina Rogers-Anderson*

## As Hallee McCoombes approaches the finish line

of the 800-metre run for kids with disability, the crowd is cheering wildly and chanting her name. The ten-year-old para-athlete had spent months preparing for the 2022 School Sport Australia Track & Field Championships in Brisbane. Now she has the hyper-focused expression that has become her trademark; anyone who has seen her compete knows that nothing will stop her now.

With only ten metres to go, Hallee tunes out all the noise and pushes forward with every ounce of her strength. She doesn't have any feeling in her waist or below her knees, but pain sears her thighs. When Hallee crosses the finish line and falls into an exhausted heap, her twin, Jada, scoops her up in her arms. "You came in third!" she whispers to Hallee.

Hallee McCoombes has tallied numerous Australian track-and-field records in events for athletes with her type of impairments – 100 metres, 200 metres, 400 metres, 800 metres, 1500 metres, long jump, discus and

javelin – and has set her sights on the Paralympics. It's an amazing achievement for someone who wasn't even expected to walk. Hallee was born with spina bifida, a neural-tube defect that affects how the spine and spinal cord form in the womb.

Her mother, Christine McCoombes, 38, shudders when she recalls learning about Hallee's diagnosis. "The doctors also told us they didn't know what kind of brain function she would have because she had hydrocephalus," she recalls. "Fluid in the brain is common with spina bifida. We really didn't know how much she'd be able to function physically and mentally."

It's no wonder that, regardless of how many times Hallee's parents watch their determined daughter compete, their hearts burst with pride. "I cry every time, especially when people start cheering for her," admits her dad, Gavin, 51.

### A Dream Come True

Christine and Gavin met in 2007, when they were both working for a bank in Brisbane. Romance quickly sparked between them, and within two years they had married, started a cleaning business and set their sights on having children.

The journey to parenthood wasn't easy: they faced the pain of multiple miscarriages. When they found out they were expecting twin girls in

## She Defied All The Odds

2011, Gavin and Christine were over the moon. But the couple's joy turned to anguish when Hallee's spina bifida was revealed during Christine's 20-week ultrasound.

"They couldn't get a clear picture of the extent of it because her sister was taking up so much room, so they gave us the worst-case scenarios," says Christine. "That really scared us."

The doctors explained that they'd typically recommend termination, but with fraternal twins it's complicated: the wrong baby might be terminated; and it was possible that neither baby would survive the procedure. Despite the grim outlook, Christine and Gavin chose to go ahead with the pregnancy; they'd been hoping for a baby for so long.

To the McCoombes' dismay, not everyone supported their decision. Some family members said they should terminate, and sometimes the couple felt very alone. Determined to keep going, they put on a brave face. They also followed their paediatrician's advice not to look up spina bifida online because it would only add to their stress.

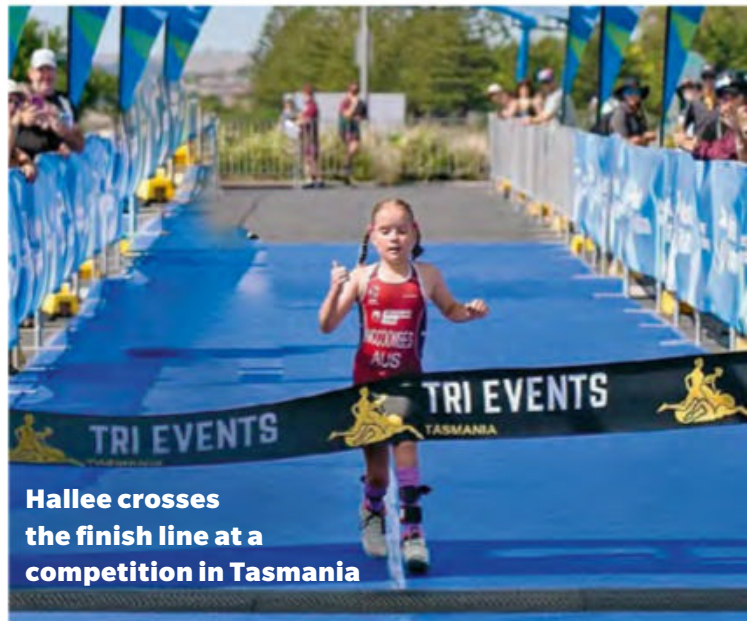
When Hallee and Jada were born in December 2011, Jada had to be whisked away seconds after birth because the placenta had ruptured, cutting off her oxygen supply. As for Hallee, her back was open, her spinal cord hanging out. With

both their newborns in intensive care, the new parents were left alone to deal with their fear and anguish.

Hallee underwent immediate surgery to repair her spinal cord and close her back. During the gruelling nine-hour procedure, a neurosurgeon placed Hallee's neural tissues in her spinal canal and a plastic surgeon closed her back. Although the surgery was a success and Jada was also doing well, Christine and Gavin weren't able to take their daughters home for another four weeks.

Hallee faced many challenges in her first year. As she recovered from surgery, she had to be placed on her stomach most of the time. And whenever the family drove somewhere, Hallee was placed in a car seat with a special lining to protect her back.

When she was three months old, Hallee had a procedure to remove



**Hallee crosses the finish line at a competition in Tasmania**

some of the fluid in her brain; if left untreated, hydrocephalus can result in brain damage or even death. But the surgery failed, and a few months later they had to try it again. To her parents' relief, that surgery was successful.

As those early months passed, the McCoombes were surprised to see Hallee hitting her developmental milestones shortly after Jada did: talking, rolling over, crawling.

"Her first word was 'mama' at ten months," says Gavin. "Her only big delay was walking."

Most children start walking sometime between ten and 18 months, but Hallee needed casts to realign her feet, which were twisted and pointed upwards. When the casts were removed, she had to wear ankle-foot orthoses (AFOs) and heavy boots to continue correcting the position of her feet. Hallee, now 12, still wears AFOs when she walks and runs; she gets around in a wheelchair over longer distances.

But Hallee had a secret weapon: a twin sister she was desperate to keep up with. "Jada definitely helped her with her disability," says Christine. "Hallee needed a metal walking frame, and Jada would get in with her and move it for her. It was so cute!"

Hallee eventually started using the walker on her own. By the time the girls were two, they'd race around the house banging into walls and laughing. "They'd talk their twin

language," Christine says. "We had no idea what they were saying."

Once Hallee started walking on her own at age three, her determination to keep up with Jada only grew stronger.

### **"I Can Do That, Too"**

Still, life was challenging for Hallee. At preschool, she often had to be held upright to be fed. And since she couldn't regulate her body temperature, she suffered in hot and cold weather. Because of the demands of their business, Gavin and Christine employed nannies to care for the girls, who now had a little sister, Tia. But that made them feel as if the girls' childhoods were passing them by. They knew they needed to make some changes.

So when the twins were five, the McCoombes moved to Elliott Heads, a coastal town 400 kilometres north of Brisbane, where life was less busy, giving Christine and Gavin more time with their children. They haven't looked back. "Hallee has never been so happy," Christine says. "I think it's living on the ocean."

Shortly after the move, Jada declared that she wanted to be a runner. Her parents signed her up for Little Athletics. After watching on the sidelines during Jada's first training session, Hallee turned to her parents and said, "I can do that, too. Sign me up."



**Hallee hopes to compete in tennis at the Paralympics**



**Hallee with her twin sister, Jada**

Would she even be able to run? “Hallee doesn’t have feeling in her waist and lower legs,” explains Gavin, “which means she has issues with her balance and her muscle power.”

But Hallee’s parents had such strong belief in her that they signed her up. At first, she had to become more conscious of the vibrations created when her feet hit the ground and use that feeling to coordinate her movements. Before long she was running with Jada. “She had to work hard to maintain upper leg muscle and core support,” Gavin says.

In her second season with Little Athletics, Hallee started competing in running events for kids with disability. The McCoombes were soon taking both girls to competitions around the country.

Hallee’s new-found passion wasn’t without its challenges. Her legs ached badly during and after races, and she feared that people would laugh at her. Gavin and Christine helped her work through her anxiety by attending all her events. In fact, nobody laughed; people marvelled at her fierce determination.

Hallee’s parents, however, weren’t spared criticism. “Some people thought we were too hard on her or that she was in pain and didn’t want to do it,” says Christine. “But we could see the benefits she was getting. Hallee just loved it.”

Participating in athletics was also good for her mental health – she learned what she was capable of and became even closer to Jada. “Hallee still gets anxious, but sport has

## READER'S DIGEST

helped so much,” says Christine. “It’s made her happier and more resilient.”

And the physical rewards speak for themselves. While most children with spina bifida require dozens of surgeries to treat bowel and bladder problems, as well as orthopedic issues like contracted muscles, dislocated hips and deformed feet and ankles, Hallee has undergone only ten so far.

“She’s been able to put off ankle, foot, leg and knee surgeries,” says Gavin. “That’s not to say she won’t ever need them, but surgeons believe that getting out of her wheelchair and being so active has strengthened muscles that would normally be weak. They’ve told us, ‘Whatever you’re doing is working, so keep doing it.’”

Occupational therapist Karla Kirchner has worked with Hallee for three years to improve her gross motor skills, core strength, cognitive skills and emotional regulation. She dubs Hallee a “miracle girl” but points out that she wouldn’t be where she is today without her determination.

“She has surprised every health professional,” says Kirchner. “She’s a go-getter, a hard worker and a positive ball of energy. Her work ethic would put anyone to shame. The power of ‘I believe I can, therefore I do’ applies to Hallee.”

When she was six, Hallee started competing in triathlons. In



**The McCoombes family in their hometown of Elliott Heads: (back row, left to right) Jada, Gavin and Christine, (front) Tia and Hallee**

the version of the event open to para-athletes aged five to 12, competitors swim 100 metres, cycle two kilometres and run 500 metres. Hallee uses a modified trike in the cycling segment.

She also does shotput, discus, javelin and long jump, then added wheelchair tennis; it may be her ticket to the 2028 Summer Paralympics in Los Angeles.

“I want to go to America to see my granddad,” says Hallee with a grin. Christine’s father, who lives in



Nevada, has always been very close to Hallee. “She hasn’t seen him since before COVID, but he FaceTimes her every morning,” explains Christine. “We often call him when she’s racing so he can see her compete.”

Wheelchair tennis may be the only way Hallee will qualify for the Paralympics, which has no events for athletes with lower-leg impairments who compete without prostheses. Her AFOs aren’t considered prostheses because they don’t replace a missing body part.

“It’s a battle we keep fighting,” says Gavin. “I emailed the Paralympic Committee in Germany to ask if they would offer an event for that classification, but I didn’t get much of a response. I think they should include that option, and if it turns out there aren’t enough athletes, fine. But it would give people like Hallee something to aspire to.”

Adds Christine, who as a project coordinator for Little Athletics Australia advocates for inclusion in sport, “We just have to keep fighting or there won’t be any change.”

### A Bright Future

When she isn’t training, competing or getting physical therapy, Hallee enjoys chatting online and playing Roblox with her friends on her tablet.

But Hallee has a few more tasks on her daily to-do list than her friends. For one thing, many people with


spina bifida experience bowel and bladder dysfunction, so Hallee can’t go to the toilet like most people do. She needs a catheter to empty her bladder and she has to do a bowel flush every second day.

Hallee and Jada still go to competitions together. “They’re in separate classes, but if one is having an issue, the other one seems to know,” Christine says. “At night, we can’t separate them. They’re always snuggling.”

Nine-year-old Tia looks up to her older sisters. She also does athletics but has told her parents that she doesn’t want to compete because she wouldn’t be as good as the twins.

If Hallee qualifies for the 2028 Paralympics, which will be held while she’s still in high school, she’ll consider trying out for the 2032 Games in Brisbane.

And after that? All Gavin and Christine want is for Hallee to be happy and independent. As for Hallee, she dreams of being a midwife. It’s something she told her mum a few years ago but was torn because she also wanted to be a Paralympian. Christine told her that she could do both; if she made it to the Paralympics, she could tick that off her list, then study to be a midwife.

When asked what she would say to other children with disability, Hallee offers two powerful pieces of advice: “Don’t listen when people say you can’t do something. And, try your best.” 



ANIMAL KINGDOM



THE GREAT  
WILDEBEEST  
MIGRATION



*It's a spectacular sight when countless ruminants cross the Serengeti in search of greener pastures*

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BY *Vincent Noyoux* FROM **LE FIGARO MAGAZINE**

## IT STARTS LIKE A SCENE FROM

# OUT OF AFRICA.

Leaving Mount Kilimanjaro behind, the bush plane flies over the gaping Ngorongoro Crater, casting its shadow over tawny land that resembles lion skins sewn together with the rivers' green thread.

We're in the Serengeti in Tanzania, in the northern part of the national park, near the Kenyan border. We've yet to set foot on the ground, but the safari is underway. Herds of elephants bathe in the Mara River. Half-submerged crocodiles come into sight, and on the bank sit masses darker than boulders, the hippopotamuses.

It's all wonderful, but we're here to see something else: the blue wildebeest. With its spindly legs, grey-blue coat, wild mane and a long, bumpy face that gives it a stubborn air, this ruminant is not the elite of the African safari.

Wildebeests live in herds of about 30 that assemble in huge numbers during the great annual migration.

"The cycle starts early in the year in the southern Serengeti and moves west, then north to the Masai Mara

(Kenya), east and back south," explains our guide, Erasto Macha. "Wildebeests follow the rain, which provides green grasslands. They remain in the northern Serengeti from July to early October, but August and September are when we see the most."

Macha estimates there are 1.5 million here.

If it weren't for the Mara, which is subject to massive fluctuations depending on rainfall upriver, their migration would be smooth sailing. Rising on the Kenyan side of the Great Rift Valley and flowing into Lake Victoria, it's the longest and only perennial river in the Serengeti. It's also the most dangerous to cross.

The Land Cruiser we're travelling in crosses an acacia savannah, and there's a parade of animals: elephants, giraffes, warthogs, buffaloes, ostriches, antelopes and topis. Crocodiles and hippopotamuses soak in the water as vultures fly overhead. All of the actors are in place: on the opposite bank, a black line forms at a spot at the river's edge, and the growing horde congregates.

The wildebeests are about to cross, but they seem to hesitate. And who could blame them? The waters are crawling with crocs and hippos. When one wildebeest makes its

## The Great Wildebeest Migration



**Wildebeests set out to cross the Mara River**

move, the entire group will follow. “Their best strategy is to cross in a line rather than head-on,” Macha says. “In a compact group, the young wildebeests would inevitably end up crushed and then drown.”

Several hundred thousand zebras follow them, he says, but the more cautious zebras never cross first. “One theory is they remember dangerous places. But what we do know is they share the grass: zebras graze the top of the grass and wildebeests eat the rest.”

The group at the edge of the Mara still hesitates. Will they or won't they? We place our bets. The wait can take hours. Sometimes, the wildebeests turn back. That's what happens today. As the light shifts from gold to glowing red, they scatter sheepishly in the bush. Defeat in such a glorious setting.

**WE HEAD BACK TO SAYARI CAMP**, the first of its kind in the northern Serengeti. Unlike other lodges, it's just a stone's throw from the Mara River, which is very practical when a river-crossing alert goes up. It isn't uncommon to see zebras and wildebeests roaming between the tents. To come and go after dark, guests call a staff member by walkie-talkie.

The nighttime savannah rustles with a thousand sounds. A hyena's high-pitched call sends shivers down your spine as you lay in bed. Step out onto the terrace, and your torch will illuminate a myriad of wildebeest eyes, glimmering dots.

At dawn, we take to the sky for a trip in a hot-air balloon. Like the sun, we slowly rise. The basket skims the tops of the acacias and glides low over impalas, antelopes and zebras. The spitting burner sends large

herds of wildebeests into a panic, and they gallop off into the vast yellowish-green plain. In a few weeks they'll have reached the Masai Mara, whose hills peek out in the distance.

We watch as the hyenas' limping run clashes with the graceful leaps of the oribis – the ballerinas of the savannah. From the sky, the wild wonder calls to mind an earthly paradise, but the animal bones that litter the ground tell the story of the struggle to survive. Here, there are the hunters and the hunted.

**THE SERENGETI** teems with life. On the banks of the Mara, mongooses leapfrog the rocks. Standing in the water, Masai giraffes nibble acacia leaves. "They spot danger first, and the zebras understand that," Macha says.

Further on, there's a group of chubby-cheeked hippos with bulging eyes. But we aren't fooled by their aura of serenity. These territorial animals charge without warning, killing nearly 500 people a year in Africa – far more than all the big cats combined. Two teenagers quarrel and growl, opening their mouths wide to bare their frightening teeth.

The radio of our Land Cruiser crackles: wildebeests have been spotted a few kilometres away. On the other side of the river, lines of

wildebeests arrive from all over as the group swells. But no one wants to go first. Their hesitation forces them to postpone, and they disperse.

The unexpected occurs elsewhere. As we observe a group of impalas, one of them makes a whistling noise. "Something alerted it," says Macha. We all turn our heads. Lying on a branch, hidden among the leaves, a leopard looks on. The leopard climbs higher and sets its topaz eyes on us in an imperial gaze.

Leopards often pounce on their prey, usually an antelope or an impala, in one bound. They're powerful enough to haul it into a tree so they don't have to share with other carnivores. This one will

wait until night to attack, something its eyesight and patience permit.

Safaris start in the early morning, when the wildlife is most active, and as the Land Cruiser crosses the savannah, we watch lion cubs play under their mother's watchful eye. Then they quickly disappear into the tall grass. "The wildebeests are going to cross," Macha says with certainty. Soon enough, an epic scene unfolds right before our eyes.

Thousands of wildebeests stamp on the bank of the river, the depth of which can fluctuate quickly. The most dangerous 100 metres of their lives lie ahead. Pressured by the group, one

**SAFARIS START  
IN THE EARLY  
MORNING, WHEN  
THE WILDLIFE IS  
MOST ACTIVE**

---

## The Great Wildebeest Migration

decides to cross. And then the flow is unstoppable. Water sprays as the wildebeests jump in. It's a dark and nervous army, an avalanche of horns on the Mara River.

Crocodiles are ready to attack as the hippos fiercely guard their territory. The smaller wildebeests are the easiest prey, but the mass of moving legs complicates any assault; a crocodile propels itself in a flash, its jaws just missing the target.

The wildebeests that make it to the other side climb out dripping wet. A youngster stands alone, a few metres behind them. Crocodiles loom, and we bury our eyes in our binoculars and hold our breath. The safari becomes a thriller – a cruel and fascinating death scene that plays out right in front of us.

But the little wildebeest survives, barely, and we think back to one we saw yesterday whose flanks had been slashed. "A crocodile attack," Macha had confirmed. "A hyena will finish it off when it gets too weak to run."

Yet the biggest threat to the wildebeests is drowning. Sometimes hundreds of carcasses float in the river. "In just 15 minutes, 3000 to 4000 wildebeests cross it," says our guide.


Drowned wildebeests are a feast for scavengers. Bare-necked and wrapped in their sinister cloak, vultures perch on the branches of a dead tree. By removing remains, vultures help prevent the spread of diseases and preserve the savannah's ecological balance.

Afterwards, we park under a clump of trees among the impalas and set breakfast on the bonnet. A zebra foal nudges its mother. Elephants silently cross the landscape as their calves play games with their trunks. This is the way of the wild: from fear to tenderness.

The sun sets on our final outing, and we're on foot for the first time. A ranger armed with a .458 Winchester Magnum is with us. As simple bipeds without fangs or claws, we're more vulnerable than a baby antelope. We tread cautiously, quietly, in an eerily deserted savannah.

Suddenly, Macha freezes: "Behind the rock, 30 metres away..." And we see the wisps of a lion's mane behind granite.

We feel a quiver of fear, but we don't run or the lion will assume we're prey. In any case, we'd be too slow. "Stay together and walk away slowly," Macha says. The lion sticks its head out and follows us with its eyes. What is it thinking?

In the evening, before dinner, as is the custom at the lodge, we sit around a blazing campfire and talk about our day. About leopards perched in trees, lions ready to pounce, crocodiles on the attack. Our stories sound like tall tales, except they're absolutely true. The sky over the Serengeti witnessed them all. 

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# HOW TO GET ALONG WITH ANYONE

*Master awkward conversations with these seven tricky personality types*

BY Rosemary Counter

ILLUSTRATIONS BY CLAYTON HANMER



**W**hile making polite small talk at a baby shower, my day was quickly ruined. “Ooh, are you expecting?!” asked a family friend, looking me up and down. I sheepishly shook my head, instantly regretting both my party dress and my plate of mini-sandwiches. Then, just when I thought it couldn’t get worse, it did: “Well,” she asked, “why not?”

My mind flooded with reasons and

retorts – “just fat, thanks,” deep-rooted doubts about my maternal capabilities, fear of climate change, or perhaps a well-deserved expletive – but, sadly, none materialised. Instead I murmured that I was busy with work and excused myself to mope for the rest of the afternoon.

I’ve since recovered emotionally, but I sometimes wonder: *What should I have said to a nosy question from a rude person?* And how about all those

## READER'S DIGEST

other challenging personalities we have to talk to whether we want to or not?

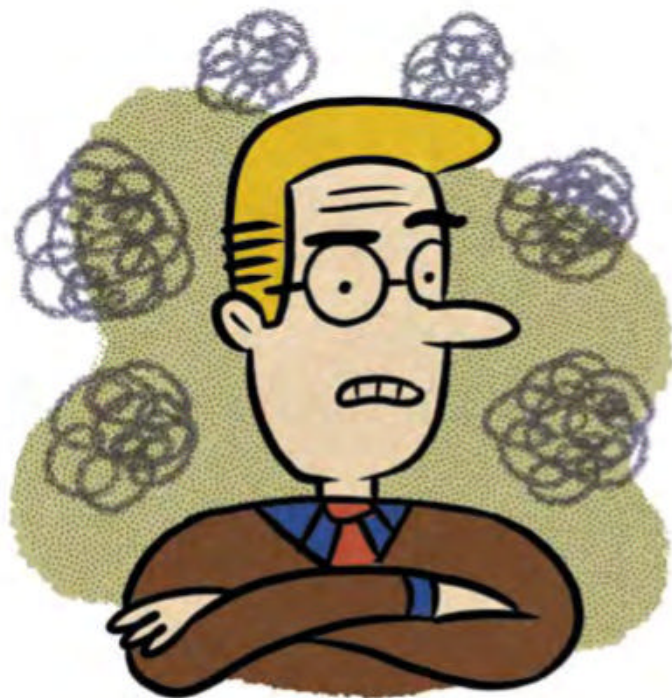
So I asked experts about how to deal with the trickiest, meanest and most maddening personalities.

### THE COMPLAINER

You know the type: this restaurant's too pricey, the music's too loud, their burger is overdone and they can hardly taste it anyhow because they're coming down with something. People who whine are great fodder for comedians. But in real life, the Complainer isn't so funny.

"This is a person who thinks life is unfair to them," says psychologist Jody Carrington. Nobody is that put out by a burger; they're down about other, bigger things and are taking it out on specific, controllable things like what's on their plate.

How should you deal with this good-mood thief? "If you want to interact better with these people, it starts with empathy," says Carrington. (This is true for all tricky personalities, but especially for a Complainer.) Start by removing the small stuff from the equation – maybe let them choose the restaurant – so you can both focus on the big picture. Get them to talk about what's really bothering them and challenge their negativity with questions about what's good in their lives.



### THE CONTRARIAN

You say it's a nice day; they say it's too hot. You've read a good book; it was the worst book they've read in a decade. You mention that they contradict everything you say; they say, "No, I don't!"

"A Contrarian is someone who just likes to argue," explains Monica Guzman, an expert in curiosity. "Sometimes this is fun, but other times it's aggressive and unpleasant. The Contrarian can't always tell the difference." So while you're arguing the issue at hand, they're arguing for the sake of argument – and so they win every time.

How to better brave this battle? A Contrarian only wants to spar, so pick your battles. For anything inconsequential, says Ian Leslie, an argument expert, "the most disarming way to handle a Contrarian is to say

you agree with them.” This doesn’t mean you should lie. Try “I agree with you on that” about something small and specific, or “I can definitely see your point” if you truly don’t agree on a single thing. Then change the topic.

When you want to stand your ground, you can move the Contrarian beyond their default defence position by becoming a more nuanced opponent. “You can sometimes get them off the opinion showdown by asking them for their story or experience with a matter,” says Guzman. Asking “How did you come to believe that?” can move a conversation away from a competition of opinions and towards a personal perspective.

### THE CHATTERBOX

If you can’t ever seem to finish a sentence, chances are you’re face-to-face with a Chatterbox. Despite the cute name, they can be a frustrating bunch, explains communication expert Sandy Gerber. “The Chatterbox is a story stealer. They identify with what you’re saying and then give a story about themselves.”

It can feel like the Chatterbox is constantly trying to one-up you, but it’s not necessarily true. They could be socially anxious, uncomfortable with silence or just extra passionate and excitable. But whatever

the reason, they probably don’t even notice they do this, nor the deeper reason why.

“Particularly in kids, Chatterboxes could also be called connection seekers,” says Carrington. “That’s all they’re after, but they’re not giving you the chance to connect back.” And because they’re chatting a mile a minute, you might not notice until you’re irked on the drive home, having realised all your stories were hijacked.

Next time, try the phrase you’d least expect: “Tell me more.” Says Carrington: “Choose a topic and let them exhaust it. Ask them questions, follow up and really listen.”

Once the Chatterbox has run out of things to say, their need to be heard has been met, so now it’s your turn. Jump in with something like “I love your stories and I have one for you, too.” For once, the floor is yours.



## THE TECH ADDICT

Socially, few things are more annoying than someone repeatedly checking their phone in the middle of your conversation with them. Soon enough, you're projecting sulky thoughts their way like, *I'm boring you/You're more concerned with whoever's on that phone than me/You don't care about me*, explains Carrington. None of that's necessarily true, but this is: "If someone is engaged in a great conversation, they wouldn't care about their phone," she says. Ouch.

Whether you say something or not, remember the Tech-Addict's annoying habits aren't about you. "It's rude, for sure, but sometimes we mistake the behaviour for more than what it is," says Leslie. "It's possible they're just nervous or anxious," he says. It's also possible their partner is stranded with a flat tyre or their kid is sick. The point is, you don't know.

So before you hastily rage at the Tech-Addict's blatant rudeness, focus instead on building a better conversation than whatever's going down on Instagram.

You might never be able to achieve this, given the power of today's clickbait, so if you're close enough to a person, Carrington advises you to cheekily ask them: "What's on that thing that's so alluring?" Chances are they'll apologise and sheepishly

tuck the phone away. (But if the answer is something real, talk about it.)

Better yet, avoid the situation in advance by saying something like, "I'm really interested in catching up properly, so how about we leave our phones in the car?" If they indeed have that flat tyre or sick kid, you won't have to assume it's because your stories are boring.

## THE DRAMA QUEEN

"The Chatterbox on steroids" in Carrington's words, the Drama Queen (or King) is someone who similarly dominates the conversation, chatting your ear off about all the wild things you will never believe are happening in the "Worst. Week. Ever!" (The boring details of your week, meanwhile, can't possibly compare with what's going on in their life, so don't even try.)



“This person’s always exaggerating because they want to be the centre of attention,” says Gerber. The more they do this, the more we pull away from the over-the-top emotions of a life in constant crisis.

“We tend to avoid them because keeping up with the drama is an energy sucker,” says Carrington. “But this only means they’ll turn it up. They’ve often exhausted other people in their lives so they come on even stronger.” The Drama Queen desperately wants your attention and she’s also terrified she’ll lose it; she’s putting on a show in hopes you’ll never look away.

Resist the urge to cut her off; instead set boundaries you can both stick to. “Be really clear in advance about what you’re willing and not willing to do,” says Carrington. Maybe this means you’ll talk about her ex for 20 minutes but no longer.

### THE FRENEMY

Though all these personalities are difficult, perhaps none is more so than the Frenemy – someone who is equal parts friend and enemy, a subtle and complicated phenomenon. “I call this a see-saw friendship,” says Gerber. “Because of the highs and lows, you never know what you’re going to get.” One day your friend is fun to be with; the next they seem a bit mean – and you have no clue why.



“The Frenemy is passive-aggressive and motivated by their perceived lack of value,” says Gerber. “They’re rolling their eyes at anything that you have, or do, that feels like it’s undervaluing them.” To feel better about themselves, the Frenemy is desperate to knock you down a little bit at a time.

When dealing with a Frenemy, protect yourself by recognising a negative judgement and not taking it personally. “These people are almost firing arrows at you,” explains Wisner, “so you can dodge the arrow; let the arrow pierce and hurt or offend you; or catch the arrow and stop it.” Options A and B are easy in the moment, but C is the brave choice if you want things to change. To start a difficult conversation, Wisner suggests saying, “That doesn’t feel sincere to me. Did you mean that?”

That might address a particular jab, but if you actually want to fix and save the friendship – and maybe you don’t

## READER'S DIGEST

– you're going to need to dig deeper. "These people are competitive on the surface, but underneath they're insecure and highly distrustful," says Gerber. To turn a frenemy into a real friend, you're going to have to talk about it. "Tell them what you're looking for in a friendship and what you're willing to offer," she says. "But if they can't or won't have that conversation, well, that's your answer."

### THE OVERSHARER

Unsolicited commentary about someone's love life, their best friend's messy divorce or whatever just happened in the bathroom are all clues you've got an Oversharer on your hands. Whether they're telling too much or asking for details you're not comfortable sharing, this persona has neither a filter nor boundaries.

Why would anyone in their right mind list their irritable bowel syndrome symptoms over brunch? Because of two specific human qualities: the first is an unwritten personal boundary that's far from yours. "The discomfort you feel comes from a difference of standards about what topics of conversation are OK," says Chuck Wisner, a leadership adviser.

"What they consider to be acceptable, need-to-know information is different than what it is for you."

At the same time, the Oversharer is also trying to get closer to you by revealing more about themselves – and hoping you'll do the same. "We tend to label these people as nosy, invasive or rude," notes Gerber, "but they really just want to be liked and accepted."

To satisfy the Oversharer, and simultaneously veto the endless commentary, consider sharing something else – still personal but less invasive – that satisfies their urge to connect. When they really cross the line, say something that indicates your boundary is being crossed. "That's private!" says everything.

A compliment also works wonders with an Oversharer, adds Gerber, because it refocuses the conversation in their direction while subtly resetting your boundary. For example, I could have given this wise response to my nosy family friend at the baby shower: "You made having kids look so easy! How did you do it?"

I missed my chance that time. But next time, I'll be ready to face an Oversharer – or the other challenging people it takes to make a world. **R**



### Whimsical Wins

Counting nose hairs in cadavers, repurposing dead spiders and explaining why scientists lick rocks are among the winning entries in 2023's Ig Nobels, the prize for humorous scientific feats. AP NEWS

## QUOTABLE QUOTES

**The climate crisis is here, today; it will only worsen in the future. The world must take steps now to mitigate its severity and its effects on the world's most vulnerable.**

**FRANCESCO ROCCA,**  
PRESIDENT OF THE  
INTERNATIONAL FEDERATION  
OF RED CROSS AND RED  
CRESCENT SOCIETIES



*By being who I am, I hope that allows others to be who they are.*

**SAM KERR,** FOOTBALL PLAYER

**Mistakes are the can openers of the conversations we most need to have.**

**APARNA NANCHERLA,** COMEDIAN

*You know the saying:  
Everything happens  
for a reason?  
That reason is  
usually physics!*

**BILL NYE,**  
SCIENCE BROADCASTER



**A piece of art is its own little world, one that conjures the feeling that everything is as it should be, with nothing wasted and nothing missing.**

**MICHAEL CHRISTIE,** AUTHOR



**MY MOTHER ALWAYS SAYS:  
KNOW YOUR WORTH.  
OTHERWISE,  
SOMEONE ELSE  
WILL TELL YOU  
WHAT IT IS.**

**IMAN,** MODEL

## ALL IN A DAY'S WORK

### *Humour On The Job*



**“Oh dear. Looks like your father has brought work home with him again.”**

### **Listen Up**

If you like to eavesdrop on your colleagues, these are the sorts of conversations you might encounter:

Employee on phone with customer: “I just need to cross my X’s and circle my O’s, then I can get back to you.”

Person in the next booth: “Why do things that happen to stupid people always happen to me?”

Project manager, speaking about

one of the principals of the firm: “He has been driving around with his windshield wipers on because he can’t figure out how to turn them off. Do you really think he’ll understand this?”

OVERHEARDINTHEOFFICE.COM

### **Career Calling**

During a job interview I was asked “Are you OK with hybrid?”

I replied, “Sure, I can drive a hybrid.”

SUBMITTED BY DEEPAK VOHRA



### Lost In My Work Space

I sat at my desk, picked up the phone receiver and tried to dial the numbers on my computer keyboard. It seems I am not alone. One of the other secretaries said she often sits in her seat in the office and wonders why she can't find her seat belt.

SUBMITTED BY MARGARET ROBERTSON

### Open In Case Of Emergency

When I was in pilot training, there was a cupboard in the hallway of the officers' quarters. On the door was a sign: Officer Storage.

Underneath, someone had scribbled, "So that's where they keep them." SUBMITTED BY DALE 'BOOTS' HILL

### Mum's Word Is Law

My mum is a lawyer. When I was 13, we got into an argument and she accidentally called me Your Honour. She never really came back from that one. @KATIEDIMARTIN

### Plane Talking

I was walking up the aisle of the plane when I noticed an anxious-looking woman tightly gripping the armrests of her seat. As a flight attendant, I've seen a lot of that, so I stopped to offer help. With a reassuring smile, I asked, "Are you afraid of flying?"

"No!" she shot back. "Of crashing!"

SUBMITTED BY RICHARD SWERDLOW

### Caking My Day

I work with four year olds. This happened yesterday.

Girl: "You're the best teacher! I love you more than cake!"

Me: "Aww. Do you love cake?"

Girl: "No, I don't like cake at all."

NOTALWAYSRIGHT.COM

### RIGHT TO BE BORING

A French man who was fired in 2015 for essentially being boring recently won his lawsuit against his old bosses. The unnamed employee, who goes by Mr T, had worked as a senior advisor for the Paris-based consultancy firm Cubik Partners, which is notable for its "fun and pro" approach to work.

The man was let go after refusing to join his co-workers after hours at pubs and elsewhere – outings that he said often ended in debauchery.

Nor did he partake in the exchange of crazy nicknames. In siding with the ex-employee, the court ruled that the company couldn't force its workers to be fun.

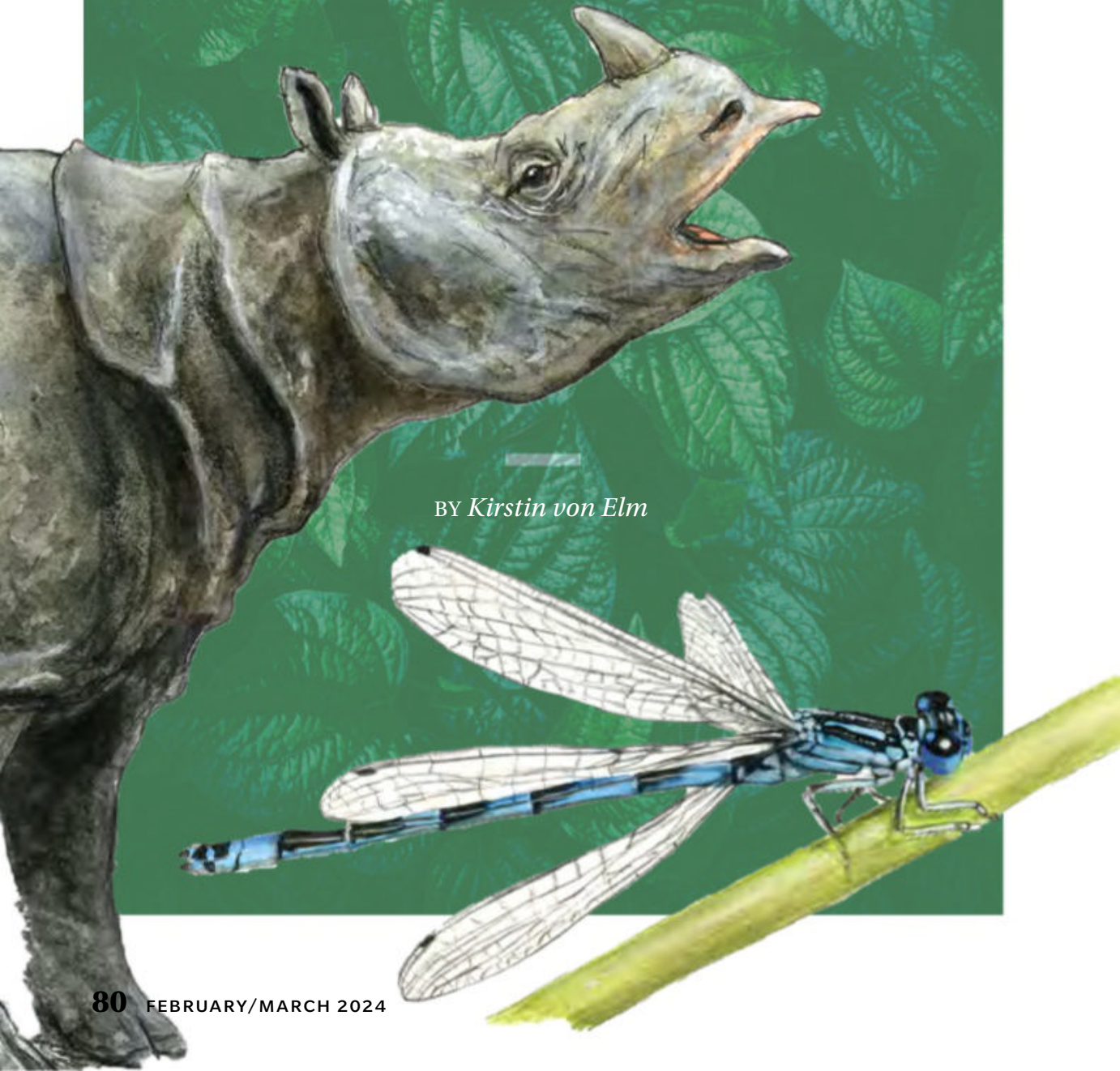
METRO.CO.UK



# ANIMAL EXTREMES

*Test your knowledge of  
these hard-to-believe traits  
of some incredible animals*

BY *Kirstin von Elm*



## QUESTIONS

**1** The banded archerfish (*Toxotes jaculatrix*) lurks just below the surface of the water when feeding as it waits for insects that sit on plants near the shore. What hunting technique does it use to capture unsuspecting insects? It...

- a) stretches out its long, sticky tongue
- b) emits a jet of water that knocks insects out of the air
- c) creates a tidal wave that washes insects into the water
- d) jumps out of the water super-fast

**2** Their prominent incisors are good for rodents, as these large front teeth help them break down food. Yet not every animal with large front teeth are members of the rodent family. Who is not a rodent?

- a) rabbits
- b) guinea pigs
- c) porcupines
- d) mice

**3** During the 2010 Football World Cup an octopus named Paul from the Sea Life Centre aquarium in Oberhausen, Germany, became internationally famous. Paul was called upon to predict the outcome of all games played by the German national team and even accurately foresaw Spain's victory in the final. Octopuses, however, are not clairvoyants. What are they actually capable of?

- a) Ejecting ink to protect themselves
- b) Matching skin colour and patterns to their environment

c) Doing something different with each of their eight arms at the same time

d) All of the above

**4** The hoatzin bird lives in the Amazon and Orinoco deltas of South America. Its feather headdress is reminiscent of a mohawk. What makes this tropical 'punk' among birds unique? It...

- a) has four legs
- b) digests its food similarly to a cow or sheep
- c) sleeps for just two hours a day
- d) sleeps in flight

**5** When a Tasmanian devil becomes excited, its ears turn red. As a marsupial, it gives birth to its young in a very early stage of development. These then mature further in its pouch. What advantages does this have for the mother animal?

- a) In the event of danger to life, it can get rid of the young animals
- b) Giving birth is easier
- c) Shares rearing with fellow females
- d) Both a) and b)

**6** Dragonflies hunt while in flight, and can reach speeds of up to 100 km/h. How do they manage to keep an eye on prey and their environment? It...

- a) has up to 30,000 'eyes'
- b) recognises prey with ultrasound
- c) has wing sensors
- d) relies on reflected light

## READER'S DIGEST

**7** It crawls like a reptile, swims like a fish, has a stinger like some insects, lays eggs like a bird and feeds its young like a mammal. When British scientists first saw a dead specimen of this animal, they believed it was a fake. What is it?

- a) sea turtle
- b) platypus
- c) water deer
- d) armadillo

**8** Snakes are superbly adapted to their habitat. They are found in the mountains and on the plains as well as in the desert. Some kill their prey with poison, others with their stranglehold. They come in countless sizes and colours. What can't a land-dwelling snake species do?

- a) crawl backwards
- b) perceive sound waves
- c) jump from tree to tree
- d) breathe underwater

**9** With short, stocky legs, a massive body and armoured skin, the white rhino enchants its peers. Yet the communication between the sexes doesn't look very elegant. How do male and female white rhinos communicate?

- a) by rhythmic pounding
- b) by stamping their front feet
- c) by leaving and sniffing piles of dung
- d) through blowing with their horns

**10** Turtles do not live in polar regions or in high mountain ranges. But most turtle species are blessed with thick armour. Which of these unique traits are turtles cursed with?

- a) Once tipped onto their backs, turtles die as they cannot turn themselves over
- b) They have to move their legs to breathe
- c) They have to discard their shell to reproduce
- d) They don't have a strong sense of direction

**11** How is a gender in an animal best described?

- a) It is either masculine or feminine and unchangeable
- b) Some animals can change their sex
- c) The animals of some species are male and female at the same time
- d) Both b) and c)



**Rabbits like to gnaw. So does that make them rodents?**

## ANSWERS

**11d)** There are sex changes in frogs and some fish such as the clown fish. Some snail species only occur as hermaphrodites.

**10b)** Turtles have a rigid chest and they also lack a diaphragm. For lung breathing, they move special muscles with their legs.

**9c)** The odour of dung broadcast chemical signals about a rhino's age and sex, and whether females are in heat or if males have staked out territory.

**8a)** A backwards movement is impossible for snakes on land because the movement would cause their scales to get stuck.

**7b)** The platypus combines all of these characteristics. The animal is native to Australia where it is strictly protected.

**6a)** With their two so-called compound eyes, dragonflies perceive light and movement about six times faster than humans. Each compound eye consists of thousands of individual eyes, each equipped with its own lens.

**5d)** Giving birth at an early developmental stage when other mammals are still maturing in the womb means less stress for the mother. If she is threatened by predators or a lack of food, she can drop her young and thus ensure her own survival.

**4b)** The hoatzin is the only bird that has a digestion process similar to that of ruminants (cows, sheep, etc). This causes an unpleasant smell, which has earned the hoatzin the nickname of 'the stink bird'.

**3d)** This mesmerising invertebrate can change its skin colour and pattern, use its arms to perform eight tasks at once, and use a self-produced ink as an escape strategy.

**2a)** Around 2500 different species make up rodents, the most species-rich order among mammals. The rabbit, however, belongs to lagomorphs.

**1b)** The banded archerfish kills its prey by shooting a jet of water from its mouth. Banded archerfish live in estuaries and coastal waters of Australia and Southeast Asia.



# Full Steam Ahead!

*I got the chance to drive  
the world's last scheduled  
steam train*

---

*By Martin Fletcher*  
FROM THE FINANCIAL TIMES

**Standing in Leszno  
Station, the OL49-69  
steam locomotive**



## READER'S DIGEST

**I**t's 5.20am, and I'm sound asleep in a guest house in Wolsztyn, a small town in western Poland. The light snaps on outside my room. I hear Howard Jones, my host, shout: "It's working! It's working!"

Thirty minutes later, Jones and I reach the train station. It is cold, dark and raining, but sure enough there's a huge black steam engine standing at the platform with clouds of steam and smoke billowing from its chimney.

We climb up into the cab, where Andrzej and Marcin, the driver and fireman (or engine stoker) are waiting in their grimy clothes and baseball caps. At precisely 6.03am, the great steel monster pulls out of the station, clanking and creaking, shaking and shuddering, huffing and puffing as it slowly gathers pace.

Thus, the world's last scheduled standard-gauge steam-train service, the last one primarily for regular passengers, not tourists, begins its morning journey.

It is also the last one on which novices like me can learn to drive. But I'm getting ahead of myself.

It was four years ago that a friend of a friend, who was a steam-train lover, told me about Wolsztyn's steam engines and of Howard Jones, the curious Englishman who had done so much to keep them going by setting up courses for those who longed to drive them.

Intrigued, I contacted Jones, who

invited me to visit in February 2020. I booked my flights, but the day before my departure he called to say that none of the three trains were working. Then came COVID-19 and the lockdowns.

I resurrected my plans in early 2022 and booked a flight for a three-day visit to Poland. There, I met Peter Lockley, a railway enthusiast – more commonly known as a 'gricer'. The retired solicitor from central England now travels the world photographing steam engines for fun, and, like me, he wanted a crack at driving one. But when I arrived in Wolsztyn, Jones broke the news that just one of the locomotives was working.

The steam-train from Wolsztyn to Leszno, some 45 kilometres away, runs twice daily on weekdays most of the year, at 6.03am and 11.41am. After arriving in Wolsztyn late, I opted to take the second run. That was a mistake. The loco developed a fault in its brake pump on the early run, so the later run was cancelled.

That gave me time, at least, to be inducted into the strange and secret fraternity of gricers – most of them old enough to recall Britain's steam trains. They were raised on *Thomas the Tank Engine* books, and films like *Brief Encounter* and *The Railway Children*.

The guest house where Jones accommodates visitors is full of steam-engine memorabilia: signals, ticket-collectors' caps, guards' lamps,



platform signs, model trains, railway DVDs and photos.

Lockley and I explored the Wolsztyn engine 'shed', a depot where there is a splendid old 'roundhouse', a railway turntable of a sort I had not seen since childhood. There were also 18 steam engines in various states of repair. Lockley knew them all.

"That," he'd say, "is a Pm36-2, built in Poland in 1937 and the last of its kind in the world."

Over a lunch of wild-mushroom soup and venison in a pre-war aristocrat's country mansion, Jones, then aged 70, told me his story. Born and raised in London, his father took him to see a rare Clan Stewart steam locomotive at Liverpool Street Station when he was five. He would sneak into train sheds with names like Cricklewood, Neasden and Old Oak Common to admire the engines.

"In the summer it was train-spotting, and on the dour winter days it was a model railway in the bedroom," he said. When the last regular steam-train passenger service ended in Britain in 1968, "It was almost like losing a close friend," said Jones.

He left school just as the era of cheap package holidays was starting. He worked for a couple of travel agencies, and later set up a company that organised weekend trips for British gricers to heritage railways in Germany

and Poland. That was how he discovered the Wolsztyn depot.

Steam trains had survived longer in Communist Poland than elsewhere because it produced lots of cheap coal, and diesel replacements were expensive. Steam engines were still common in the 1980s, and three or four working sheds survived until 1990, but by 1994, Wolsztyn's was the last one left. "It was just clinging on," Jones told me.

By that time, Jones's company – and his marriage – were in trouble, so he decided to follow his heart. In 1997, he moved from England to Poland to try to save Wolsztyn and its steam engines. He promised to raise funds for the shed if the state railway company kept running the trains. He tapped into the surprisingly large community of British train lovers. He

**Marcin, the stoker, in the locomotive's cab, among the levers and handles**



## READER'S DIGEST

persuaded 40 gricers to invest £2000 each, and in return they could spend one week a year for the next five years learning to drive the trains.

By the early 2000s he was attracting visitors from around the world. In 2006, he was awarded the Member of the British Empire for this work and his contribution to British-Polish relations. Today the Wolsztyn-to-Leszno service carries around 50,000 passengers a year, of which only about 5000 are tourists.

I asked Jones what he found so fascinating about steam engines. "They are the closest thing in machinery to being alive - like breathing dragons," he explained. "No two are alike. You have to learn how each one handles.

You call them 'she', and you swear at them. It requires a lot of skill to drive a steam engine, but any idiot can drive a diesel or an electric."

**ON MY SECOND MORNING** the brake pump was still broken. I was due to fly home at noon the next day. So a young employee was sent on an 11-hour, 1000-kilometre round-trip drive to a railway museum in southern Poland to get a part.

When he returned, the pump was swiftly mended, and at 5.20am on my third and final day, Jones woke me. Over the next three hours I began to understand why gricers are gricers.

Dressed in a boiler suit, I climbed

**Railway workers in Wolsztyn trying to repair the steam locomotive's faulty brake pump**



two metres of metal steps to the cab of the engine, an OL49-69 built in the early 1950s. It has wooden floorboards, and doors and windows held together by wire. In front of me, over the firebox, is a bewildering bank of levers, wheels and dials. Behind is the coal tender. Every surface is oily, black and grimy. There is a smell of sulphur.

Jones showed me the regulator (a steel lever that serves as the accelerator), the reverser (a wheel that determines direction of travel) and a handle for the brakes. Then we're off - 140 tonnes of steel rumbling into the darkness.

It is thrilling, but alarming, too. We can barely see the tracks because the loco's long boiler is in the way. Andrzej, a 67-year-old who is a 48-year veteran of the railways, relies almost entirely on his intimate knowledge of the track to know when to accelerate and when to stop. He could navigate it blindfolded.

Leszno is 45 kilometres, or 83 minutes, away. En route we stop at 11 village stations. Normally there would be lots of schoolchildren waiting on the platforms, but it is a school break, so today we pick up just a few commuters. They are blithely unaware that they have a beginner helping in the engine room, pulling levers as Andrzej barks instructions in broken English.

I'm told to blow the whistle as we approach crossings. I shovel chunks of coal into the blazing firebox, filling the cab with an orange glow and blast

of hot air each time we open its steel doors to expose the red-hot furnace. At times we reach 60 kilometres per hour and the whole loco is vibrating, but somehow we make perfect stops at every station.

Approaching Leszno, our branch line merges with a dozen others. An unseen signalman guides us through the tangle, and we grind to a halt in a crescendo of noise and smoke. Diesel and electric trains glide in and out almost silently, but steam engines are prima donnas - a statement.

A dozen passengers get off, and scarcely 20 minutes later we set off back to Wolsztyn. This time the loco is at the end; we are going in reverse.

We pass factories, warehouses and modern houses as we leave Leszno. We thunder through rich farmland, then forests of pine and silver birch, scattering deer. We pick up shoppers, and night workers going home, 38 passengers in all. Then we're pulling into Wolsztyn station, having burned our way through two tonnes of coal.

It is 9.07am. Elated, I thank Andrzej and Marcin, pull off my boiler suit and sprint to a waiting car, my hands and face black and filthy. I should make it to my plane on time. **R**

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*Update: Howard Jones, the founder of the 'Wolsztyn Experience', passed away in June 2023 at the age of 71.*



BONUS READ

# LIVES IN THE BALANCE



*Real-life stories by a leading neurosurgeon*

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BY *Dr Christopher Honey*

FROM **THE TENTH NERVE**

PHOTOS: JACKIE DIVES



**F**or most people, neurosurgery is a mysterious, high-stakes profession – but that's part of the reason I was drawn to it as a curious child and, eventually, as a medical intern and PhD student.

And while surgeons are trained to be detached and rational, some patients have left an indelible mark on my soul. Here are the stories of two who profoundly changed my understanding of both medicine and myself – and of what it means to be human.

### *JEFF*

In the autumn of 1986, I was an intern at St Michael's Hospital in Toronto, having just finished medical school and begun a one-year clinical rotation to complete my qualifications. My internship was designed to provide exposure to a variety of specialties. I had spent two months each in emergency, obstetrics, paediatrics, internal medicine and psychiatry. I was now trying the field of surgery.

As a naive ten-year-old, I had found neurosurgery appealing, but now, as an intern at age 25, I was learning its realities. I was on call for the first time, working all night and the next day. I began to question if it was right for me.

That doubt was allayed one night in the emergency room (ER) when a patient named Jeff arrived by ambulance. Jeff was a 19-year-old

construction worker who had fallen six metres from scaffolding while installing windows in a new hotel. The paramedics had found him on his back, unconscious but breathing, and had transported him to hospital on a spine board with a neck collar.

My pager beeped and I headed for the trauma bay. The doctor in charge was Dr Grant Drysdale\*, an emergency doctor in his early 50s, short, lean, with grey frizzled hair. He was being briefed by a paramedic.

"No medical history. Vitals stable. Glasgow score was three at the scene but 14 in the ambulance." The Glasgow Coma Scale is a numeric representation of the level of consciousness: from three (deeply comatose) to 15 (fully alert). Our patient was a 14, meaning alert but confused.

In obvious pain and moaning loudly through clenched teeth, he fought with everyone. His eyes were squeezed shut from the pain. The board he lay on and the cervical collar around his neck were to keep his spine immobilised. He was moving all four limbs, suggesting he did not have an obvious spinal cord injury.

I stood behind Dr Drysdale, waiting to be told what to do.

The orderly ran large scissors up one pant leg and a moment later Jeff's shirt was open. Two nurses, one on each side, pushed intravenous (IV) lines into his arms. Then they stuck electrocardiogram leads on his chest and put a small white pulse oximeter

on his finger. The monitor began to beep with each heartbeat at a pitch proportional to the amount of oxygen in his blood. The beep had a reassuringly high pitch.

A blood pressure cuff was wrapped around his upper right arm; the reading, 105/55, was lower than it should be, but not alarming. His heart rate was 130 and his respiratory rate was 26 – both higher than normal but not surprising for a patient in pain.

Dr Drysdale assessed the victim's airway, breathing and circulation.

Everything was OK. He spoke to him, "Can you tell me your name?"

The patient spoke through his clenched teeth, "Jeff..."

"Jeff, where does it hurt?"

"My back, my back... my f-- back." The words were muffled, but it was clear to everyone where the pain was and how much he had.

"I'm going to examine you to make sure you don't have any broken bones," Dr Drysdale said. He moved quickly through Jeff's scalp, face, jaw, chest and abdomen, before methodically squeezing up and down each arm and leg.

"We need to roll him," he announced, and all the players took their positions. Everyone stood on Jeff's right side except Dr Drysdale. One

nurse held the head, another reached across his chest to hold his left arm, the orderly reached across his legs to hold his left thigh, and I stood motionless not knowing what to do.

Dr Drysdale looked at me and said, "Grab his legs." I moved beside the orderly and held Jeff's ankles. Dr Drysdale counted, "On three.

Ready, one... two... three." Everyone rolled Jeff towards them so Dr Drysdale could see his back while keeping the spine straight.

After palpating Jeff's back, from below the collar to his

tailbone, Dr Drysdale said, "Wait a second. What's that?" He was looking at Jeff's back. "There's a two-and-a-half centimetre cut between the ribs on the left." Reaching into the thin wound, he found a piece of glass and started pulling it out as Jeff moaned louder. It was out, and Dr Drysdale stood up and held up the bloodied shard. It was as long as a steak knife and slightly wider.

"Roll him back, and call thoracics!" he yelled out to the charting nurse. The volume of his voice underlined the urgency of his request for the thoracic surgery team, who dealt with serious chest injuries.

We slowly rolled Jeff back. The moment he lay flat on his back, he went limp and stopped moaning. His arms

**DR DRYSDALE WAS VISIBLY SHAKEN. WE HAD ONLY FIVE MINUTES BEFORE THE PATIENT WOULD DIE**

## READER'S DIGEST

fell to his sides. I was still holding his ankles, but now his feet, which had been pointing straight up, were flopped open.

“What’s his pressure?” barked Dr Drysdale. The nurse inflated the cuff and, after what seemed like an eternity, said, “I’ve got nothing.”

Dr Drysdale demanded two litres of saline and four units of O-negative blood, the blood type that can be given to anyone. It arrived in the hands of a breathless orderly and soon was flowing into Jeff’s left arm.

Dr Drysdale was visibly shaken. The patient was in trouble, and there were only about five minutes to figure out the problem before he would die. Jeff was motionless and unresponsive. Dr Drysdale, standing on the patient’s left side, grabbed his shoulder, squeezed it and yelled at him, “Jeff, open your eyes!”

There was no response. He grabbed Jeff’s left nipple, squeezed and turned it, and yelled again, “Does that hurt?” Nothing. Without any blood pressure to perfuse it, Jeff’s brain had stopped working. “We’ll tube him,” Dr Drysdale told the nurse.

Dr Drysdale was going to intubate the patient because in an unconscious person the tongue can relax into the throat and cut off air to the lungs. He opened Jeff’s mouth with a metal-bladed laryngoscope and slid an endotracheal tube down his throat. Then the tube was connected to a ventilator to breathe for him.

Four minutes left.

Dr Drysdale listened to Jeff’s chest with his stethoscope. With each pump of the ventilator, he could hear air filling both lungs. There was no airway problem. Circulation, however, was catastrophically impaired. “What’s his pressure?”

“Nothing,” the nurse responded. I stepped away from the foot of the bed to stay out of the way but be ready to help when told what to do. This was no longer a learning moment where a mentor would stop to teach you some important point. A life was slipping away and only Dr Drysdale could save him. We were his extra pairs of hands, not his partners.

Three minutes.

“Why’s he got no pressure?” Dr Drysdale said aloud. He glanced up at the electrocardiogram (ECG), seeing what looked like a flat line from where he was standing.

“Start compressions,” he commanded, and the team immediately moved to begin CPR – cardiopulmonary resuscitation. A nurse leaned the heel of her hands hard into the middle of Jeff’s chest and counted, “One and two and three and four, and five and six and seven and eight... .”

Each compression pushed Jeff’s chest down against his spine and squeezed his heart, mimicking a heartbeat. The compressions forced whatever blood was in his heart to





move out into the aorta and around his body, thanks to the heart's one-way valve system.

After 15 compressions, the respiratory therapist squeezed the ventilation bag and pushed two large breaths into the patient's lungs. The endotracheal tube had been disconnected from the ventilator and attached to a bag of oxygen so the breaths could be coordinated with the chest compressions. After 30 compressions, another two breaths.

"Hold compressions." Dr Drysdale reached for Jeff's neck. He tried

to find the carotid pulse to see if his heart was working and moved his fingers around above the neck collar in several places. Dr Drysdale looked up at the ECG rhythm and saw a flat line. No heart activity.

Two minutes.

"Restart compressions." He still could not find a pulse. "Give me a shot of 'epi' and be prepared to shock him." The nurse injected into the IV one milligram of epinephrine - the injectable form of adrenalin, the powerful hormone that gives the heart a boost of energy. The defibrillator was

brought in, but Dr Drysdale knew that someone with no heart activity ('asystole') would not respond to its shock. He wanted it ready in case the rhythm changed to something shockable.

The nurse pushed down on Jeff's chest and the respiratory therapist squeezed air into his lungs. Dr Drysdale held Jeff's wrists to measure the degree of pulsation in his radial artery. "Deeper compressions," Dr Drysdale commanded. The nurse put the full weight of her shoulders into the compressions, but the doctor could not feel much pulsation.

"Deeper!" Dr Drysdale was not pleased, but the nurse was maxing out her effort.

"Chris! Take over compression." He flashed a glance at me. I moved next to the nurse, ready to crush Jeff's chest. My own adrenalin had charged my muscles. I began, counting aloud up to 15 and then a pause for the two breaths. I was standing on the footstool and staring straight ahead at the ECG monitor in front of me.

After a few cycles Dr Drysdale said, "Hold compressions!" and we froze in position. I stared at the monitor and saw a faint tracing of a pulse. It had the characteristic shape of an ECG tracing, but the amplitude was reduced almost to a flat line.

"Asystole," Dr Drysdale called out. "Resume compressions."

"No!" I shouted. "He has a rhythm."

"What?" Dr Drysdale was as surprised that I would contradict him as he was that I thought there was a rhythm. The room was silent. The protocol does not allow for discussion or dissent. Everyone was staring at me, but I just looked at Dr Drysdale and spoke directly to him.

"There's a rhythm, I can see it," I assured him.

Dr Drysdale hadn't been able to see it because the

monitor was above his head and his bifocals showed him only the details below his nose. Now, he moved right up to the monitor, lifted his glasses and tilted his head way back.

"Agree," he announced. He was calmer than I was and emotionless in his tone. There was no "Congratulations!" or "How dare you?" It was just the right answer and now the protocol changed.

"EMD!" Dr Drysdale called out. "Another shot of epi."

Electromechanical dissociation occurs when there is electrical activity in the heart but no coordinated pulsation to push any blood. The chance of survival is 20 per cent.

One minute.

"Resume compressions," he

## THE GLASS SHARD HAD CUT INTO JEFF'S HEART LIKE A DAGGER, BUT IT HAD PLUGGED ITS OWN HOLE

ordered, and I leaned down hard on Jeff's chest. We had begun another cycle when the doctor yelled "Stop!" In a flash of intuition, Dr Drysdale had suddenly understood exactly what was happening to Jeff. He pulled open the stiff cervical collar around the patient's neck.

Jeff's neck veins were engorged with blood, standing out like ropes under his skin. Dr Drysdale looked at me over the top of his glasses and said, "Cardiac tamponade!"

The diagnosis explained everything and, more importantly, it had a treatment. The heart is surrounded by an empty sac called the pericardium, which allows it to beat without rubbing against anything else. If the sac fills with blood, however, the heart is squeezed smaller. It can still beat but it cannot fill with much blood between each beat. The output of the heart, its pulse, gets weaker until the heart cannot fill at all. The glass shard had cut into Jeff's heart like a dagger but had plugged its own hole. When the shard was removed, the ruptured heart began squirting blood into the pericardial sac, choking the muscle closed. The cure was to relieve the pressure around the heart by draining the fluid in the pericardial sac.

"Cardiocentesis needle," Dr Drysdale ordered, and the nurse flew to the shelves at the back of the trauma bay and returned with a small box wrapped in sterile green cloth.

Dr Drysdale looked at me and said,

"Sterile gloves. Prep the belly." He opened the tray and put it between Jeff's legs as I gloved and rubbed his lower chest and abdomen with brown iodine, which pooled in his belly button. I wondered why Dr Drysdale was asking me to be involved at this crucial stage. Perhaps it was a small reward for seeing the rhythm.

Dr Drysdale connected the cardiocentesis syringe to a needle that was at least 30 centimetres long. He attached one of the ECG wires to the needle with an alligator clip and then turned to me. "Stand here. Enter here. Aim for his right shoulder." Dr Drysdale was pointing to a spot just below Jeff's lowest left rib.

I was stunned that he wanted me to do this but immediately walked around to Jeff's left side, took hold of the mother of all needles, then pushed the tip in exactly where Dr Drysdale had pointed. The skin puckered inwards, then gave way as the needle plunged through. I was aiming for Jeff's shoulder, and his heart was somewhere along the way.

"When you feel the heart, stop and suck back." Dr Drysdale's instructions were simple, but I had no idea what the heart would feel like at the end of a long needle.

"If the ECG fires, you're in too deep," he added. That made sense because the needle would cause the heart to fire, and the ECG wire connected to the needle would detect that electrical impulse.

## READER'S DIGEST

Unexpectedly, I did feel the needle push on the pericardial sac and then pop through. "I think I got it," I said and started to pull back on the plunger. Everyone in the room was silent and staring at the syringe. I pulled harder on the plunger. It stuck momentarily and then gave way and glided back. Dark red blood flowed easily into the barrel. After 30cc, the plunger stopped. It was sucking against something and no more blood came.

Jeff sat bolt upright.

The needle was still 15 centimetres into his chest. I let go of the blood-filled syringe and jumped back, lifting my arms like a criminal at gunpoint. Jeff reached up to the endotracheal tube in his mouth and ripped it out.

"I'm Jeff Sageman\* and my back is killing me!" he yelled. No one moved. We were dumbfounded and frozen in disbelief.

Only Dr Drysdale remained calm and knew what to do.

"Okay, Jeff, just lie down and we'll



take care of you," he said, as he put his hand on Jeff's chest and pushed him to lie flat. I was still standing with my arms up in surrender when the senior resident in thoracics arrived and announced himself.

"Hi. Mike Phoenix\*. Thoracics. What's up?" he asked Dr Drysdale.

Dr Drysdale summarised the case succinctly. Dr Phoenix looked at the needle with the blood-filled syringe still in Jeff's chest. "I'll call the operating room (OR)," was all he said, and started to walk backwards towards the phone, still looking at Jeff.

Then Jeff fainted again. Dr Drysdale felt for his pulse at the neck. Nothing.

"Chris. Once more," he looked at me.

I pulled on the syringe, but no more blood came. I moved the needle in and out, still pulling, but nothing came. Dr Phoenix was suddenly beside me, pushing me away. He pulled the needle right out of Jeff and squirted all the blood onto the blankets between his legs, then pushed the needle back through his upper abdomen but it banged up against his lowest rib. Then he angled the needle downwards and slipped it under the rib, pushing the needle to its hilt. Thirty centimetres of metal pierced Jeff's chest.

Keeping suction on the syringe, he pulled the needle back

slowly. No blood squirted into the barrel. Without hesitating, he pierced Jeff again. Nothing.

"Open the thoracotomy tray," he said, and the nurse rushed to the shelf. The rarely used tray was at the bottom.

"We have to crack the chest," he told Dr Drysdale. "He won't make it to the OR." Dr Drysdale moved to the head of the gurney and Dr Phoenix moved to the left side. While Dr Phoenix put on gloves and poured iodine on Jeff's chest, Dr Drysdale intubated him again.

Then Dr Phoenix took a scalpel and cut deeply between Jeff's left fifth and sixth ribs; the incision curved around his chest from below his nipple towards his side. He shoved his hand in between the ribs and inserted a rib spreader - two flat metal blades with a crank that allows them to be ratcheted apart.

Dr Phoenix then pushed Jeff's lung away with his left hand. There was no way to see inside the deep hole in Jeff's chest, so Dr Phoenix used his fingertips to feel for the heart. When he found it, he reached for the scalpel with his right hand and it completely disappeared into the hole. Dr Phoenix cut a window in the pericardium to relieve the tamponade on the heart.

"OK," he said as if the problem was solved, but Jeff remained motionless.

"No pulse," Dr Drysdale said with his fingers on Jeff's neck.

"Let the heart fill," Dr Phoenix said.



"No pulse," Dr Drysdale returned, not waiting very long. Jeff was dying again.

Dr Phoenix reached back into Jeff's chest and held his heart in his left hand. He squeezed his fingers towards his palm and rhythmically squished Jeff's heart. Open cardiac massage – I had never before seen this done.

"I need to call the OR," said Dr Phoenix and looked at me. "Squeeze his heart."

I moved behind Dr Phoenix and waited for his instructions. He just pulled his hand out and walked away. No instructions.

I pushed my gloved left hand through the tight space between Jeff's ribs and it popped inside. His ribs squeezed my forearm and I could feel his heart like a chicken breast. I reached around it and pressed it against my palm. It refilled as I let go. I squeezed again and it refilled. This was working.

"Good compressions," Dr Drysdale reported, his finger on Jeff's carotid artery. Emboldened, I squeezed harder. Each time, Jeff's heart refilled with blood and swelled larger, moving more blood forwards through his aorta and around his body. Suddenly, I had a horrible thought – *what if I put my fingers through his heart?*

I squeezed more gently and looked up at Dr Drysdale.

He nodded reassuringly. "Good compressions." I think he knew what I was thinking. Then I felt Jeff's heart start to beat in my hand. I held still and felt it move with a twisting power, beating on its own. I had flushed enough oxygenated blood through to get it started.

I left my hand in place, scared any movement would undo things. I looked at Dr Drysdale and said, "I've stopped, but he's going," and waited for instruction.

He said, "Out." I pulled my hand out.

Dr Drysdale said, "Good pulse," and covered the gapping wound.

Dr Phoenix returned and said, "The OR is ready. We're taking him." With that the orderlies wheeled Jeff away to the operating room, surrounded by nurses scuttling sideways with the stretcher and a respiratory therapist squeezing the bag blowing air into his lungs.

I looked at Dr Phoenix and called out to him, "Will he be OK?"

Dr Phoenix looked at me and changed my life forever. "Yeah, he just has a hole in his heart." The surgeons would suture the hole in Jeff's heart, and he would leave hospital 11 days later. Problem solved.

**IT WAS THE MOST  
EXHILARATING  
THING I'D EVER  
EXPERIENCED, THE  
MOST REWARDING  
HOUR OF MY LIFE**

There was no team debrief. The charge nurse simply handed me another chart. I have no idea who that next patient was or what their problem was. All I could think about was getting home and telling my wife, Karla, about the drama of my day. The brief surgery that allowed me to massage Jeff's heart was the most exhilarating thing I had ever experienced, the most rewarding hour of my life. This man had died twice, and lived.

This was how I wanted to spend my life. Surgery was the right path for me.

### SAIKA

By 2014, I'd been a neurosurgeon for 25 years. No patient of mine had died after an elective operation, and I was proud of my winning streak. I saw my goal as operating without complication, not necessarily improving a patient's life. But a baby boy in Africa taught me to see purpose in helping the patient yet losing to the disease. To see that medical learning and discovery is not just a science – it's also an art.

In the spring of 2014, I landed in Monrovia, Liberia's capital, as part of an international aid mission that would perform the first neurosurgical operations in the West African country.

The Korle-Bu Neuroscience Foundation was supporting this effort. A group of nurses and physicians, initially from where I worked,

Vancouver General Hospital, had helped set up and equip a neurosurgery service in nearby Ghana. Now the foundation's director wanted to put a satellite clinic in Liberia.

The foundation had sent an African neurosurgeon from Nigeria to the Jackson F. Doe hospital a month earlier to see patients and identify some for surgery. The hospital, in Tappita, a six-hour drive east of the capital, had Liberia's only CT scanner. At least a dozen people were now waiting for neurosurgery if conditions were right for me to proceed. This would be their only chance for the surgery they needed.

Among the cases we would operate on were two infant boys with massively enlarged heads characteristic of hydrocephalus. That's a condition where the flow of cerebro-spinal fluid (CSF) through the brain is blocked and the fluid builds up. CSF is a clear, water-like fluid produced within the ventricles (cavities) of the brain, and flows around the organ, allowing it to float inside the skull. If there is a blockage en route, fluid builds up and the ventricles dilate, crushing the brain against the skull.

A baby's skull is made of separate bones that, to allow the brain to grow, do not fuse for several years. The gaps between these bones, called fontanelles, feel like the soft spot on the top of any baby's head. If hydrocephalus begins before their skull has fused, the infant's head will balloon in size.

Before the 1950s, the condition and its treatment were often lethal.

But the two babies had very different prognoses. A CT scan of Joshua, nine months old, showed enlarged ventricles that were pushing outwards and enlarging his skull. He would benefit from a ventricular-peritoneal shunt, which regulates the flow of CSF, and I had brought one. He seemed otherwise healthy and happy.

The second baby, Saika, was far worse off. Also nine months old, he could not lift his enlarged head off the crib. The brown skin of his scalp was stretched paper thin, and every vein was visible beneath its translucent surface. His young mother lived in a small village with no running water about three days' walk from the hospital.

A nurse told me that Saika had been treated by the local healer. When his head began to grow, the healer wrapped it in a plaster of mud, manure and straw. The mixture turned rock-hard in the sun, and the helmet limited skull growth. But the pressure inside Saika's head eventually broke the plaster. It must have been excruciatingly painful. I knew, as an outsider, that I held Western biases and should not judge, but when I heard this story and imagined the

child's unnecessary suffering, I could not regard the traditional healer with equanimity.

Saika's CT head scan was so abnormal that it was difficult to pick out the normal structures. Most of his brain was compressed by a grapefruit-sized cyst of fluid on the right side. All the ventricles were enlarged, and pushed into the left side of the head. There was a small ribbon of abnormal brain surrounding everything, and the combination of the cyst fluid and enlarged ventricles had pushed the

### I WAS CATEGORICAL IN MY CONCLUSION. WE WERE NOT GOING TO OPERATE ON SAIKA

skull bones open, causing the massive head. He could not be saved.

When we met to choose which of the boys would be operated on next, it was clear: Joshua. His surgery went well, and we were done by lunchtime. The follow-up CT scan showed the shunt was in an ideal location and had begun to decompress his ventricles. Joshua could go home in a few days.

Our team met that evening to discuss our plans for the next day. To my surprise, the Nigerian neurosurgeon suggested we operate on Saika.

I outlined why this would be futile. Saika had a serious infection and we had no way of culturing the pathogen to choose the correct antibiotic. The infection probably came from the manure that had been wrapped



around his head, the bacteria having entered through his thin scalp. We didn't have strong enough antibiotics to handle an infection from bowel bacteria. Even if we did, we couldn't provide a long-enough course.

A closer look at the images of his brain showed multiple smaller abscesses, and we had no way to drain them all. The infection would have already damaged his brain, and it was highly unlikely he would survive in his village. I was categorical in my conclusion. We were not going to operate on Saika. This child was going to die and there was nothing we could do about it.

My Nigerian colleague patiently explained why it was important to try: "We can fail. Africans are used to medicine failing. There is no cure for Ebola, for instance. But the village needs to know we thought it was a medical problem. If we stand back, they will think we believed there was something else wrong with him. They will cast the mother out of the village. They will think the boy has been possessed and that there is some evil in his mother for her to have a child like this. Even she will believe she has done something wrong."

Everyone in the room was nodding as he spoke. I was dumbstruck. I had never formulated a treatment around how society felt about a patient and his mother. They looked at me. I agreed that we should try to help this boy. The details of how we

would do so, however, were unclear. It was medically unsound.

I looked at Saika's CT scan again, and eventually concocted a far-fetched but plausible plan. "We could try to drain the main fluid collection on the right side of the brain," I said. "He might get relief and we would be more certain of the diagnosis. If it is an abscess, we will know the prognosis is lethal."

Saika arrived at nine the next morning, washed and changed by his mother and the nurse. Too weak to cry, he was laid on his back on a small table covered in green towels.

I explained the plan to everyone in the room. First, we'd put some anaesthetic in his scalp; he was too weak for a general anaesthetic. "Then I will push a large needle into the part of his skull where I think the abnormal fluid is," I said. "Then I'll withdraw the syringe plunger to pull out whatever fluid is there." The brain doesn't feel pain when it is touched. Saika would not suffer.

I took a number of measurements off the CT and marked the spot on Saika's head where I thought we should go through his scalp. I studied the images again to understand the depth and direction of the needle and how the fluid would then distort the brain after I began to remove it. Brain shift, with a needle deep inside the skull, could be disastrous.

When we were ready to begin, I gently washed Saika's scalp with

warm water and soap. The skin looked very fragile, so I did not scrub hard. Then I applied dark-brown iodine solution, and after it dried, I put a small amount of local anaesthetic underneath the skin with a tiny syringe. Saika did not cry. A nurse handed me a syringe attached to a thick, five-centimetre-long needle. I bent over the baby, resting the back of my left hand on his head and holding the syringe in both hands.

“OK, here we go,”

I announced, and started to advance the needle's sharp tip towards Saika's skin.

That's when the lights went out, submerging us in darkness. It was early morning, but the operating room had no windows.

“What the hell?” the anaesthetist blurted. I pulled back. I had not yet pierced Saika's head. All the monitors started to beep as they switched over to battery power. The noise was deafening, particularly in the dark.

Four or five minutes later, the lights came back on. Shortly after, someone in dirt-stained overalls peered around the doorway of the operating room and said, “Don't worry. We just switched over the generator.” The alarm on each monitor was eventually turned off, and

gradually the OR returned to normal. Saika continued to breathe, oblivious to the near disaster.

I leaned over Saika again. The needle pierced his skin and penetrated deep into his brain. At the two-centimetre mark, I paused and pulled back the plunger. The syringe filled with a

thick green fluid. It was easy to get 50cc. I twisted the syringe off the needle and emptied the fluid into a kidney basin. It was definitely an abscess.

I reconnected the syringe and pulled

out another 50cc. Then another 50, and another. I had estimated that the volume of the cyst before surgery was at least half a litre (500cc). Saika's head began to collapse. The next pull of the syringe had resistance – something was blocking the flow of pus into the needle, probably the brain collapsing into the evacuated space. I repositioned the needle further back and deeper, pulled out another 50cc and then stopped. I did not want a huge brain shift, which could tear some of the blood vessels.

I put a small bandage on Saika's scalp where the needle had been. We would let the infant recover and then reimage his brain. He was swaddled and bundled off to the recovery room and was back in his mother's arms a few hours later.

**I STARTED TO  
ADVANCE THE  
NEEDLE TOWARDS  
SAIKA'S SKIN.  
THAT'S WHEN THE  
LIGHTS WENT OUT**

That evening I went with the medical team to see how Saika was doing. His mother burst into tears of delight when she saw us. Saika was much brighter and more active since the surgery, she told me. He could cry with strength, and his cry sounded more like it did when he could lift his head.

Everyone on our team was beaming and the mood was joyous. Everyone except me was truly happy. I knew Saika would die in a few weeks.

I spoke to his mother through a nurse who translated. "We are proud of how strong Saika is and how well he did during surgery," I began. "An infection made his head grow. I've removed some of the infection, but it's strong and he is very young." Her eyes pierced mine when she asked, "Can you do more?"

"No," I replied.

She bowed her head and turned away. She sat down in a chair beside the crib and looked at Saika and then up at me. "Thank you," came the translation. She did not cry. She picked up her son and held him, rocking him back and forth in her arms. She understood.

Saika and his mother were welcomed back to their village a few days later. The nurses covered my small bandage with a very, very large dressing that wrapped around his head like a turban. It was clear to everyone that he had had a medical procedure – a brain operation.

Normally I get to see my patients after surgery in follow-up and learn how they did. But Saika was a three-day walk away – I would not hear anything further about him.

Back at home, I thought about Saika a lot. His brief time in this world was painful, but he would surely die in his mother's arms, surrounded by members of his village who no longer believed he was possessed by evil spirits. Social progress was made. A life was saved: Saika's mother's life. My co-workers had made the right call.

I could not put into words why I felt I was a better doctor for having met him. I only knew it was so. **R**

*\*Names have been changed.*

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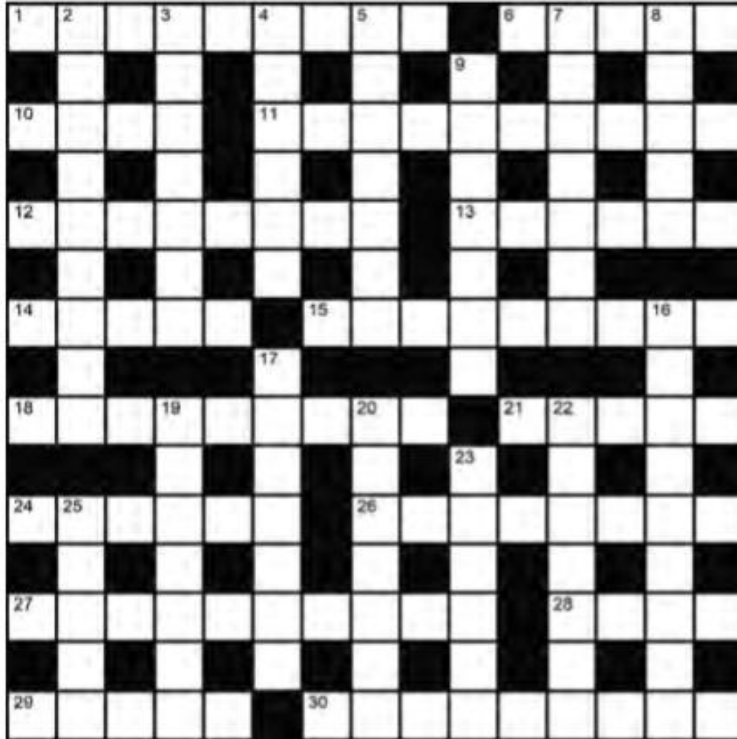


### How Many Ants Are There In The World?

Ants are tiny in size but not in number. There are about 20,000 trillion individual ants on the Earth at any given time, a new study in *Proceedings of the National Academy of Sciences* has estimated. The estimate is two to 20 times higher than previous ones. <sup>9</sup> NEWS

# PUZZLES

*Challenge yourself by solving these puzzles and mind stretchers, then check your answers on page 110.*



**ACROSS**

- 1 They get in the way (9)
- 6 Long-continued practice (5)
- 10 Macchu Picchu builder (4)
- 11 Resting, like actors (10)
- 12 Canes (8)
- 13 Stretched-out rectangle (6)
- 14 Embellish (5)
- 15 Strong dislike (9)
- 18 Turn on the waterworks (4,5)

- 21 Dishonest person (5)
- 24 Showy decoration (6)
- 26 Amount of sugar needed to help with medication (8)
- 27 Diversion (10)
- 28 First name in French fashion (4)
- 29 Worrier's malady (5)
- 30 Advocates of land reform (9)

**Crossword**

Test your general knowledge.

**DOWN**

- 2 Rate of data transfer (9)
- 3 Small electric appliance that uses radiant heat (7)
- 4 Trapped (6)
- 5 19th century American philosopher (7)
- 7 ---, coulda, woulda (7)
- 8 Eco-conscious (5)
- 9 Raring to go (2,3,2)
- 16 Immensely powerful (9)
- 17 Suffer remorse (4,3)
- 19 Merit (7)
- 20 Hazarding (7)
- 22 Husband of Eleanor of Aquitaine (5,2)
- 23 Cockney rhyming slang for piano (6)
- 25 Standard of perfection (5)

# Puzzle Answers

PAGE 110

	6							
		5	3					1
		7			4			
			7			6	3	
				2				9
5	9			6				
					7		2	
	2		6	5				
	5			8		4		

## Sudoku

**HOW TO PLAY:** To win, you have to put a number from 1 to 9 in each outlined section so that:

- Every horizontal row and vertical column contains all nine numerals (1-9) without repeating any of them;
- Each of the outlined sections has all nine numerals, none repeated.

### IF YOU SOLVE IT WITHIN:

**15** minutes, you're a true expert

**30** minutes, you're no slouch

**60** minutes or more, maybe numbers aren't your thing

**BRAIN POWER**  
brought to you by



**"Write, Erase, Rewrite"**

# FAMILY FUN

**Puzzle  
Answers**  
PAGE 110

## Spot The Difference

There are ten differences. Can you find them?



## Complete The Set

What colours should be in the corners?

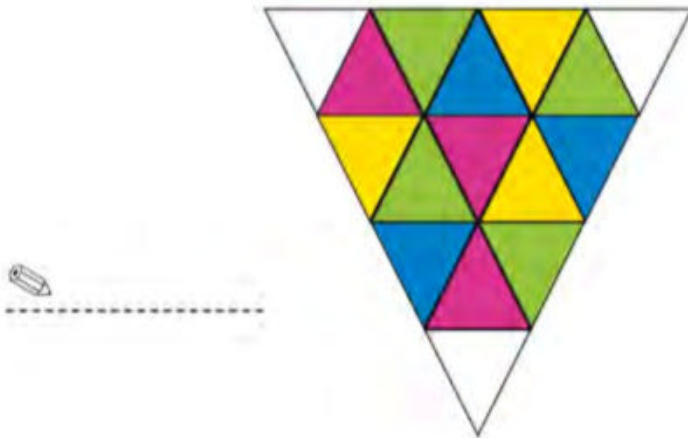


ILLUSTRATION: GETTY IMAGES

# TRIVIA

## Test Your General Knowledge

- 1.** New Zealander Taika Waititi has only directed one film which he did not write. It was a Marvel Cinematic Universe film. What is it? **2 points**
- 2.** What US pop star invented a keyboard/guitar hybrid dubbed the Purpleaxe? **2 points**
- 3.** What semiaquatic animal is the only living mammal species that lays eggs, other than the echidna? **1 point**
- 4.** Which Singapore landmark is a symbol of the nation's independence? (a) Singapore Flyer (b) Merlion Park (c) Helix Bridge **1 point**
- 5.** What tree nuts need to be boiled or soaked before they are safe for humans to eat? **1 point**
- 6.** Malaysia is the largest nation in Southeast Asia. True or false. **1 point**
- 7.** What object accounts for nearly half of the estimated 80,000 tonnes of ocean plastic in the Great Pacific Garbage Patch? **2 points**
- 8.** Researchers recently concluded that hallucinogenic drugs were used by Bronze Age Europeans based on traces found in what archaeological evidence? **2 points**
- 9.** Which country does Australia play against in the Bledisloe Cup, a competition first held in 1932? **1 point**
- 10.** What is the world's largest tech company headquartered outside of the US? **1 point**
- 11.** Among the works that have been translated into Klingon, the language spoken by a fictional alien race in Star Trek, are *The Art of War*, *The Wonderful Wizard of Oz* and two plays by whom? **1 point**
- 12.** By 2100, climate change will result in five per cent more of what dazzling optical phenomenon? **2 points**
- 13.** Where might you be surrounded by amniotic fluid? **1 point**
- 14.** A TV commercial for what toy, the subject of a 2023 film, first aired in 1959? **1 point**
- 15.** What US city hired a director of rodent mitigation, a position nicknamed the 'rat czar'? **1 point**



**16-20 Gold medal    11-15 Silver medal    6-10 Bronze medal    0-5 Wooden spoon**

**ANSWERS:** 1. Thor: Ragnarok. 2. Prince. 3. Platyapus. 4. Merlion Park. 5. Acorns. 6. False. Malaysia is the smallest in the region except for Singapore and Brunel. 7. Fishing nets. 8. Hair. 9. New Zealand. 10. Samsung, in South Korea. 11. William Shakespeare. 12. Rainbows, due to there being less snow and more rain in many parts of the world. 13. In the womb. 14. Barbie. 15. New York City.

# PUZZLE ANSWERS

From Page 106

## Crossword



## Sudoku

9	6	1	2	7	8	3	5	4
2	4	5	3	9	6	8	7	1
8	3	7	5	1	4	9	6	2
1	8	2	7	4	9	6	3	5
3	7	6	8	2	5	1	4	9
5	9	4	1	6	3	2	8	7
6	1	9	4	3	7	5	2	8
4	2	8	6	5	1	7	9	3
7	5	3	9	8	2	4	1	6

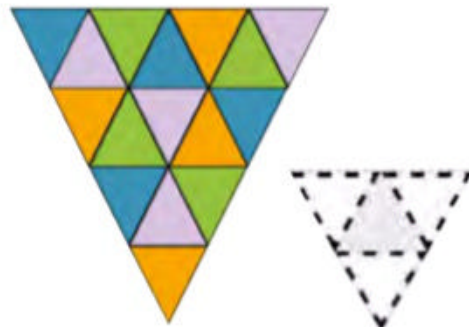
## Spot The Difference



## Complete The Set

What colours should be in the corners?

**Answer:** Blue, Pink and Yellow.  
Each group of four triangles contains one of each of these colours.







## WORD POWER

### Winning Words

*Spelling bees challenge participants to enrich their vocabularies. Test yourself with some typical words*

BY Rob Lutes

- 1. fracas** – A: crack in the earth’s crust. B: rough, noisy quarrel. C: epithet uttered in anger.
- 2. abrogate** – A: ignore. B: deny. C: abolish.
- 3. démarche** – A: political initiative. B: drainage canal. C: mechanical failure.
- 4. chlorophyll** – A: green pigment in plants. B: acidic gas. C: chemical used to purify water.
- 5. echelon** – A: cotton blanket. B: a rank or position of authority in an organisation or a society. C: savoury seaweed dish.
- 6. vouchsafe** – A: protect or defend. B: hide or conceal. C: allow or reply.
- 7. kamikaze** – A: showing reckless disregard for personal safety. B: rhythmically complex. C: extremely windy.
- 8. antediluvian** – A: archaic. B: frugal. C: rational.
- 9. viviseulture** – A: training vines for horticulture. B: dividing land into equal parts. C: burying something that is alive.
- 10. recurrence** – A: the fact of occurring again. B: loveseat. C: four-wheeled bicycle.
- 11. catamaran** – A: crocheted shawl. B: boat with two hulls in parallel. C: nursery rhyme.
- 12. torsion** – action of: A: lifting. B: twisting. C: tilling soil.
- 13. semaphore** – A: musical symbol indicating a half note. B: horizontal structural component in a wall. C: system of signalling using two flags.
- 14. omniscient** – A: unyielding. B: serene. C: knowing everything.
- 15. serrefine** – A: little tomatoes. B: ridges on scissors used to cut fabric. C: small forceps used to clamp an artery.

## Answers

**1. fracas** – B: rough, noisy quarrel. The twins' disagreement caused a fracas.

**2. abrogate** – C: abolish. With the stroke of a pen, the CEO abrogated the training programme.

**3. démarche** – A: political initiative. The sudden invasion of neighbouring territory was a stunning démarche for the new government.

**4. chlorophyll** – A: green pigment in plants. The chlorophyll in the leaves declined through the autumn, turning the once-green canopy orange and red.

**5. echelon** – B: a rank or position of authority in an organisation or a society. We heard stories of corruption in the upper echelons of the firm.

**6. vouchsafe** – C: allow or reply. The official would only vouchsafe that a burglary had taken place and jewellery was missing.

**7. kamikaze** – A: showing reckless disregard for personal safety. A fearless child, Ben had attempted countless kamikaze moves on his bike.

**8. antediluvian** – A: archaic. Some of Granny's antediluvian beliefs about gender roles made Ann wince.

**9. vivisepture** – C: burying something that is alive. The horror film depicted scratches on the inside of a coffin to capitalise on viewers' fear of vivisepture.

**10. recurrence** – A: the fact of occurring again. The drug was used to prevent the recurrence of breast cancer.

**11. catamaran** – B: boat with two hulls in parallel. Alejandra loved to sail her catamaran on the lake.

**12. torsion** – B: action of twisting. To preserve his back, Dr Jennings advised Leonard to avoid torsion of any kind.

**13. semaphore** – C: system of signalling using two flags. Tristan's skills earned him the Scout semaphore badge.

**14. omniscient** – C: knowing everything. Sally felt that it was important to know what every character was thinking, so she wrote her novel from an omniscient point of view.

**15. serrefine** – C: small forceps used to clamp an artery. The surgeon used the serrefine to stem blood flow.

---

### VOCABULARY RATINGS

**5–9:** Fair

**10–12:** Good

**13–15:** Word Power Wizard



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A stylized signature in black ink.

**Lee Zii Jia**  
LG Brand Ambassador



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