Dynamic Chiropractic

PHILOSOPHY

# Clear View Sanitarium -- Unforgettable Personalities

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Visitors to a mental institution where the majority of patients are schizophrenic will usually feel uncomfortable because they are not immediately able to identify the source of their uneasiness. After observing the patients around them for a brief period, it will occur to them that the place is strange and different because there are no socializing groups -- the inmates are sitting, walking or standing alone. Even if sitting together on a sofa, they rarely interact. However, if one has a close daily association with them, a few unforgettable personalities will emerge.

Some will reveal a shy but charming personality beneath the nearly impenetrable armor of schizophrenia; one finds others who are furious and embittered; and then there are those who possess unsuspected talents and skills.

Among the unforgettables is Edgar O., who came to Clear View from an eastern state. He was 25-years-old, with a history consistent with schizophrenia. He had not been a sociable boy, was slow in school, had few or no friends, and tended to stay close to home. His father had died when Edgar was an infant. He had no brothers or sisters, and he rarely left home without his mother. Like most patients, he didn't understand why he was at the sanitarium.

One day after the patients had come in from outdoors, the customary patient count revealed a missing person. It turned out to be Edgar. No one had seen him scale the fence nor walk our through the driveway, so it had to be assumed he had run away. The usual search procedures were put into effect, but he was nowhere near the building. About two hours later a call came in from Mt. Joy, a tiny crossroads community five miles north of the sanitarium. A housewife reported that a confused young man had knocked on her door asking for persons she had never heard of. She asked if we were missing a patient. Edgar was described for her and she responded, "That's him." A car was dispatched and he was back within a half-hour.

Edgar was depressed and disgruntled on his return. As was customary in unusual situations in which there was illness, injury, accident, or elopement, I called his mother to explain what had happened and to assure her that her son was safe and secure. I added that I was concerned because he was more confused than ordinary. When I mentioned Mt. Joy she interrupted, "That's why he's confused. There's a Mt. Joy just a few miles from our farm. I believe he was trying to go home." Later Edgar confimed his mother's guess when I asked him why he went to Mt. Joy. He said, "I was almost home when those people brought me back." I was unable to convince him that our Mt. Joy was not his Mt. Joy. I'm sure he remained certain of this belief for the rest of his life, which was not to be for very much longer.

About a week later Edgar experienced a grand mal seizure. There was no prior history of convulsions and at this point we hoped it would turn out to be an isolated event. Two days later he had two seizures. He was restrained in bed as the seizures mounted in violence. Before long he was comatose in status epilepticus. I called his mother who promised to come as soon as possible. By the time she arrived I had made arrangements for Edgar to be admitted to the University Hospital

in Iowa City where he was transported by ambulance as soon as his mother arrived. CT and MRI scans had not yet been invented, but x-rays indicated a large shadow in the cerebral hemisphere. Emergency surgery was performed in which a large astrocytoma was found, but only a portion of it could be removed. At no time did a happy outcome seem possible. Despite heroic measures, Edgar died the following day.

Edgar had tried very hard to relate to the staff and the Palmer interns and they had done their best to reach out to help him. He fit the picture of a "lost soul" unable to understand the world in which he was cast and whose purpose in life was never clear. His mother stopped in at the sanitarium to talk to me before returning home. She was saddened and shocked by his death, but more profoundly grieved by the apparent futility of his life.

Michael J. was a young man of 21, from New York City, when he was admitted to Clear View. He was classed as a catatonic schizophrenic. He was a shut-in personality, rarely spoke and then only when he had been asked a question. From time to time he would become engaged in conversations with his voices. Occasionally he would sit unmoving for hours, simply staring into space. He caused no trouble, but he was not a voluntary member of any community.

One winter day the patients, including Michael, had been out for a long walk. After the attendant made certain that all his patients were accounted for, he left the ward for his dinner. He returned about a half-hour later to ready his patients for their evening meal. One of the patients on that ward would not speak but he kept pointing toward the bathroom. The attendant, taking the clue, went into the bathroom to investigate. Michael was standing in the middle of the room, quietly. The attendant was shocked to see a dark stain of blood covering the front of his trousers. He quickly took his pants down to find his shorts soaked with blood. Michael had decided he would undertake to complete a procedure left undone at his birth. He had used a rusty tin can top to saw away at his prepuce, nearly completing the job when the attendant discovered him in the bathroom. The nurse on duty cleaned the wound and bandaged him properly.

The following day the job was performed by a professional, but Michael was indifferent to the completion of the task he had started. At no time during the entire episode did Michael complain of pain, nor did he appear to suffer even minor shock from the loss of blood.

This was not an unusual case of self-mutilation. Many patients would allow cigarettes to burn between the two fingers holding the cigarette if they were not closely watched, but once in a while it did happen. Such patients did not complain of pain during or after such a mishap. I recall one patient who ran into a tree, splitting the eyelid longitudinally. The surgeon who sutured the eyelid did not use any local anesthetic. He cleansed the wound and began suturing. The patient sat in a chair with his head tilted back as a trickle of blood ran down his nose. He caught the trickle with his tongue saying, "That's good!" He didn't blink once during the entire repair and he recovered without further problem.

Frank represented another type of catatonic schizophrenia. A young man of 26, he had been studying for a career as a concert pianist. He was described by his parents as a loner who devoted his total energy to studying music and practicing the piano. He was said to have been making exciting progress when the developing schizophrenia caught up with him, ending all hopes of a musical career. He had been hospitalized in a state institution for several years where he was given 30-40 shock treatments. He seemed to be growing worse which prompted his parents to transfer him to Clear View with the hope he might be cured.

As a patient, he would have urges to play the piano. When he did he would signal the attendant or nurse he wanted to go to the piano-room. Every time he played, the performance ended up the

same way. He would begin playing with unrestrained tempo and force. The classical numbers seemed to portray deafening battles or storms at sea. One sensed there was an impressive talent here if it could have been brought under control. After some minutes of fast and furious sound, the pace moderated. As it slowed, his body canted until, like an overheated candle, he drooped in slow motion until his head rested on the floor while he retained a seat of sorts on the stool. Unless an attendant rescued him he would remain in the position indefinitely. Unfortunately, Frank did not recover but he regressed with the passing years.

Mrs. M's case comes to mind often. She taught me to be more careful. Her husband had arranged for his wife's admission on a Saturday morning. The day before he was to have brought her, his boss informed him he would have to leave for the East Coast that same morning. He didn't want to leave his wife alone another weekend so he packed her up and arrived late Friday night.

With very little history to guide me, I interviewed Mrs. M. the following morning. She was a plump, congenial housewife, about 50-years-of-age. She seemed involved and interested in her surroundings in a quite normal way. After several days she was given open-ward privileges so that she could work and associate with the convalescent patients.

On the second interview Mrs. M. confessed that at times she had lost patience with her husband. She explained, "Yes, I'm nervous and sometimes I get depressed because my husband will not do something about those conditions causing me to be upset. You see, the people who live upstairs have young children who run up and down the long hallway at all hours of the night. I can't sleep very well and I don't think my husband sleeps very well either. I've asked Jim to speak to them about the noise but he never will." I promised her I would talk to her husband about that.

I did as I promised when he came. I asked him how much of the problem the children were. He looked at me for a moment, then answered. "They are a large part of the problem. You'll be interested in knowing, doctor, that we live in a bungalow!" After that he went on to outline the history and development of her delusions.

On my next session with Mrs. M., I told her what her husband had said. She appeared flustered and embarrassed but continued with how General Sarnoff (then chairman of RCA) flew over her house daily, sending radio signals to her. She admitted she had written him to tell him that she was now residing at the sanitarium, so she expected to hear his plane any day.

This lady did recover enough to go home after three months and was still performing well a year later. She was not schizophrenic but in retrospect appeared to have an acute paranoid disorder.

These, by no means, represent all the memorable patients we worked with and enjoyed. But they are examples of human beings who had been derailed from normal pursuits and relationships. The lesson we learned was that beneath the facade of mental illness lives a very human being. Helping to discover that being and releasing him or her has been one of the most thrilling experiences of my life.

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