

the patient

*The following manuscript was posted in several installments under the thread “Why I Almost Quit Medicine” on MDconfessions.com, a now-defunct web forum for medical professionals that went off-line in 2012. One of my friends, a Yale graduate from the class of 2011 with an interest in medicine, archived it out of curiosity and was kind enough to share it with me, knowing my interest in ostensibly true horror stories. The original author, as you can see, wrote under a pseudonym, and all attempts to discern his true identity, or those of the other participants in the story, were fruitless, as he appears to have changed multiple identifying details so as to avoid being found out.*

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I write this because, as of now, I am not sure if I am privy to a terrible secret or if I myself am insane. Being a practicing psychiatrist, I realize that would obviously be bad for me both ethically and from a business standpoint. However, since I cannot believe I'm crazy, I'm posting this story because you're probably the only people who would even consider it possible. For me, this is a matter of responsibility to humanity.

Let me say before I start that I wish I could be more specific about the names and places I've mentioned here, but I do need to hold down a job and can't afford to be blacklisted in the medical and mental health fields as someone who goes around spilling the secrets of patients, no matter how special the case. So while the events I describe in this account are true,

the names and places have had to be disguised so that I can keep my career safe while also trying to keep my readers safe.

What few specifics I can give are these: My story took place in the early 2000s at a state psychiatric hospital in the United States. My fiancée, Jocelyn, a puckishly intelligent, ferociously conscientious, and radiantly beautiful trust-funder who moonlighted as a Shakespeare scholar, was still mired in her doctoral thesis on the women in *King Lear*. Because of that thesis, and because of my desire to stay as close to her as possible, I had decided to interview only at hospitals in Connecticut.

On the one hand, having gone to one of the most prestigious New England medical schools and followed with an equally rigorous and esteemed residency in the same region, my mentors were particularly adamant on the subject of my next professional step. Appointments at little-known, poorly funded hospitals were for the mere mortals from Podunk State, not doctors with *Lux et Veritas* on their diplomas, and particularly not doctors who had done as well as I had in my studies and clinical training.

I, on the other hand, could not have cared less about such professional one-upmanship. A brush with the ugly side of the mental health system in my childhood, following my mother's institutionalization for paranoid schizophrenia, had made me far more in-

terested in fixing the broken parts of medicine than ensconcing myself in its comfortably functional upper echelons.

But in order to get a job even at the worst hospital, I would need references, which meant that the faculty's prejudices would play a part in my decision-making. One particularly curmudgeonly doctor I turned to happened to know the medical director at the nearby state hospital from his own medical school days. At least, he told me, working under someone with her pedigree would prevent me from learning bad habits, and perhaps our "overactive sense of altruism" would make us a good fit for each other. I readily agreed, partially just to get the reference and partially because the hospital my professor had recommended—a dismal little place I'll call the Connecticut State Asylum (CSA) for the sake of avoiding a lawsuit—suited my preferences perfectly, being one of the most underfunded and ill-starred in the Connecticut health system.

If I hadn't committed to the scientific mind-set that refuses to anthropomorphize natural phenomena, it would've almost seemed that the atmosphere itself was trying to warn me during my first trip up to the hospital for my interview. If you've ever spent time in New England during spring, you know that the weather often turns ugly with no warning because, with apologies to *Forrest Gump*, the climate

in New England is like a box of shit: whatever you get, it's gonna stink.

But even by New England standards, that day was bad. The wind screamed in the trees and slammed against first me and then my car with the violence of a charging bull. The rain pelted my windshield. The road, kept only semi-visible by my windshield wipers, seemed more like a dark charcoal path to purgatory than a thoroughfare, demarcated only with dull yellow and the husks of cars driven by fellow travelers who were more phantoms than actual humans in the wet, gray expanse. The fog choked the air with its forbidding tendrils, some spreading across the pavement, daring the navigator to risk the loneliness of the country road.

As soon as the sign for my exit loomed out of the fog, I turned off and began driving up the first of what felt like a maze of dismal lanes smothered in mist. If not for the trusty set of MapQuest directions I'd printed out, I probably would've gotten lost for hours trying to find my way up the various mountain paths that led, with a serpentine laziness that baffled and mocked the navigator, up the rolling hills to the Connecticut State Asylum.

But if the drive to the place itself felt ill omened, it was nothing compared to the misgivings that struck me when I pulled into the parking lot and saw the campus of the Connecticut State Asylum sprawling

before me for the first time. To say the place made a strong and unpleasant impression is the most diplomatic description I can give. The complex was surprisingly vast for a place so underfunded and radiated the peculiar decay of a once proud institution scarred by neglect. As I drove past row upon row of abandoned, boarded-up old ruins that must've once housed wards, some built of faded, crumbling red brick and others of blighted, ivy-eaten brownstone, I could scarcely imagine how anyone could have once worked, let alone lived, in those ghostly tombs that comprised the vast monument to rot that was the Connecticut State Asylum.

Perched at the center of the campus, dwarfing its forsaken brethren, stood the one building that had managed to remain open despite the budget cuts: the main hospital building. Even in its comparatively functional form, that monstrous red-brick pile looked like it was built to do anything but dispel the shadows of the mind. Its towering shape, dominated by severe right angles, with every window a barred rectangular hole, seemed designed to magnify despair and cast more shadows. Even the massive white staircase that led to its doors—the one concession the place made to ornament—looked more like something that had been bleached than painted. As I stared at it, the phantom smell of sterilizing agents floated into my nose. No building I have seen since seemed to so thoroughly

embody the stern, bleak lines of arbitrarily enforced sanity.

Paradoxically, the interior of the building was remarkably clean and well kept, if colorless and austere. A bored-looking receptionist aimed me toward the medical director's office on the top floor. The elevator hummed softly for a few moments as you'd expect, before it suddenly and unexpectedly jerked to a halt at the second floor. I braced myself for a fellow passenger as the doors slowly slid open. But it wasn't just one fellow passenger. It was three nurses clustered around a gurney carrying a man. Even though the man was strapped down, I could tell just by looking at him that he wasn't a patient. He wore the uniform of an orderly. And he was *screaming*.

"Let—me—go!" the man roared. "I wasn't done with him!"

Not replying, two of the nurses pushed the gurney into the elevator, where the third—an older woman with her dark hair done up in a ridiculously tight bun—followed him, clucking as she, too, hit the button for the third floor.

"Dear, dear, Graham," she said, her voice carrying a faint lilt that I recognized as Irish, "that's the third time this month. Didn't we tell you about staying out of that room?"

Witnessing this interaction, I naively thought this was a hospital that truly was desperately in need of



my knowledge and care. So I wasn't surprised when I was offered the job on the spot, though I experienced a curiously rigorous grilling by Dr. G —, the medical director for the institution, during my interview.

It probably won't shock you that working in a mental hospital, especially an understaffed one, is both fascinating and dreary. The majority of our patients were short-term or outpatient, and their cases ranged from substance abuse and addiction to mood disorders, particularly depression and anxiety-related issues, as well as schizophrenia and psychosis and even a small group of eating disorders. As a state facility, we have to help everyone who comes to our door, and typically they've bounced through the system quite a bit and are at their wits' end and their financial limits. Changes to the mental health system both political and economic mean that we have only a small long-term ward. Most insurance companies won't pay for sustained care, so these are private patients and wards of the state.

Within the walls of those wards you encounter people with views of the world that would be darkly comical if they weren't causing so much suffering. One of my patients, for instance, tried desperately to tell me that an undergraduate club at a certain elite university was keeping some sort of giant man-eating monster with an unpronounceable name in the basement of a local restaurant, and that this same club

had fed his lover to it. In truth, the man had experienced a psychotic break and killed his lover himself. Another patient, meanwhile, was sure that a cartoon character had fallen in love with him and came in for short-term care after he was arrested for stalking the artist. I learned the hard way in my first months that you don't point out reality to people who have delusions. It doesn't help, and they just get angry.

Then there were the three or so elderly gentlemen, every one of whom thought he was Jesus, which made them all yell at one another anytime they were in the same room. One of them had a background in theology and was a professor at a seminary. He would shout random quotes from Saint Thomas Aquinas at the others, as if this somehow made his claim to the title of Savior more authentic. Again, it would've been funny, if their situations hadn't been so depressingly hopeless.

But every hospital, even one with patients like these, has at least one inmate who's weird even for the mental ward. I'm talking about the kind of person whom even the doctors have given up on and whom everyone gives a wide berth, no matter how experienced they are. This type of patient is obviously insane, but nobody knows how they got that way. What you do know, however, is that it'll drive *you* insane trying to figure it out.

Ours was particularly bizarre. To begin with, he'd been brought into the hospital as a small child and had somehow managed to remain committed for over twenty years, despite the fact that no one had ever succeeded in diagnosing him. He had a name, but I was told that no one in the hospital remembered it, because his case was considered so intractable that no one bothered to read his file anymore. When people had to talk about him, they called him "Joe."

I say talked about him because no one talked *to* him. Joe never came out of his room, never joined group therapy, never had one-on-ones with any psychiatric or therapeutic staff, and pretty much everyone was encouraged to just stay away from him, period. Apparently, any kind of human contact, even with trained professionals, made his condition worse. The only people who saw him regularly were the orderlies who had to change his sheets or drop off and retrieve his meal trays and the nurse who made sure he took his medications. These visits were usually eerily silent and always ended with the staff involved looking like they'd drink the entire stock of a liquor store given the chance. I later learned that Graham, the orderly I'd seen strapped down when I arrived for my interview, had just come from Joe's room that day. As a brand-new staff psychiatrist, I had access to Joe's medical chart and prescriptions, but I saw little information.

It was remarkably thin, seemed to cover only the last year's worth of data, and appeared to be a steady report on the dispensation of mild antidepressants and sedatives. Weirdest of all, his full name was omitted on the charts I was permitted to see, with only the terse sobriquet "Joe" left to identify him.

Being a young, ambitious doctor with a lot in the way of grades and little in the way of modesty, I was fascinated by this mystery patient, and as soon as I heard about him, I made up my mind that I would be the one to cure him. At first I mentioned this only as a sort of passing, half-hearted joke, and those who heard me duly laughed it off as cute, youthful enthusiasm.

However, there was one nurse to whom I confided my wish seriously, the same nurse I'd seen caring for Graham, the orderly. Out of respect for her and for her family, I'll call her Nessie, and it's with her that this story really begins.

I should say a few things about Nessie and why I told her in particular my designs. Nessie had been at the hospital since she'd first emigrated from Ireland as a newly minted nurse in the 1970s. Technically, she was the nursing director and worked only days, but she always seemed to be on hand, so you'd think she lived at the place.

Nessie was an immense source of comfort to me and the other doctors and therapists, because she ran a tight ship that extended not only to the nurses but to

the orderlies and custodial staff as well. Nessie seemed to know how to solve practically *any* problem that might arise. If a raging patient needed calming down, Nessie would be there, her fading black hair done up in a no-nonsense bun and her sharp green eyes flashing from her pinched face. If a patient was reluctant to take his medicine, Nessie would be right there to coax him into it. If a member of staff was absent for an unexplained reason, Nessie seemed to always be there to cover for him. If the entire place had burned down, I'm pretty sure Nessie would've been the one to tell the architect how to put it back just the way it had been.

In other words, if you wanted to know how things worked, or wanted advice of any kind, you talked to Nessie. This alone would've been reason enough for me to approach her with my rather naive ambition, but there was one other reason in addition to everything I have said, which is that Nessie was the nurse who'd been tasked with administering medication to Joe and was thus one of the few people who interacted with him on any sort of regular basis.

I remember the conversation distinctly. Nessie was sitting in the hospital cafeteria, holding a paper cup full of coffee in her surprisingly firm hands. I could tell she was in a good mood because her hair was down, and Nessie seemed to adhere to the rule that the more tightly wound she was, the more tightly her

hair should be done up. For her to leave it undone meant that she was as relaxed as I'd ever see her.

I filled a cup of coffee for myself, then sat down opposite her. When she noticed me, her face opened into a rare unguarded smile, and she inclined her head in greeting.

"Hullo, Parker. And how's our child prodigy?" she asked, her voice still carrying a slight Irish lilt that made it that much more comforting. I smiled back.

"Apparently suicidal."

"Oh dear," she said with mock concern. "Should I get you a spot of the antidepressants, then?"

"Oh no, nothing like that," I laughed. "No, when I say 'suicidal,' I mean I'm thinking of doing something that everyone else will probably think is very foolish."

"And since it's foolish, you come and speak to the oldest fool on the ward. I see how it is."

"I didn't mean that!"

"Obviously, lad. Don't shite your britches," she said with a calming gesture. "So what is this daredevil stunt you're thinkin' of?"

I leaned in conspiratorially, allowing myself a dramatic pause before answering. "I want to try therapy with Joe."

Nessie, who had also been leaning in to hear what I was saying, sat back so suddenly and frantically you'd think she'd been stung. There was a splash as her cof-

fee cup collided with the floor. She crossed herself, as if by reflex.

“Jesus,” she breathed, her full Irish accent flaring up. “Don’t go makin’ jokes about tha’, ye bloody eed-jit. Didn’t yer mum ever tell ye not teh frighten poor old ladies?”

“I’m not joking, Nessie,” I said. “I really—”

“Yes, you bloody well are joking, and that’s all you should ever be.” Her green eyes were livid now, but I could sense, looking at her, that she wasn’t angry at me. She looked like a bear who’d just pulled her cub out of danger. Gently, I put a hand on her arm.

“I’m sorry, Nessie. I didn’t mean to scare you.”

Her eyes softened, but it didn’t make her expression any better. Now she only looked haggard. She placed her hand on mine. “It’s not your fault, lad,” she said, her accent loosening as the fright faded from her features. “But you don’t have any bloody idea what you’re talking about, and it’s best you never find out.”

“Why?” I asked softly. “What’s wrong with him?”

Then, knowing she might not answer, I added, “Nessie, you know I’m too smart for my own good. I don’t like puzzles I can’t solve.”

“That’s not my fault,” she said coldly, her eyes hardening again. “But fine, if it’ll stop you, I’ll tell you why. Because every time I have to bring medicine into . . . his room, I start to wonder if it wouldn’t be

worth locking meself up in this 'ospital just to avoid ever 'aving to do it again. I barely sleep from the nightmares I get sometimes. So take my word for it, Parker, if ye're as smart a lad as ye think ye are, ye'll stay away from him. Otherwise, ye might end up in here with him. And none of us wants to see tha'."

I wish I could say her words weren't in vain. But in reality, they only made my curiosity burn hotter, though suffice to say, this was the last time I openly discussed my ambition to cure the mystery patient with a member of staff. But now I had an even better reason: if I could cure him, Nessie and everyone else who had to deal with him would lose what sounded like the main source of misery in their lives. I had to find the records on him and see if I could come up with a diagnosis.

Now, you might be wondering why I didn't ask my boss about the patient and why I would ultimately resort to subterfuge to find the records. The structure of this hospital was such that I rarely saw the medical director who had hired me, Dr. G—. My day-to-day supervisor was a man named Dr. P—, and unfortunately, I knew after meeting him on my first day that we would butt heads. He was a harassed-looking, barrel-chested bear of a man with a shaved head and a beard so wild that it looked like it could have concealed the corpses of several small animals. His eyes, a pair of bored, piggish slits, emanated sourness



so intractable that I doubt even winning the lottery would've made him happy. Initially, he verbally harassed me, but I figured out quickly that he was just throwing his weight around to assert his seniority. I later learned that he was profoundly lazy and barely functioned at his job—his approach to all patient care was to drug them 'til they were numb—which left me a tremendous amount of autonomy with my work. Fortunately, the dynamic he wanted was one in which I rarely talked to him, let alone sought his guidance, and no one needed to talk to him about me. As it was, he barely participated in standard team meetings—the near-daily briefings when all hands reviewed patient care plans. I hardly ever even saw him out of his office, where he seemed to hide in a morose funk.

So, back to my hunt for Joe's file. In order to get access to the file of a patient who'd been admitted before the year 2000, I'd need to ask the records clerk to retrieve the paper file using the patient's last name as a reference point. This was because the hospital hadn't digitized anything beyond patients' names and dates of admission before the year 2000. Searching by first name or date of admission was theoretically possible, but I was told that unless I wanted the records clerks to kill me, I should avoid asking them to do this.

Eventually, I hit on a solution opportunistically. I snuck a look at Nessie's meds-and-duty roster during

a rare moment when she left it unguarded. To my immense gratification, this document seemed to be the one place that listed Joe's full name: Joseph E. M—.

Hoping to avoid the gossipy weekday records clerk who was always snippy even when I needed to check records for legitimate reasons, I went in on a weekend when Jerry, a barely functional alcoholic, was working in the records room. He let me in, gave me directions on where to go, and slurred at me that I'd better "put the f—king files back" when I was done before slouching back in his chair.

And then I had it. Joseph E. M— had been first admitted in 1973 at the age of six, and he was marked as still in hospital custody. The file was so covered in dust that I doubted anyone had opened it in a decade and so thick that it looked like it might burst.

But the clinical notes were still there, and in surprisingly good condition, along with a crude black-and-white photo of a fair-haired boy giving the camera a wide-eyed, feral stare. The image made me feel unsafe, just looking at it. Averting my eyes, I turned to the notes and started scanning them.

As I read, I realized that the reports that Joe's condition was undiagnosed had been misstating the truth. It wasn't that there was no diagnosis. It was that there had been a couple but Joe's symptoms seemed to mutate unpredictably. Most surprising of all, however, Joe had actually been discharged at one point, very early

in his life in the mental health system, after staying only forty-eight hours in the hospital. Here are the full contents of the physician's notes at the time:

June 5, 1973

Patient Joseph M— is a six-year-old boy suffering from acute night terrors, including vivid hallucinations of some sort of creature that lives in the walls of his room and which emerges at night to frighten him. Joseph's parents brought him in after one particularly violent episode in which his arms sustained significant contusions and abrasions. Patient claims it was from the creature's claws. May indicate a proclivity for self-harm. Prescribed: 50 mg of Trazodone, along with some basic therapy.

June 6, 1973

The patient has been cooperative in therapy session. He suffers from acute entomophobia and possible audiovisual hallucinations. He experienced no sleep disturbances last night but explained that this was only because the monster "doesn't live here." However, when presented with the theory that the monster was a part of his own psyche, patient was very receptive, which suggests nothing more serious than normal childhood fears. Have suggested to parents that we monitor

the patient for an additional 24 hours and possibly start him on a mild course of antipsychotics if we see further evidence of hallucinations. They were receptive.

I almost laughed. It seemed ridiculous that such a brief set of entries would become the prelude to decades of horror. Nevertheless, I pressed on. The notes indicated that Joe was discharged after the additional twenty-four hours as promised. There was also a reference to an audiotape of Joe's one therapy session, the number of which I was careful to write down in the notebook I'd brought with me.

However, the doctor's optimism after Joe's first visit had obviously been misplaced, because Joe was back the next day, this time with a much more serious set of disorders. And this time, he was never discharged. The notes from his second admittance follow:

June 8, 1973

Patient Joseph M— is a six-year-old boy previously admitted for night terrors. A course of sedatives and some rudimentary coping techniques were prescribed. Patient's condition has since changed dramatically. No longer shows signs of previous entomophobia or possible hallucinations. Instead, patient seems to have regressed to a preverbal state.

Patient additionally shows a high propensity toward violence and sadism. Patient has assaulted numerous members of staff and has had to be restrained. Despite relative youth, patient seems intuitively aware of which parts of the human body are most vulnerable or sensitive to pain. This may even be true on a strictly individual level. Patient kicked one older nurse in the shin, where she had recently had surgery. Nurse had to be removed in a wheelchair.

Patient is no longer cooperative with therapy. Emits clicking and scratching noises instead of talking and is no longer capable of bipedal movement. He remains violent and had to be restrained and removed after attempting to assault Dr. A—.

June 9, 1973

Patient's condition has changed again. When nurse Ashley N— told patient that he was "a bad little boy for kicking and punching so much," patient suddenly became verbal. He proceeded to abuse Ms. N— verbally, calling her "a long-nosed Christ-killer," a "dumb k— bitch," etc. Ms. N— became acutely distressed and subsequently requested leave, citing traumatic memories triggered by patient's insults.

Patient's targeted physical violence, verbal abuse, and antisocial behavior

all suggest a form of antisocial personality disorder normally too sophisticated for someone his age. Specific personal insights on the part of patient not yet explainable.

June 10, 1973

Patient's condition continues to deteriorate. When brought in for a review, patient made no attempt to engage but instead commenced verbally abusing psychiatrist. Referred to psychiatrist as a "f-king worthless drunk," a "sexless cold fish," and "bitch boy Tommy," among others. These insults all correspond to personal attacks previously suffered by psychiatrist at moments of acute mental distress. Asked patient why he chose these insults. Patient refused to answer. Asked patient if anyone had called him anything like this. Patient refused to answer. Asked patient why he chose to verbally assault people this way. Patient said he had to, because he was "a bad little boy." Asked patient if he could stop being a bad little boy. Patient asked what *I* thought. I asked patient what he thought. Patient refused to answer. Patient released from therapy. On a personal note, I wish only to comment that one therapy session with this boy made me more tempted to break my 20-year Alcoholics Anonymous pledge than

any other experience I have had in that time. Consequently, I am asking that another psychiatrist take over this case.

No entries on Joe's treatment followed this one. Apparently, one session had been enough to make the writer give up in disgust. I shook my head. Even an understaffed hospital should put in more effort than this. Indeed, the only item from the same year was a curt note from the medical director ordering staff to keep Joe isolated from the rest of the population. For four years after that, there was nothing.