



Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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Robert N. Sobel, M.D., Editor & Syed Abdullah, M.D., Co-Editor

Our District Branch

This message marks the last one in my two-year term as your District Branch President. At our next WHPS Dinner Meeting on April 20, 2001, Lois Kroplick, DO, will become our President and a new President-Elect will be formally chosen. Other changes in the makeup of the Executive Council will be announced in the next issue of the Synapse.

At this time let me thank all the WHPS members who have participated in the number of projects and activities we have accomplished in the last two years. These include the Depression Screening Days at the local shopping malls, the dinner meetings for our members, the educational events for schools, business people, and the public organized by the Rockland County Mental Health Coalition, the WHPS Psychiatrist Referral Manual, and of course our own award-winning newsletter, the Synapse. A big thank you goes to the members of the Executive Council (the names and positions are listed on page 2) - each one has given extraordinary time and effort to promote

our cause and I thank them all for their support and hard work.

People have asked what is the biggest challenge facing us as a district branch. In response, it appears that the biggest concerns facing the national APA, and the statewide NYSPA, are our concerns too. Survival of our organization will depend on continued membership recruitment and retention. The advantages of membership should be made clear and compelling. The price should be in line with the benefits. The benefits should be tangible. The national APA has taken steps to facilitate these needs: witness the corporate restructuring to allow for better lobbying efforts and to permit revenue sharing of non-dues income. We have also been working on finding out who in New York are practicing psychiatrists but not APA members. This should enable better recruitment efforts.

There has been talk of reducing the number of District Branches in New York State. Suffolk and Nassau counties have merged their District Branches to form the Greater Long Island Psychiatric Society. Westchester and the Bronx share administrative resources. Should the WHPS be looking to its eastern and northern neighbors for similar ventures? This will eventually have to be discussed.

Advocacy for our patients is laudable, but we should not be embarrassed to advocate for our profession and ourselves. The inadequacy of our advocating for our profession is perhaps the biggest obstacle we face. With professional practice bills emerging on a yearly basis in Albany, and

the eroding fees "negotiated" by the MCO's, it isn't surprising that we feel discouraged about how things are shaping up. What is surprising is the reluctance of members (and psychiatrists who should be members) to even passively participate in this political battle. If you haven't already done so, please contribute to the PAC, and do send those letters to your legislators. Your vote and actions do matter.



My successor has her work cut out for her. Her background in Public Affairs and her experience as President of the Rockland County Mental Health Coalition will be helpful, but she will need your continued support to maintain and expand our diverse and vibrant District Branch. Please join me at her "inauguration" on April 20, 2001. ▲

Leslie Citrome, MD, MPH.

Congratulations to

Rogelio Roncal, MD and Salem Ahmad, MD for attaining Life Fellow status and to Margaret Hertzog, MD on her advancement to Life Member status.

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Report Writing for the Law

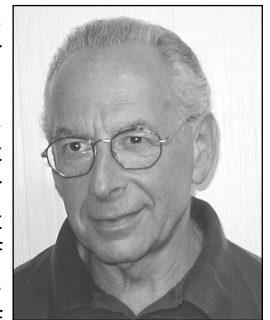
All forensic reports requested by any legal agency (county, lawyer, other agencies, insurance companies) are for a specific legal or quasi-legal purpose and should answer the legal question and be specifically geared to that question. Any documents you may require, in addition to the actual evaluations, should be requested from the party who hired you, and not the people being evaluated.

Remember also, that you owe a duty to the side which retained you to keep all information confidential until such time as they share it with the opposing side.

Your Report:

- a. Should be understandable to both lay and psychiatrically sophisticated audiences.
- b. Belongs to the requesting party (court, lawyer, etc.) and is not yours to distribute or discuss without the consent of the original requesting party.
- c. May surface many years in the future and may be used for medical, psychiatric and other purposes for which it was not originally requested.
- d. Practically speaking, is totally lacking in confidentiality once it leaves your control; despite any prior confidential constraints. "Privileged and Confidential" on the report has little meaning, as do assurances to the persons being evaluated.
- e. Should be discussed with the attorney before you prepare it. They may not want you to write it, if it doesn't meet their needs.
- f. Should reflect your having done extensive homework. If you don't have everything you need when writing it, state what is missing, give a tentative opinion if you can and state that a final opinion will be forthcoming.
- g. Should be presented in an easily readable format, with subheadings, at least including (1) legal question, (2) demographics, (3) relevant clinical data and (4) conclusion and reasoning for your conclusion.
- h. Should never be signed by anyone else and must always be proofread by you before it is released.
- i. Should reflect the human being you've seen, with anecdotes and quotes, be objective and fair, but also should be geared to your conclusion (which shouldn't come as a surprise).

- j. If you are asked to revise your report for accuracy, clarity or typos, you may do so; but not for content or opinion. You must save all versions of the report (including rough drafts if you do them), since they are discoverable.
- k. Is a reflection of your work and opinions. Every word must be able to be defined and defended.
- l. Is the result of your notes and ideas. Keep all notes and time records of your work.



- m. May include weaknesses in your opinion or findings and you must be aware of them and be able to explain their significance, subsequently. You should also, not:
 - a. Offer an opinion about an issue not requested.
 - b. Include in the report itself your qualifications and expertise. You may attach a curriculum vitae to the report. The report is about the evaluatee, not you.
 - c. Attack or disparage an opposing expert, or their report, in your report. That is the job of the attorney, not yours. Also, do not make comments about the law, recite case law, etc. Discuss legal issues, off the record, with the lawyer. You may know more than the lawyer does.
 - d. Speculate about missing information. If you don't have it, don't comment about it.
 - e. Believe everything you hear, make comments about someone's credibility or use terms in an impassioned manner, presenting yourself as an advocate for the evaluatee. You are objective and not their proponent or savior. People may lie, despite what you think about their veracity.

Continued on next page

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SYNAPSE designed by Lydia Dmitrieff

Coalition Plans for Mental Health

The Mental Health Coalition is busy planning for Mental Health Month (May 2001). Beginning in April 2001, the Coalition members will do their annual elementary school project at Evan's Park Elementary School. This year will feature three skits, Bullying, Family Secrets, and Transitions. The two new skits: Family Secrets and Transition (such as from Elementary to Middle School). The transition skit was at the request of the teachers and principal at Evan's Park Elementary School.

Last week, several coalition members met to start planning this event. Each coalition member was able to share from their own personal experiences what it means to go from elementary to middle school and how their own child was bullied in elementary schools.

The goal is to help children identify when someone is being a bully and identify from whom they should seek help. The skit on transition is to help

children deal with tremendous anxiety that occurs when changing from elementary school to middle school. The skit entitled Family Secrets will help the children identify and talk about family issues such as alcoholism, drugs, depression, and suicide. The Rockland Players will once again be the Improvisational Actors for the skits and Coalition members will act as moderators and experts. In addition, the children will participate in a special art project to reinforce the three skits. Planning for this event takes six months. A special thanks to Dr. Gloria Ferber, who is chairing this committee.

In May, the coalition members will be presenting at Tappan Zee High School. The presentations will consist of a consumer, a family member, and a professional. Sherry Glickman, CSW, Rena Finkelstein and I recently met with the Principal, Psychologist, and health teacher at Tappan Zee High School. The enthusiasm was high for

the project. In addition, in the month of February, Dr. Ferro along with other coalition members and I will be doing a special presentation at Tappan Zee High

School in honor of Eating Disorders Month. A special thanks to Rena Finkelstein for chairing these projects.

Being an active part of the coalition has brought me closer to many mental health professionals, consumers, and family members! It has helped to make me feel an active part of my community! Be a part of the action and attend our next coalition meeting at 12 noon on March 15, ▲



Lois Kroplick, DO
Public Affairs

Report Writing, contd.

f. Ever perform a forensic evaluation on someone you have treated, or treat someone you have evaluated in a forensic setting.

g. Ever advocate for the party seen or the case. Do advocate for your opinions, but be prepared to modify it, subsequently, if credible contrary information is presented to you. Your report is only one part of the case and other factors will be considered in the final legal determination. Remember, the case is not yours and not yours to win or lose.

And, remember, you may have to defend every word and every concept in that report. Think hard about it, before it leaves your hands. ▲

Alan J. Tuckman, M.D.

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William Chester Minor, M.D.: The Brilliance of a Tortured Mind

William Chester Minor graduated from the Yale Medical School in February 1863 at age 29. He was a brilliant and diligent young doctor who was also accomplished in the classics and world literature. The American renaissance in arts and letters was in full swing under the influence of the New England Transcendentalists. Writers and poets like Emerson, Thoreau, Nathaniel Hawthorne, Louisa May Alcott, Walt Whitman, William James and others, dominated the American literary and philosophical scene. But there was a dark side to the historical realities of the time. The American Civil War was raging and the fate of the Union was hanging in the balance. The news from the front was gloomy, the federal forces were suffering serious setbacks, the mayhem and conflagration were staggering.

To a sensitive mind like Minor's, the choice between a promising academic and professional future and a call for duty, to contribute to the abolition of slavery and preservation of the Union, was heart wrenching and difficult. But it

did not take too long for this young physician, this man of letters and this idealist, to make his choice in favor of the battle front. Because of his young age and inexperience, he was not accepted as a commissioned officer in the army's Medical Corps. He was inducted as a volunteer acting assistant surgeon and sent to the battle front, to work in an advanced field hospital in Virginia. This was at a time when the battle of the Wilderness was raging, with its attendant intensity of bloodshed and high casualty, and cases of burns, malaria and dysentery. Dr. Minor plunged himself to work under the horrendous conditions of the realities of a ruthless war.

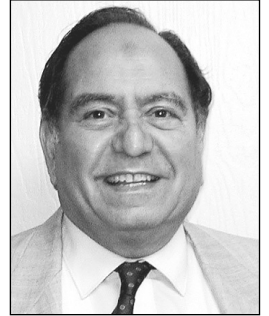
Mercifully, general anesthesia with the use of ether and chloroform had come into vogue, making the major surgeries, amputations and wound debridement, etc., painless. Unfortunately, the concept of asepsis was not yet known or practiced. It would take another decade after the end of the Civil War for the understanding of sepsis and the role of bacteria in wound infections, etc. To convey the situation at the field hospital

the following two accounts, one by Louisa May Alcott and the other by Walt Whitman are worth considering:

Louisa May Alcott, who was a nurse volunteer at one of the field hospitals wrote: "The patient endurance of these men, under trials of the flesh, was truly wonderful. Their fortitude seemed contagious, and scarcely a cry escaped them, though I often longed to groan for them, when pride kept their white lips shut, while great drops stood upon their foreheads, and the bed shook with the irrepressible tremor of their tortured bodies."

Walt Whitman, had this to say: "There they lie...in an open space in the woods, from 200 to 300 poor fellows-the groans and screams-the odor of blood, mixed with the fresh scent of the night, the grass the trees-that slaughter-house! o well is it their mothers, their sisters cannot see them..."

The stress of working under these circumstances was tremendous on a sensitive young man brought up in the puritan traditions of the times. Despite the battlefield stresses William Minor acquitted himself well enough to gain his commission and the rank of a captain in the army Medical Corp in 1866. But before he achieved this promotion he had an excruciating experience that haunted him for the rest of his life. To stem the tide of desertions from the ranks, the army brass had devised many measures, one of which was to brand the deserters, when caught in the act of desertion. The branding was sometimes done over the cheek so that the would be deserter carried a visible mark of shame on his face forever.





Continued on next page 

The officers in his company decided to have one of the deserters branded in this fashion by William Minor. The deserter happened to be an Irish recruit in his twenties, who was held by four soldiers while the reluctant doctor had to proceed with the branding of the letter D over his cheek. As they led the screaming man, the young doctor was gripped with the pain of having done something against the Hippocratic oath, which forbids doing harm to the patient. This feeling of guilt endured in his mind for the rest of his life. His tortured existence echoed Shelly's lines: "I fall upon the thorns of life, I bleed."

In 1867 Dr. Minor was transferred to New York and stationed in Governor's Island. While posted there he started showing behaviors that puzzled his peers and officers. For example, he expressed fears that the Irish were after him for revenge for his act of cruelty to their compatriot. He would carry his service revolver, colt .38 even when he went off duty in civilian clothes. This was in violation of the regulations but he justified it for reasons of his personal safety. He would make nightly excursions to Manhattan by boat frequenting the bars and brothels in the lower Eastside and in Brooklyn. He pursued this routine despite being diagnosed with venereal diseases. He also became quarrelsome and irritable with his peers, accusing them of plotting against him, and talking about him behind his back.

Matters came to such a head that he was transferred away from New York to Florida. Here he engaged, in his free time, in watercolor painting and playing the flute. His delusional behavior persisted and he got into fights with his fellow officers, even with the ones who were his friends. It was here that his mental condition came under scrutiny. He was examined by senior medical officers, who diagnosed him as suffering from a persistent form of paranoia, which they labeled as "monomania". He was advised to get inpatient treatment at the Federal

Mental Hospital, (which was later named Saint Elizabeth's Hospital) in Washington, DC. He accepted the suggestion and stayed there for 18 months.

At the end of this period, it was determined that his paranoia was persisting, and that his condition was a service related disability, sustained in the course of his military duty. He was thus retired from the army as a captain with full benefits of his rank.

After release from the hospital he decided to journey to England, to escape his imaginary tormentors. In London he chose to live in the district of Lambeth, which was a rundown slum area which abounded in brothels and bars. The one precaution he took was to ask his landlady if any Irish man lived in her rooming house. He also made several appearances at the local police station to report that the Irish were after him. He carried his revolver on him at all times.

One night he thought that an intruder had just come into his apartment. He jumped out of his bed and ran into the street. It was close to midnight when he saw a man walking in the dark. Minor had no doubt in his mind that this must be his tormentor and right there fired three shots in the direction of the hapless man. The man collapsed and died of the gunshot wounds.

Minor made no attempt to hide his crime, offered no resistance to the arresting police officers. At the police station he confessed to his crime and made a statement about having mistakenly identified the man to be the Irishman who was out to harm him.

He repeated his delusional statements in the course of the trial. The judge decided that Minor was insane and that the crime was committed under the influence of a delusional thought. He was therefore confined to an institution for the criminally insane at Broadmoor. The McNaghten rule had been in vogue since 1843 and was generally invoked in the Victorian courts as a "not guilty by reason of insanity" plea.

Fortunately for William Minor, this was a time of reforms and the introduction of humane treatment of the mentally ill. At the Broadmoor Asylum for the Criminally Insane, Minor received many privileges that were newly introduced. Besides, being an American and receiving a regular infusion of funds in the form of his army pension, resulted in added benefits for him. The superintendent of the Asylum was a kindly Englishman, who went out of his way to make his new patient comfortable under his care.

Minor was allotted two adjoining cells instead of one. He was also permitted to buy books, have bookshelves

Continued on next page 

**Doug Ward
Sheila Redmond
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William Minor, contd.

constructed and have a table and chair in his "study". He had his flute and his easel for painting whenever he was tired of reading and writing. He was able to hire other inmates of the asylum to help him with the maintenance of his little two room "apartment".

He was full of remorse for having murdered Mr. Merrett, and arranged for his widow to be generously compensated for the loss. She in turn forgave him, and later became friendly enough to visit him regularly in the Asylum. She was of great help in getting him books from the antiquarian bookstores in London. He revived his interest in reading the literature of the 15th, 16th, 17th and 18th Centuries.

During this time he came across a flyer, given out by James Murray who was compiling the Oxford English Dictionary. In the flyer Professor Murray had appealed for volunteers, to help him with the arduous task of tracing the origins of English words and their roots in antiquity. He needed examples of the earliest usage of each word, with actual quotations and annotations of the authors. The dictionary was to become the definitive lexicographic source of the English language in its entirety. Dr. Minor immediately responded to Professor Murray's appeal,

and became a valuable contributor to the compilation of the dictionary. This activity kept him busy and productive for most of the years of his stay at Broadmoor. Dr. Murray visited him and forged a personal relationship with the man he admired so much. Minor, still very delusional, developed enough rapport with Dr. Murray to confide in him about the "bizarre" visitations of his enemies who came through the rafters and the cracks in the floor. He always mentioned the "unspeakable" acts these intruders tried to force upon him. Dr. Murray listened politely and even went on walks with him on the grounds of the hospital. Occasionally, the director of the Asylum invited the two gentlemen to his quarters for tea.

The work on the Oxford English Dictionary progressed and Minor continued to be a major contributor in finding the origins of words and their usage over the centuries. This continued for many years, although he was still plagued by his delusions which became increasingly bizarre. With the advent of electricity, he incorporated it into his delusional repertoire claiming that his enemies were passing electric currents in his body. Later, with the successful launching of the airplanes, he declared that he was being taken nightly on planes to far away lands, for performing "unspeakable acts."

Finally, he reached a point when the editorial board noticed a perceptible decline in his productivity. It is to be noted that the administration of the Asylum changed several times, effecting the general atmosphere of leniency enjoyed by the inmates. Towards the end of his stay at Broadmoor, a particularly strict regime took over under an authoritarian director, who was appointed following several escapes of the inmates from the asylum. The new director decided to run the place with an iron hand, to improve discipline and safety. Privileges were curtailed, contacts between inmates and the outside world were restricted. In the case of Dr. Minor it was decided against letting him enjoy two cells, a private

library and frequent visitors. The unkindest of the moves was to place Minor, now in his seventies, in the infirmary where he had to stay with aging and deteriorated patients.

His friends, though they tried, could not make the authorities to reverse their orders. The reason was given that Minor had shown self-injuring tendencies and therefore it would be safer to keep him in a ward where better supervision could be provided. At this time Minor seems to have given up. His contributions to The Dictionary came to a grinding halt. He demanded to be returned to his country. After a lot of bureaucratic hurdles, he was finally permitted to sail for America with his brother, Alfred.

After 38 years of incarceration at Broadmoor he was transferred to St. Elizabeth Hospital where he stayed, with the diagnosis of Dementia Praecox, for another 8 years between 1910 to 1919. Towards the end of this period, a toothless, balding Minor, who was by now almost deaf, blind, very frail and with failing cognitive functions, and still quite delusional, was transferred to the Hartford Retreat. He was able to write to Sir Murray's widow a letter of sympathy on learning about his dear friend's death. In that letter he bequeathed her the books that he had acquired at Broadmoor. Those books are now a part of the OED library collection in Oxford.

After two years at the Retreat, he died at the age of 85, and was taken home to be buried at the cemetery in New Haven. Thus ended the saga of this brilliant man who, despite his insanity, made a lasting contribution to the Oxford English Dictionary wherein he is remembered with a note of acknowledgment. ▲

Syed Abdullah, MD

Acknowledgments:

- (1) S. Winchester The Professor and the Madman.
 - (2) Yale Medical School Historical Library (personal communication).
- Other references will be provided upon request.

Save the Date!

**April 20th
at 6pm**

Restaurant X

**Jim Flax will present a
CME program on Pain
Management.**

Views From Beyond the Couch

Reprinted from the Northern California Psychiatric Physician, Sept/Oct 2000 Issue

One of my many blessings this summer involved the discovery of Brenda Maddox's 1988 Biography: "Nora" the story of Nora Barnacle, long-time companion and then wife to James Joyce. Nora has long carried a bad rap as some kind of real barnacle to Joyce, and it is a relief to discover the true story, as well as to develop some insight into how such a 37 year relationship not only survived but flourished, despite enormous differences in interests and personality, even surviving the oft repeated truism that Nora never read Ulysses because she failed to find it humorous and thought it was a "dirty" book! Together since 1904, they did marry in 1931 only because

their daughter-in-law refused to conceive a child unless her husband was legitimized. Joyce had rejected his Catholicism, while Nora retained her faith but dropped the trappings.

Born in Galway in 1884, Nora had the fairly good basic education granted to girls up to the age of 12, then began a life of toil, despite which she became a vivacious, fun-loving young woman, physically beautiful, self-confident, with a mocking, teasing manner that made her very popular among the young males. However, her father being excluded from the household for alcohol abuse, a repressive uncle found her behavior offensive and he took a stick to his 19-year old niece until she fell to the floor and begged for mercy. A week later she ran off to Dublin, got a job in a hotel and met Joyce, who was instantly smitten by this strong

woman who seemed to complement so many of his own weaknesses, and who so easily enabled him to enter into a sexual relationship without his customary inhibition and guilt. She quickly experienced that he valued her as no man had previously, so she agreed to leave Ireland with him and within a few months they began their seemingly endless migratory existence, as they moved from Italy to France to Switzerland, often leaving unpaid rent behind. "No human being has ever stood as close to my soul as you," he told her. She became the model for every main female character in his books, and her colorful, passionate, irreverent Irish language appeared verbatim everywhere. Nora learned to speak all the languages, developed a passion for Grand Opera, and read books by authors other than her lover.

Continued on last page 



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Views...continued

Her first-born, Giorgio, was spoiled and grew into a fop who attached himself to wealthy women, and he never achieved as the opera singer he said he wanted to be. Lucia was destined to become schizophrenic, and the anguish experienced by the Joyces is familiar to all psychiatrists. In 1934, Lucia was hospitalized in Switzerland under the care of Carl Jung (the author tells us Jung charged 3600 francs a month) but she was destined to live most of her life in institutions, and died in one in 1982. Joyce, like many busy fathers, was often guilty of "malignant self-absorption," though he loved his children intensely. Nora carried much of the load, with the aid of household help. Perhaps her greatest contribution to Joyce's artistic success was the endless pressure she put on him to control his drinking. The stresses were to include further mental illness, this time in Giorgio's wife, who experienced episodes of manic depression requiring hospitalization, and the Joyces did what they could for the grand-son. Nora was

adored by her grandson, Stephen, who in an interview at age 50, said: "Nonna was so strong, she was a rock. I would venture to say that he could have done none of it, written not one of the books without her." A close companion of the Joyces credited Nora for her great devotion and courage and opined: "Theirs was

"Theirs was a constant companionship based on love and congenial understanding, and through all the trials and tribulations, they remained devotedly together."

a constant companionship based on love and congenial understanding, and through all the trials and tribulations, they remained devotedly together." Not that there weren't fights and even threats from time to time. One charming episode: at a dinner party in 1939, Joyce remarked how impressed he was with Hitler's immense force and powers of leadership. Nora exploded. She picked

up her dinner knife and jumped up, threatening "Jim, one more good word about that devil, and I'll murder you!" It was reported that Jim accepted Nora's outburst with typical admiration and fascination! By that time, of course, he was so nearly blind that he was totally dependent on her. Nora lived on for 10 years after Joyce's 1941 death, and she once took an interviewer to see the grave, and in answer to his questioning why she remained in Zurich, she said: "I guess it's because he's here." At her own funeral, one woman translated the priest as refer-ring to her shame for being a mistress. The legend added to her bad rap.

Brenda Maddox attributes much of the success of the Joyces' relationship to the fact they had a genuine delight in each other's company. How marvelous for a couple to retain that degree of delight. The biographer wrote: "I began writing this book liking Nora. I finished in awe of her." Enough said. ▲

Paul J. Paimbaum, MD

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