Innocence revisited – 1

hen I was an intern it was generally known that I had an interest in the mind, and my colleagues were kind enough to ask me to see cases which they suspected might interest me, or irritate them. The following learning experiences have been assembled from the recollections of more than thirty years ago: the details have been changed to protect everyone's fame and reputation, except mine.

Creatures of the night

I was the surgical intern on night duty. I was also on day duty, so sleep was a highly valued commodity. When

promised, it was often snatched away. When it arrived it was often put to flight by requests for the reinsertion of drips, the unblocking of catheters, and the disentanglement of tidal drainage apparatuses operated by laws of physics never revealed to me.

Above all, through the night there rang that now departed sound of the large hospital – the dreadful clatter as dropped metal bedpans hit tiled floors, bounced once, and then see-sawed to a transient state of rest. One learned to stand up in the operating theatre, eyes open, hands outstretched, fast asleep.

The night porter fought his way in through my dreams, stood me up and propelled me gently in the direction of

the men's surgical ward. Old hands of Royal North Shore Hospital, Sydney, will remember it as it was then, largely exposed to the elements.

I arrived there and, still conscious, was taken to see a man whose complaint was that he could not sleep. There was empathy between us. And why could he not sleep? 'Because', he said, 'the trumpeting of the elephants is keeping me awake.'

The nurse and I exchanged one of the varieties of significant glances exchanged between nurses and interns (then, anyhow), and I satisfied myself that the patient presented neither a surgical nor a medical emergency. Intramuscular paraldehyde was the remedy of the day, and I blush to write that he received it.

Next morning, hot-eyed, half way between REM and wakefulness and with one sock on, I was transfixed by a loud and unmistakable sound - the unequivocal trumpeting of elephants.

A dozen steps to the nearest window provided the shameful answer: into the park next to the men's surgical ward there had arrived a circus, complete with a herd of elephants.

Delusions of grandeur

She was elderly; propping her up in bed had not removed her breathlessness. Her central cyanosis was slight, but there. In deference to it, someone had inserted an oxygen catheter into one of her nostrils. Her nightdress was humble and a little tattered; her hands had worked hard for their living

> for many years. I had been asked to see her because she had delusions of enormous wealth. Was cerebral hypoxia a sufficient explanation?

'They tell me you are very rich.'

'Yes, dear.'

'They say that you have £7,000,000.' 'Yes, dear.'

'That's a lot of money.'

'Yes, dear.'

'Could I see some of it?'

'Yes, dear, just look under the bed.'

'Dear' looked under the bed. There, he found an old battered Globite suitcase, which reminded him of school.

'Go on, dear, open it up and have a look.' I can see it now; its interior was crammed with thick rolls of $\pounds 10$ notes

secured by rubber bands, stacked into neat, unyielding rows.

A good man is not easily put off his stroke. 'That's a lot of money', I said, 'but it's not $\pounds7,000,000$.'

'No, dear, that's just my cash. Hand me my purse.'

A slow rummaging in the purse produced a battered envelope, which in turn yielded a properly drawn document from a large financial institution made out in her name to the sum of $\pounds7,000,000$. 'That's all right, dear?'

'Yes, that's all right.'

Subsequent events, including litigation, made it plain that the notes and the document were perfectly genuine, but that someone else had a better title to them.

Lesson learned

There are other examples, but those will do. I learned, slowly, that when a patient told me something, no matter how far it was outside my expectations, it was to be accepted until I had clear evidence to the contrary. I didn't know as much as I thought I knew, and it's not always easy to discover who has the delusions.



Written by John Ellard AM, RFD, FRACP, FRANZCP, FRCPsych, MAPS. This series is republished here by popular demand. We seek fresh contributions. Please send your favourite anecdotes to the Editor for consideration.