

File

C L I N I C

April 18, 1955

Dr. Brooks' comments and recommendations:

BLANCHE SHEWELL: This young lady was interviewed today. She seems happy and contented back at BSS. She is full of resentment and accusations against the Colony House and its director.

After reviewing this situation, including the report by Miss Curtis following Miss Shewell's return, the writer would strongly recommend that until there is some change for the better, no further students should be considered for placement at the Colony House.

CORA PARKER: This young lady was interviewed at some length. She seems a quiet, personable, confident young lady. She is very anxious to work outside the dormitory. I feel that she should be encouraged to extend her activities as much as possible. I have the impression that her potential is somewhat greater than previous performance or testing would indicate. She seemed quite interested in manual training and very proud of some fine work she has done there. She expressed considerable interest in learning to read, said that another student has been teaching her. One wonders if she had the full opportunity to achieve her maximum school progress. If any program of adult education, including further reading training, should develop, she should be considered for placement in this program.

Miss Parker still complains of some drowsiness and dullness. Her dilantin was ordered increased to 1/10th grain t.i.d., p.c., and her phenobarb. was stopped.

THERESA WOODWARD: This girl was interviewed briefly. She has a very silly grin and a shy manner, hides her face during much of the interview. She readily admits her behavior difficulties, that the other children don't play with her. Possibly even throwing stones and hitting with sticks might be a bid for mor attention from her peers. It was decided to try small amounts of Thorazine, 50 mg. b.i.d., to reduce her tension. It would also be useful for the attendants to try to encourage her participation in simple games with the other children.

RUTH MERCHANT: This lady was referred to the writer again today, because she suffered another "spell". Following this spell, she was seen by Mrs. Wheeler who states that her pulse and her color were again normal immediately after her spell. She was lying quietly on a couch with her eyelids fluttering. She did not respond for one hour, despite strongly stimulating her face. Mrs. Wheeler noted that she had told the attendant that she was not notified when her uncle died until after he was buried, that she had not heard from her aunt lately and she was afraid she might be dead. Mr. Mulcahy will look into this.

In the interview, Miss Merchant claimed that she had complete loss of memory from a Tuesday afternoon until Wednesday morning after the spell mentioned above. She said everything went black, but finally admitted that she could hear people talking but could not make out who they were or what they were saying. "I could hear but I couldn't speak, I tried to open my eyes but I couldn't, they were stuck right together." And then, in close association, "I think my aunt ought to write to me, I write to her every month". Further questioning revealed that Ruth had had possible conversion symptoms in the past. She spoke of losing her voice, a lump in her throat, going blind for a few days, and in particular being completely deaf in one ear after the attendant spoke crossly to her. "She hollered at me, I couldn't hear anything out of my right ear for a long time".

It would seem that this lady suffers from hystero-epilepsy. She has definite conversion symptoms, especially this last episode was undoubtedly hysterical. There is still the possibility that she may have grand mal seizures. Her dilantin should be continued. Meanwhile, every effort should be made to withdraw attention from her more dramatic spells, give her attention in other ways, and especially put her mind at ease about her aunt's health.

ANNA DUMAS: This lady, who has a long history of emotional disorder, asked to see the writer because she wanted to be transferred from E to G. It is reported that recently she has been a behavior problem, becoming assaultive towards the other girls, etc.

During the interview, Anna sat in a very tense position, wringing her hands, rocking back and forth in her chair. She complained, "they nig at me all the time, throw slams and slurs". Asked about hearing voices, she said: "Sometimes I can hear my folks talking to me, like they did when I was home. My mother asks me to go upstreet, the way we used to do every week. I liked that. Sometimes my father talks to me too, I haven't seen my father for a long time." Apparently all of her hallucinations are of a pleasant nature. However, she complains of a great feeling of fear both night and day, and is apparently lonely, depressed and anxious. She is very anxious for help with her "nerves". Thorazine in gradually increasing doses up to a maximum of 300 mg should be tried for this patient. However, although it should relieve her anxiety, it may increase her depression and she will have to be observed closely in Dormitory E for the time being.

PHYLLIS MURRAY: This is a deteriorated, disturbed, specific epileptic, who was seen at D. She is reported to be unmanageable much of the time. She should be given Thorazine in gradually increasing doses up to a maximum of 300 mg. Concurrently, her phenobarb. should be reduced by 1/2 grain every three days.

PERCY KIRBY: This boy was seen briefly. He is mischievous, restless, constantly getting his fingers into places where they don't belong, picking up objects around the room. He easily demonstrated his "seizures" on request by the writer. However, from past history, he obviously has had severe grand mal epilepsy and is using this gambit as a means to gain some affection and interest. His dilantin should be increased to 2½ grains daily. He should be given Thorazine 50 mg t.i.d. pc, and his phenobarb should be reduced

by 1/2 grain daily every three days. Whatever means are possible to give him some manner of interest outside of his seizures should be exploited.

BLANCHE MOULTON: This deteriorated, emaciated, disturbed idiot was seen briefly in dormitory D. She should be given Thorazine in gradually increasing doses until maximum 300 mg. Her somnos should be reduced to 1 teaspoon, used only when absolutely necessary.

It was noted in examining this patient that she has marked retraction of the supra-clavicular spaces and some dullness of the right apex. Although her recent survey film of the chest was reported as negative, I feel that she should be referred to Dr. Estabrook as a possible bearer of tuberculous organism.

WILLIAM HALEY: This boy was taken off Thorazine two weeks ago, as it was reported that he was getting no benefit. Since that time he has been an increasing behavior problem, assaultive, aggressive, actively homosexual, etc. He was interviewed at some length, was silly, giggling, bragging about his misbehavior. He said that he and Arthur Guerin play with each other's penises. He says, Superman told him to do this, the same superman he sees on TV. He also said his story about superman was a lie. Asked why he lied, he said, "I've got a reason, a privilege, it's my privilege to lie". It was noted that he used other such words as privilege in a proper sense. One suspects that he may have some degree of pseudo-retardation, secondary to his emotional disorder. I feel that his Thorazine should be resumed at the maximum dosage of 300 mg daily.

CAROL JARVIS: It is reported that this young lady is much improved during the past week, somewhat improved before. She has had one seizure on Easter Sunday, April 10, but went home for a visit at Easter and returned in good condition. She has been on a maximum dose of Thorazine only for the past week. When interviewed, she expressed considerable relief from her tension, is very anxious to go to dormitory G, to go to work in the cannery after school is out. I feel that her Thorazine should be continued and she should be tried in dormitory G for a time.

JANE HOWARD: This lady asked to see the writer, apparently just to tell him how happy she was and how much she liked it in dormitory G and how much her behavior had improved.

RICHARD LAMPHERE: This boy is reported to be somewhat more of a problem recently than ever before. He had always been shy, dependent, and a sissy. He had had intense compulsive sexual curiosity at home. In the last few months he has become more aggressive and assertive in the dormitory.

When Richard was interviewed, he seemed fairly confident. He was anxious to see the writer, said that he wanted to "learn more and stop my hands from shaking, I have been pretty nervous". He wrote his name to demonstrate how much trouble he had with his tremor. It was noted that his tremor was rythmical and a serious handicap. On examination, he had no cogwheel rigidity, but some dysdiadochokinesia. There was no marked impairment of passive motion in the limbs. The mechanism of his tremor is not clear to the writer. However, I would suggest that his phenobarb be discontinued and he be placed on Thorazine 50 mg t.i.d. pc.

His difficulty with sexual curiosity was discussed with him. He seemed quite concerned about this and remembered painfully the drive that he had had to lift women's skirts. He said it was better now, but he used to think about it all the time. In close association with this, he discussed his great anxiety and fear of other children. He says the kids used to beat him up at home, three of them used to wait for him after school and beat him up terribly. Also, when he first came here, they did. He was always afraid they would pull off his penis and throw it away. He used to imagine such things every night when he went to bed. This seems to be a very interesting and clearcut mechanism of castration fear with compulsive sexual curiosity, which is improving.

FLORENCE MARTIN: This patient has been very quiet since her transfer to G. She did show some early signs of Parkinsonism, including a mask-like expression. Her Thorazine is to be continued at 50 mg t.i.d. pc, combined with Artane 5 mg t.i.d. pc.

RITA ST. PIERRE: This girl is reported to be much easier to manage and attendants associate this improvement with her father's visit a month ago, during which he gave her a good "talking to". However, her Thorazine should be continued, on the off-chance that this drug may have had something to do with the improvement.

JOSEPH ZOLNIK: This boy is becoming somewhat more active again. He has been receiving only 150 mg of Thorazine. It should be increased to 200 mg daily.

DOROTHY ROGERS: This girl is, on a whole, much more quiet, has only an occasional outburst of temper.

EDWARD MALLORY: The boy is very quiet, seems to be making a good adjustment at Dormitory I.

ROBERT BOYCE: This boy's behavior is good by spells only.

FRANK BUZZELL: He is reported quiet and easier to manage.

ROBERT CHANDLER: He is said to be showing improvement.

ARTHUR GUERIN: Arthur's behavior has improved, but he is still a problem with homosexual activities.

FORREST HOLMES: He is said to be very much improved.

JEAN MEILLEUR: He is said to be somewhat more cooperative.

LEWIS SHEDRICK: He remains very quiet and easy to manage.

HARRY SWITZER: He is showing gradual improvement.

RICHARD WESTCOTT: Very quiet and cooperative.

JOHN WISELL: It is reported that this boy's tantrums are less frequent.

EXRA LAFAYETTE: There has been no noticeable change in this boy's behavior as yet.

JAMES RANDALL: There has been no noticeable change in this boy's behavior as yet.

NOTE: The following patients have been receiving anti-convulsives without any recorded convulsive seizures for at least the past five years. Medication should be reduced gradually to see if they can be seizure-free without medication at this time, according to the following schedule:

Dilantin: reduce by $\frac{1}{2}$ grain daily every three days.

Phenobarb: reduce by $\frac{1}{2}$ grain daily every three days.

When Phenobarb and Dilantin are combined, Phenobarb should be reduced first and then the Dilantin:

R. Moffatt
B. Bizdikian
H. Lewis
B. Cenci
D. Holden
L. Gaudette
K. Gene
W. James
B. Kendall
C. Levesque
R. Lamphere
A. Chalifoux
C. Taylor

G. Slocum
M. Whidden
H. Cook
A. Dumas
L. Hunter
E. Rick
L. Colbeth
E. Notte
J. Tatro
C. Smith
P. Miles
L. Ladue

CLINIC - April 4, 1955:

BLANCHE SHEWELL: This girl, who has been at the Colony for three weeks, has worked well until yesterday. Yesterday she became depressed and moody and uncooperative and refused to go out to work today. When she was interviewed by the writer she cried bitterly and was unable to say much of anything because of her crying. She did say she was not happy at the Colony but refused to say why. Finally, she did say that somebody "threw Elsie's name in her face because she is at Waterbury. They said I would go there if I wasn't careful". Finally the girl said she was homesick for Brandon and could not stand it at the Colony another moment.

Later during the visit to the Colony House, the girl's homesickness came up in the conversation with Miss Dolan and Shirley Mailhotte, who is Blanche Shewell's room mate. Miss Mailhotte said, "I guess she is homesick for the kind of life they live at Brandon". On further questioning she said, "Miss Dolan does not let us be too friendly here. We can't lead that kind of life here". Finally it was discovered that she was referring to homosexual activities. This question was pursued at some length and quite heatedly by Miss Dolan, Miss Mailhotte, Mr. Mulcahy and myself. The statements of Miss Dolan were extremely contradictory, distracting, rambling, vicious and vehement. She gave the impression that she felt that all girls who came to her from Brandon were confirmed homosexuals. She finally admitted that some of the "best" ones such as Miss Mailhotte were not. However, she insisted that it was a known fact that most of the girls from Brandon were and she was constantly on guard against the development of what she called "friendship" between the girls and quite openly referred to overt homosexual activities. In fact, she finally dropped the term "friendship" and referred to the girls as "homos". She spoke of having to talk with each one of the girls about this

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and it seemed quite possible that such warning and talks are what had actually upset Miss Blanche Shewell, Many attempts were made to get Miss Dolan and her friend Miss Mailhotte to mention any specific and concrete instances which led them to suspect that Miss Shewell might be a homosexual. No such concrete instances could be mentioned. It was quite evident that for a girl to be labeled a "homo" at the Colony required nothing more than her having been at Brandon State School although all girls who tended to develop crushes or any close friendships were so labeled. As nothing seemed to be gained by continuing this unpleasant discussion, it was dropped.

I feel that if any further signs of pressure on Miss Shewell are evident, she should be returned to the Brandon State School for her own peace of mind.

Note to Mr. Russell from Dr. Brooks:

If you would like Dr. Brooks to sign this as a letter to be sent to Mr. Dale, please put in letter form and he will be glad to sign it.