

**Shock
Treatment
Is Not Good
For Your
Brain**

John Friedberg, M.D.

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Glide
PUBLICATIONS

Chapter 5

THE PATIENT AS PRISONER

Leonard Frank

A man lost his job and decided to take the opportunity to read some books and educate himself. The man's father considered this behavior "bizarre." To him it looked as if his son was "mentally ill." He had no trouble finding a psychiatrist to confirm his opinion and to incarcerate his son. So began Leonard Frank's nightmare as an involuntary inmate of the psychiatric establishment. The doctors chose to administer electroconvulsive and insulin shock treatment for Leonard Frank's "own good." The victim's father authorized the treatments, presumably for the same reason.

Kahlil Gibran wrote, "Your children are not your children." The lesson is never learned. Generation after generation treats its offspring as if they were possessions to be lovingly shaped to blueprint. Each parent plays God with the clay of the child. And the child must inevitably struggle to be free of the parent's dream. The father-son relationship is a model for every other kind of authority situation; it's the original master-slave game. Authorities service each other. In Leonard Frank's story we see psychiatrists acting *in loco parentis*, one of their favorite roles.

Ostensibly for the good of the patient, then, the paternalists in this instance decided to administer electric *and* insulin shock, though the goal of both kinds of treatment is the same: to kill bits of the patient—the "mentally ill" bits—cell by cell. The pancreatic hormone insulin acts to lower the amount of sugar in the blood. For the diabetic, who is unable to secrete his own insulin and therefore suffers an excess of blood sugar, insulin is injected. Occasionally, an insulin dependent patient will

inadvertently overdose. When the blood sugar falls below a critical level, usually 50 milligrams per 100 cc's of blood, it is monitored by the hypothalamus in the brain which sets off a protective chain reaction. The pituitary gland is stimulated, and it in turn activates the adrenal gland to release adrenalin. Adrenalin then acts to restore the normal blood sugar levels by breaking down glycogen to glucose in the liver. But with the continued administration of insulin, the glycogen stores are exhausted and the blood sugar continues to fall. The brain, which depends on glucose as it does on oxygen, begins to shut down and die. Hypoglycemic coma is a medical emergency.

The classical Sakel insulin shock treatment, to which Mr. Frank was subjected fifty times, is the intentional production of hypoglycemic coma. Invented by Dr. Manfred J. Sakel and first used in 1933 at the Psychiatric Hospital of the Vienna Medical School, the procedure consists of injecting from 10 to 1000 units of regular or protamine zinc insulin and then, as the patient slips into a twilight state of intense anxiety and hunger, systematically withholding carbohydrate. After two or three hours the patient is comatose, or in "coma hibernation" as Dr. Sakel liked to call it. He may have a convulsion at this time. Hypoglycemia is prolonged anywhere from four to seven hours, determining the exact duration being, according to Dr. Sakel, an art based on extensive experience. These treatments are then repeated, sometimes daily, and sometimes for months.

What did Dr. Sakel think he was doing? He had several theories. For example, he thought that "the parasympathetic hormone insulin contains the two cardinal therapeutic faculties of increasing the tonus of the parasympathetic end of the autonomic nervous system and of strengthening the anabolic force"** This argument is verbal abracadabra. More to the point, he concedes that he is killing brain cells. "This latter treatment rests on the assumption that the diseased and therefore weakened nerve cells will die off first, from the effects of the hypoglycemia, before the healthy ones are traumatized. This selective elimination of the diseased cells leaves the healthy ones a free field in which to resume their normal performance."***

Dr. Sakel remained an ardent proponent of insulin shock to the end of his life. In 1956 he remarked with dismay that electric shock because of its greater simplicity and economy was displacing his method, which he considered far superior. His ego wounded, he wrote one of the clearest and most concise damnations of ECT:

*Arthur Sackler, Mortimer Sackler, Raymond Sackler, Felix Marti-Ibanez, *The Great Physiological Therapies in Psychiatry* (New York: Hoeber-Harper, 1956), p. 13.
** *Ibid.*, p. 30.

In the amnesia caused by all electric shocks, the level of the whole intellect is lowered, so that the outstanding psychotic ideas are not thrown into such sharp relief as they previously were. If the amnesia is less severe (the outcome of fewer convulsions), the patient, though he may lose recollections of experiences in his past life, almost never forgets the predominant pathological, schizophrenic idea for which he is being treated. The diminishing in the intensity of the psychotic idea is the counterpart of the lowering of the intellectual level and the reduced potentialities for reaction.

Retrograde amnesia, not deliberately induced, is found in only two well-known illnesses: as a consequence of severe concussion with unconsciousness and in senile arteriosclerosis cerebri. The impairment of the retaining capacity was and is known to the neurologist in again only two illnesses: in Alzheimer's diseases and in the almost disappearing paresis.

In both these cases, the cause of the illness lies in the multiple microscopic diffused damage done to the brain matter or cells. It is therefore logical to deduce that similar conditions of brain cell damage must be at the root of each case of amnesia, however caused. The stronger the amnesia, the more severe the underlying brain cell damage must be.*

Given the risks involved in ECT and insulin shock and the fact that both are designed to achieve the same end, why would a psychiatrist administer both treatments, as in the case of Leonard Frank (and not at all uncommon)? The reasons why psychiatrists do what they do is the mystery to end all mysteries. The reasons they give themselves are inconsistent and contradictory. Much depends on where they were trained, when they were trained, and who trained them. The juggling and mixing of treatments is the hallmark of psychiatry and the substance of the psychiatrist's education. Obscurity, as someone once said, often proceeds from a healthy instinct for self-preservation.



Q. What led up to your commitment?

A. I was arrested at the age of twenty-nine or thirty, at the time of the missile crisis, October of 1962. I was first sent to Mt. Zion Hospital in San Francisco, and then to Twin Pines Sanitarium, in Belmont, California. I was administered eighty-five shock treatments—fifty of them were insulin, and thirty-five were electric given while I was in the insulin-induced coma.

**Ibid.*, p. 55.

Q. You said you were arrested? Could you give me a few more details?

A. No, that's part of the problem, one of the little side-effects.

Q. You don't remember what you were doing? You were politically active?

A. I wasn't politically active at all, I wasn't bothering anyone. I had difficulties with my family. I *suppose* these things, because I don't have any memory of the period.

Q. Were you seeing a psychiatrist at the time?

A. Not to my knowledge. I know that I would never voluntarily see a psychiatrist.

Q. Even back then?

A. Even then. But then again, maybe I was, I don't know.

Q. You never got the details from your family?

A. No, they didn't talk about it and I didn't press them on the issue because I knew it made them uncomfortable and they felt it wouldn't be in my interest to reveal this information.

Q. Where did they live? Were you living with them?

A. No, I was living by myself. They were in New York. I had come to San Francisco about two or three years before that, worked for awhile and then decided that I didn't want to work anymore. I had a feeling that I still had a lot to learn, that I wanted to educate myself—to do some serious reading of literature, history, politics, religion and psychology. And to see my society, and the philosophy that governed it, with new eyes. I had become very critical of the society and I felt it was very important to acquire the knowledge to deal with my criticism in a creative way.

Q. Who told you then that you had been arrested?

A. I still have the warrant for my arrest. I was in my apartment, as far as I know, and they came to the door and arrested me. Listed as reasons for my being arrested are that I had displayed bizarre behavior.

Q. Who would have been likely to bring those charges?

A. My parents. They had been visiting me during that period and they were very unhappy with the kind of life I had been leading. After all, I wasn't working, and their world view was such that anyone who wasn't working was probably—or was almost inevitably—mentally ill. You have to be a bit crazy if you weren't working within the system. Remember, this was—before the hippies, before the drop-out scene—a rather unusual thing.

Q. And they got a warrant?

A. Sure, because I wasn't going to see any psychiatrist. I also remember seeing a letter I wrote during that period, indicating very strongly that I

was not into seeing any psychiatrist, that I didn't think they were any better qualified to deal with personal situations than other people were. I didn't ascribe to them the kind of powers my parents ascribed to doctors in general and psychiatrists in particular.

Q. So, not only don't you remember the incidents which led up to your hospitalization but . . .

A. When you say that I don't remember, that's not quite the way it should be put. It would be better to say the memory of those days was obliterated, for an entire period in my life up until the last shock treatment which I received in April of 1963. I was in the institution for eight months—this I didn't know from the experience of it but from having figured out the dates from the time I was arrested to when I was released in the latter part of May or early June 1963—and I have no memory for a period of about two years before that. When I came out I couldn't even have told you that John Kennedy had been elected president, I didn't even know who was president of the United States. I had to relearn the whole thing; I had to relearn so much of my life that it's no wonder that it took me so many years to get it back together again. Through my direct experience of this thing I found out what brainwashing was all about; I was in a situation of complete helplessness in terms of what I knew because so much of my memory had been destroyed. In a Chinese brainwashing camp—as you hear the stories told—they break you down and then they reeducate you, while here in the United States of America, maybe thirty miles outside of San Francisco, one of the most enlightened cities of our continent, that very process was done to me by psychiatry. I was brainwashed; the only difficulty is that they didn't have a chance to reprogram me on their terms because, fortunately, I was released from the institution about a month or a month and a half following the last treatment. Then I was able to reeducate myself not in accordance with their wishes or the wishes of my family but in accordance with my own bent. My own bent was sufficiently strong so that I was able to get it back together again and adopt and maintain my world view.

Q. Were there certain things that were wiped out more than others?

A. The extent of my memory loss is not merely the two years preceding the treatment, it covers many, many individual events before the two-year period.

Q. Do you have islands of recall?

A. Oh sure, I remember things that go way back into early childhood. But, for example, I don't have any memory of a single dream that I had up until the time I was given shock treatment.

Q. From the entire past?

A. From my entire thirty years prior to that. Not a single dream. I've spoken to another person who had had shock treatment similar in intensity to the kind I received, and he tells me that he remembers his dreams prior to the shock treatments, but *since* that time he doesn't have any recollection of his dreams, or of having had any dreams; in other words, he may have dreamed but he doesn't remember.

Q. In your opinion, did you feel that you learned more slowly during your reeducation, or that your ability to learn had been affected in any way?

A. I don't think it could possibly be as good as it was. But I don't think it set me back that much. Actually, I came up with a new technique to reeducate myself because I was having a little trouble acquiring the knowledge as quickly as I wanted to. I developed a technique for working with opposites—words, pairs of words. I would make lists of opposites and categorize them under particular topics and I found in doing that as an exercise I wouldn't actually have to make a note of remembering things but in the process of categorizing words and concepts in pairs, I was able to regain the use of words which otherwise I didn't have at all. The loss had affected my vocabulary.

Q. For words from the preceding two years or for words you had had all your life?

A. Maybe for words I had had all my life. An aphasia was involved, but it wasn't especially serious. Aphasia is organic, is it not?

Q. What was your problem?

A. Oftentimes I couldn't find the word that I wanted.

Q. That's aphasia.

A. I would have the idea in my mind.

Q. Anything else? Any problems with coordination, movement of your limbs, incontinence, double vision, numbness, weakness?

A. Well, in general those eighty-five shock treatments represented a tremendous assault on my brain—not just on my brain, but on my whole physical being. My energy level has not been as high since that time as it was before.

Q. That's a little vague.

A. Energy level has to do with the drive to do things. I was much more active before.

* * *

A. All these things are relative. I know what I was before. I feel pretty good right now; frankly, I feel fine.

Q. How did you get out?

A. I guess they thought they had me conditioned and shaped up so I'd be fit once again for society. They were mistaken. I'm not shaped up by their standards, that's for sure. I'm still fighting them and I'll continue to fight them, not just for myself, but for other people who are in positions where they might be subjected to this treatment and illegitimate assault.

* * *

Q. Have you any idea whether you signed any consent forms?

A. As a matter of fact, my parents signed the consent forms.

Q. Do you have any recollections of the actual experience of hospitalization at all?

A. Only after the last shock. I remember coming out of the last shock which was positively the most horrendous experience of my whole life.

Q. What was it like?

A. Respiratory arrest, wild bizarre confusion, dreams, terror of wild proportions, fantastic hunger pains—it's called "hunger excitement." The discoverer of the treatment called it hunger excitement because of the deprivation of sugar in your system. You wake up and you're absolutely famished. You wouldn't believe how hungry a person could be unless he's had insulin (of that dose) put into his system. I just drank and ate. I couldn't believe it; as a matter of fact it's one of the rationales for insulin shock treatment, that if the person is underweight or affected with *anorexia nervosa*, the sugar deprivation will excite the appetite and he'll begin to eat more. I weighed at one time 154 pounds; by the time the treatments were over I had gone up to 180 pounds in, I think, just three months. Can you imagine how I stuffed myself with food to put on that much weight? My natural weight now is about 155 so the weight gain which is supposed to be a positive sign in terms of the prognosis was delusional on their part. The weight gain was never permanent.

Q. You were receiving insulin coma treatments, is that right?

A. It's not called insulin coma, it's called insulin shock. Sometimes they will actually prolong the experience, leave the person comatose; sometimes they'll give sugar and bring the person out of it. I imagine I was comatose for periods of an hour, because certain times it had to be for an extended period of time because they gave me electric shock treatment during the coma stage. That's the way it's administered in combination with insulin shock.

Q. You don't have any recall of ever fighting them actively?

A. No, but there must have been an awful fight.

Q. I think the fact that they gave you so many treatments . . .

A. They probably determined the number beforehand. A series of 50/35,

I wouldn't say is typical, but I've read some of the literature that indicates that was a common number. It was determined beforehand—not by the way your progress went but beforehand—and they go through with it regardless of what your condition is. Of course, with my father back on the East Coast they could do anything, he didn't even come out here, nor did my mother, until the treatments were concluded. So the hospital had complete control, without any family involvement whatever during the time of the treatments.

Q. Your parents just left?

A. They were living back home. You know, they were so in awe of doctors, anything a doctor would say. And then of course, they had a very prestigious doctor here in San Francisco.

Q. He was supposedly your doctor during that time?

A. He was not *my* doctor. He was the one who was hired to deal with me. And he was very effective. He's politically powerful, or at least sufficiently powerful to have me arrested.

* * *

Q. When did you decide to get even?

A. There isn't any question of getting even. I don't want to get even, I just want them to stop. There's no way I could get even.

* * *

In December, 1973, Leonard Frank helped organize the Network Against Psychiatric Assault (NAPA), a small but highly active association of former psychiatric inmates, disenchanted mental health workers, and others. Their demonstrations at Langley Porter Neuropsychiatric Institute of the University of California in the spring of 1974 alerted the public to the continued popularity of shock treatment. Their invitation to proponents of the treatment to an open debate, however, was rudely ignored.

THE FRANK PAPERS*

Leonard Roy Frank

* * *

Towards the end of June, 1974 [eleven years after being incarcerated involuntarily at Napa State Hospital and Twin Pines Hospital], I authorized my attorney to obtain my "medical records" [from these institutions]. On September 6 he turned the records over to me. In all, they added up to 143 pages (excluding duplicates)—twenty-four pages from Napa and the balance from Twin Pines. Included among the papers from Twin Pines were four pages of charts listing the individual shock treatments administered to me between January 11 and April 8, 1963: fifty insulin coma and thirty-five electric shock treatments.

I consider the following the most meaningful excerpts and reproductions from these documents. Capitalized words indicate that they were typeset on forms in the original papers; words in parentheses are mine.

1

October 17, 1962 PETITION (typed)

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO.

NO. 12779

THE PEOPLE FOR THE BEST INTEREST AND PROTECTION OF Leonard R. Frank AS A MENTALLY ILL PERSON, AND CONCERNING Seymour Frank RESPONDENT

Seymour Frank, RESIDING AT 130 East 63rd N.Y. City . . . BEING DULY SWORN, DEPOSES AND SAYS:

*"The Frank Papers" are reprinted, with permission of the author, from *Madness Network News*, Volume 2, Number 5, December, 1974. Leonard Frank is one of the co-editors of this San Francisco-based newspaper.

THAT THERE IS NOW IN THE CITY AND COUNTY OF SAN FRANCISCO, AT 956 Sacramento Street, Room 501, A PERSON NAMED Leonard R. Frank, WHO IS BELIEVED TO BE MENTALLY ILL, AND IN NEED OF SUPERVISION, CARE OR TREATMENT;

THAT THE PERSON IS 30 YEARS OF AGE, 7-15-32 A MALE WHO IS single; AND THAT THE OCCUPATION OF SAID PERSON IS unemployed; . . .

THAT PETITIONER'S INTEREST IN SAID CASE IS father . . .

THAT THE FACTS BECAUSE OF WHICH PETITIONER BELIEVES THAT THE PERSON IS MENTALLY ILL AND IN NEED OF SUPERVISION, CARE OR TREATMENT AND IN NEED OF IMMEDIATE HOSPITALIZATION AND DETENTION ARE AS FOLLOWS:

progressive personality change during past two years with withdrawal and bizarre behavior.

WHEREFORE, PETITIONER PRAYS THAT EXAMINATION BE MADE TO DETERMINE THE STATE OF THE MENTAL HEALTH OF SAID PERSON IN RESPECT TO SUPERVISION, CARE AND TREATMENT, AS MAY BE NECESSARY AND PROVIDED BY LAW.

(signed) Seymour Frank PETITIONER
M. R. Patterson DEPUTY
M. C. Kelly DEPUTY

2

October 19, 1962 CERTIFICATE OF MEDICAL EXAMINERS (script)

CASE HISTORY: Reportedly has been showing progressive personality changes over past 2 or 3 years. Grew withdrawn and asocial, couldn't or wouldn't work, & spent most of his time reading or doing nothing. Grew a beard, ate only vegetarian food and lived life of a beatnik—to a certain extent.

PRESENT MENTAL STATUS: Seclusive, withdrawn, essentially uncommunicative. Has stated that he is engaged in "secret work."

TENTATIVE DIAGNOSIS OF MENTAL HEALTH: schizophrenic Reaction

RECOMMENDATION FOR DISPOSITION OR SUPERVISION, TREATMENT AND CARE: State Hosp.—Parents wish his transfer to private hosp. in N.Y. if possible

(signed) John Smith MEDICAL EXAMINER*
Bill Jones MEDICAL EXAMINER

*Within these papers, pseudonyms have been assigned to all physicians.

3

October 19, 1962 JUDGMENT OF MENTAL ILLNESS AND ORDER
FOR CARE HOSPITALIZATION OR COMMITMENT (typed)

... NOW, THEREFORE, IT IS ORDERED, ADJUDGED, AND
DECREED THAT Leonard R. Frank, IS A MENTALLY ILL PERSON:
AND THAT HE BE COMMITTED TO THE DEPARTMENT OF MENTAL
HYGIENE FOR PLACEMENT IN A STATE HOSPITAL, TO-WIT Napa
STATE HOSPITAL AT Imola, CALIFORNIA.

(signed) Byron Arnold JUDGE OF THE SUPERIOR
COURT



FRANK, LEONARD R.

NA-90142 M SGL WH 7-15-32
10-19-62 SF MI 5100 NY
JEW

4

October 20, 21, 1962 PHYSICIAN'S ORDERS

Date Ordered	Date Discontinued	ORDERS AND MEDICATION
10/19/62		Hold on and return weight of 7 1/2 lbs by 10/21/62 Measure now and by 10/23/62 - Resubmit by 10/25/62 * Get a stool and a haircut Pt. to be clean shaven George Lakoff MD
10/21/62		Pt may return head of his anxiety, provided it is shaved and kept clean & trimmed Pt must have a haircut George Lakoff MD

5

MENTAL EXAMINATION

GENERAL OBSERVATION:

Facial expression: Full beard. Condescending superior smile.
Posture: Erect, rigid.
Appearance of clothes and person: Casual, untidy khakis.
Self care: Insists on keeping hair long and full beard.
Conduct on wards: Goes to the library, reads magazines, plays ping pong. Keeps aloof
from the patients.
Attitude toward present situation: Superior, indifference, declines to comment.
Mannerisms: Superior airs.
Eating and sleeping: Vegetarian food idiosyncrasies. Sleeps well.

MOTOR ACTIVITY: Not hyperactive. Movements studied, deliberate, stiff.

SENSORIUM OR CONSCIOUSNESS: Clear

ATTENTION AND CONCENTRATION: Attentive, concentrates well, alert.

MOOD: Apathetic, flat affect, denies feeling depressed although he has been so in
past. Denies suicidal thoughts.

VOLITION: Passively resistive, refuses to shave or to accept inoculations or
medications.

FLOW OF THOUGHT: Guarded, withholding; speech. Will not divulge information about
mental content. No spontaneity. Stilted, brief replies, often declines to answer
or comment.

JUDGMENT: Impaired

DETERIORATION: None

GENERAL THOUGHT CONTENT: Autistic, guarded, suspicious, identifies strongly with
mother. Says he will not take inoculations because his mother doesn't. No
definite future plans. Lonely, isolated, withdrawn.

DELUSIONS: Unknown. Patient says it is the "right thing to do" to grow a beard.
He believes he has inherited a tendency to unfavorable reaction to inoculations
from his mother.

HALLUCINATIONS AND ILLUSIONS: Patient declines to comment.

INSIGHT: Patient declined to comment on whether or not he thought he was a mentally
ill person.

ORIENTATION: Date - correct. Place - correct.

MEMORY: Apparently intact.

How long have you been here? 2 weeks today (correct)

Repeat 375 Market St. after five minutes: Correct.

PERFORMANCE TESTS: In upper quarter of class in high school. Estimated superior
intelligence.

Proverb interpretation: Rolling stones: "Someone who jumps around from job to
job is not likely to become efficient or productive in any way."

Calculations: $9 \times 18 = 162$. $56 - 18 = 38$. Subtract successive 7's from 100: 100,

93, 86, 79, 72, 65, 58, 51, 44, 37, 30, 23, 16, 9, 2, -5 3/4 min. 0 errors

General information: Population of U.S.A. 180 million, Calif. 17 million. President -

Kennedy; Governor: Brown vs Nixon; Pearl Harbor - Surprise attack by Japs Dec. 7, 1941.

U.S. senator from Calif. - Kuchel

Forward and backward associations:

Name days of the week forward and backward: Correct

Name digits forward and backward: 6 forward, 6 backward.

Other indicated tests: No aphasia, not color blind.

SUMMARY

PSYCHIATRIC DETERMINANTS:

In family history: Sister age 33, a diabetic. Parents Russian, Polish, Jewish ancestry.
Father successful business man. Mother over protective and hysterical.

In past history: College graduate. Unemployed, living alone since Sept. 1960.

Never married. Sexual orientation, unknown.

In medical history: One interview by Dr. Alan Thorn 6 months ago.

Precipitating circumstances: Gradual social withdrawal, inability to work,
bizarre behavior 3 years past, reason unknown. Migrated to California April 1960.

Pre-psychotic personality: Withdrawn, schizoid, autistic.

PRESENT ILLNESS:

Estimated duration: 3 years

Present symptomatology: Inappropriate flat affect, rigidity, social withdrawal, delusions of superiority. Strong identification with mother, bizarre behavior and eating habits. No insight, impaired judgment.

Physical summary: No significant abnormal findings.

DIAGNOSIS: Schizophrenic Reaction, Paranoid

RECOMMENDATIONS FOR TREATMENT OR FURTHER STUDY: EST, psychologicals, conference, incompetent for VA.



George Lake, M.D.

FRANK, LEONARD R. - 90142

- 4 -

6

November 1, 1972 CONTINUOUS NOTES (typed)

FRANK, Leonard R. #90142, WARD A-7

November (1), 1962. STAFF CONFERENCE:

Present: Dr. Baker (presiding), Dr. Ellis, Dr. Williams, Dr. Lake, Randy Carlson, P.S.W.

Case presented by Dr. Lake.

Dr. Baker: This man was seen in conference after examinations and psychological evaluation. He is with-drawn, evasive and uncooperative and delusional. In conference today, in response to every question he answers,

"I don't have anything to say about that." We are agreeing to:

DIAG: SCHIZOPHRENIC REACTION, PARANOID TYPE 22.3

REC: E.C.T. at the discretion of the ward doctor

R.B. (initialed) (R. Baker, M.D.:jw)

7

November 8, 1962 CLINICAL RECORD (script)

This patient has been cooperative on this ward. Has helped with ward work. Taken an active part in group meetings. On no medication at this time. Neat & clean. trans. to C.C. this date.

Farley A-7

Chambers Cottage Patient Frank received on ward today appears coop. has a big black bushy beard and needs a haircut he is very sloppy in appearance because of his beard.

Wayne

8

December 15, 1962 PHYSICIAN'S ORDERS (script)

Patient is being sent to Belmont Hospital by His Father Patient has Expressed Many times that He dosnt want too go But Because of private Funds Being used instead of the States It (illegible) considered the Best thing to do -J F

9

Undated FINAL SUMMARY (typed)

TYPE OF RELEASE Indefinite Leave of Absence

PSYCHIATRIC DIAGNOSIS Schizophrenic Reaction, Paranoid Type

SUMMARY OF PSYCHIATRIC TREATMENT Milieu Therapy

COURSE IN HOSPITAL Patient entered hospital wearing a black beard and letting his hair grow. His family in New York felt he should be returned there for treatment. The patient resisted this and wished to stay in Napa State Hospital. The father and (uncle) arrived and forcibly removed the patient to a local private hospital with the intention of sending him East in the near future. Patient was discharged to father, condition improved.

(signed) Larry Allen, M.D.

10

December 15, 1962 (admission Report by Joseph Crane) (script)

...
 REFERRED BY: Dr. Alan Thorn Ed—Same College
 Hosp: Other

...
 CHIEF COMPLAINTS: Emotional Upset
 PRESENT ILLNESS: Father & Uncle (who apparently provided most of the material in this section)

Pt is 2nd of 2 siblings—sister 33 yr—Married Mother age 59 (illegible) except Diabetes & Hi BP: Father age 62 (illegible)—Pt graduate Wharton School of Business—1954—Army in for 2 yr—1st class—Presidential Detail & Tomb Unknown Soldier—for 2 yr—1956 went to work in Real Estate in NY. did O.K. Came to California by way of Florida—arrived in Calif 1960—Worked for a few months in Real Estate & was fired after 3-4 mo due to difference of opinion—No work, since then—had \$2000 in bank which he used up—Sold car & furnishings of apt.

Father feels he started getting ill in Jan 1961—pt was hiding—not truthful w/parents—Spent a lot of time in library—wouldn't tell anyone—Continued this withdrawn way of living—Father saw him in April 1962—Saw Dr. Thorn once at fathers request. Refused to continue treatment—Pt. calls once a week—writes non committal letter once a week—No bizarre or strange thoughts.

Hospitalized Napa by commitment in Oct 1962—had obvious mental illness—beard, piercing eyes—refuses medication—Has not had any medication or EST there. Pt. presently under commitment at Napa—to be transferred to TP by ambulance

PHYSICAL EXAMINATION: DATE 12/21/62 ...

GENERAL APPEARANCE Tall thin man—w/long black curly hair & full face black beard—Cooperative ...

MENTAL STATUS Cooperative—quiet—speaks when spoken to in a low tone—Conversation relative & clear—Well Orientated—No delusions or hallucinations elicited—

ADMISSION DIAGNOSIS imp 1) Schizophrenic Reaction

J C

11

December 21, 1962 DOCTOR'S PROGRESS NOTES (script)

Pt remains negative & evasive re discussion of personal habits—i.e. sex—Feels any type of medicine would be taken only if forced. Recognizes he is losing wgt—but doesn't want to eat or take any food but those of vegetable origin. Pt repeatedly stresses that these past 2-3 years have been the way he wants it & would not be hospitalized except that he is forced to be—but yet makes no attempt to leave. He is very polite, & proper in all discussions—shows no hostility re his care here or at Napa—

Joseph Crane, M.D.

12

December 22, 1962 CERTIFICATE OF EXAMINING PHYSICIAN (script)

MENTAL CONDITION (INCLUDING WHAT PATIENT SAID AND DID DURING EXAMINATION) Negativism, paranoid delusions IF DELUSIONAL, GIVE EXAMPLE Food ...

THE PRESENT MENTAL CONDITION BEGAN ABOUT (DATE) Cir 1961 ...

THE CONDUCT OF PATIENT HAS BEEN Negativistic ...
 (signed) Alan Thorn, M.D.

13

PERMISSION FOR ELECTRIC AND/OR INSULIN SHOCK TREATMENTS

Mr. and Mrs.
 Mr. WE, Seymour Frank, of New York, New York,
 being the Parents and nearest relative of
 Leonard Frank, a patient in the Twin Pines Hospital, do hereby give my consent to Drs. Voris, James Wilder, Milne, Meiers and associates and personnel of Twin Pines Hospital for the administration of the Electric Shock Treatment and/or Insulin Shock Treatment upon said patient.

There are complications associated with this treatment, which have been explained to me and which in some cases may even be serious, and I hereby relieve Drs. Voris, James, Wilder, Milne, Meiers, and associates and personnel of Twin Pines Hospital of all responsibility for any unfavorable outcome in the course of, or as a result of this treatment.

Telephone discussion on December 27, 1962, with us, reviewing the complications of this treatment and the limitation in terms of results have been gone into thoroughly. Signed *Joseph Crane*

Witness _____

Signed *Seymour Frank*

Date *11/1/62*

THIS IS A PRIVILEGED COMMUNICATION.
 IT SHALL NOT BE PLACED AT THE
 DISPOSAL OF ANY OTHER PERSON.

14

January 4, 1963 DOCTOR'S PROGRESS NOTES

Active & passive refusal re Insulin EST or medicines. No reasoning re his need etc. -J C

15

January 8, 1963 DOCTOR'S ORDERS (script)

Observe pt carefully for Elopement—Attendant to & from & at O.T.
w/pt— J C

16

January 9, 1963 (letter to Judge of the Superior Court, County of San Mateo from Joseph Crane)

TWIN PINES
BELMONT
CALIFORNIA

January 9, 1963

Judge of the Superior Court
County of San Mateo
Hall of Justice and Records
Redwood City, California

THIS IS A PRIVILEGED COMMUNICATION
IT SHALL NOT BE PLACED AT THE
DISPOSAL OF ANY OTHER PERSON.

Re: MR. LEONARD FRANK
No. 102802

Honorable Sir:

Mr. Frank was admitted to Twin Pines Hospital on December 15, 1962, as a transfer from Napa State Hospital where he had been committed from San Francisco County on October 19, 1962.

The history as obtained from the patient and his father indicates that his emotional difficulties started in January, 1961, at which time he was living in San Francisco where he had been employed for a few months as a real estate sales agent. He lost his job because he failed to follow his employer's instructions and following this the patient made no sustained effort or attempt to obtain work, became somewhat withdrawn and preoccupied and started to adopt rather unusual beliefs in regard to his diet which became that of a strict vegetarian. He also allowed his beard to grow and developed a full beard which has continued up to the present time.

His family came from the East in April, 1962, recognized his illness and had him see Dr. Alan Thorn, psychiatrist of San Francisco, who suggested the patient have treatment. The patient failed to follow through with treatment and lived a very secluded life, primarily living on the money he obtained from selling his belongings and some savings he had in the bank.

The patient was admitted to Napa State Hospital where he was observed and the diagnosis of Schizophrenic Reaction was made but no sustained attempt at treatment was made there. He was transferred to Twin Pines at the father's request and here he has resisted all forms of treatment including oral medications, injectable tranquilizers, electroshock treatment and insulin coma treatment.

TWIN PINES
BELMONT
CALIFORNIA

THIS IS A PRIVILEGED COMMUNICATION
IT SHALL NOT BE PLACED A. T. E.
DISPOSAL OF ANY OTHER PERSON
January 9, 1963
Re: Mr. Leonard Frank

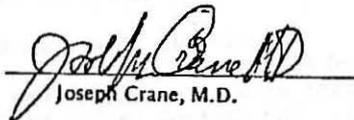
Judge of the Superior Court
Continued - 2

The patient has been re-evaluated by Dr. Alan Thorn and the undersigned, and it is felt he would benefit from a course of combined insulin coma therapy and electroshock treatment. The question of the insulin coma therapy was discussed with the patient. He became extremely resistant towards it and no attempt was made to force the treatment on him. The patient's reasoning is that of a schizophrenic in that he makes such remarks as he feels the question of doing those things that are commonly done by other people, such as a more general diet and shaving are not done for reasons only known to himself, and there has been no further explanation given in repeated interviews.

The patient's dietary restriction led to him becoming somewhat underweight. At the time of admission he weighed 144 pounds; on the restricted diet of the patient's choice it has been possible to increase his weight to 154 pounds at the present time.

In my professional opinion, this man is suffering from a Schizophrenic Reaction, Paranoid Type, Chronic, Severe, but it is felt he should have the benefit of an adequate course of treatment to see if this illness can be helped. In view of the extremes to which the patient carries his beliefs it is felt that the need of hospitalization and treatment under court order is a necessity as he is dangerous to himself and others under these circumstances.

Respectfully yours


Joseph Crane, M.D.

REJ:dg

17

January 10, 1963 REPORT AND CERTIFICATE OF MEDICAL EXAMINERS (script)

PERTINENT CASE HISTORY: Committed to Napa (illegible) Withdrawn, preoccupied Refused to eat any animal product Bizzare behavior Diagnosed Schizophrenic at Napa . . .

PRESENT MENTAL STATUS Poor . . .

TENTATIVE DIAGNOSIS OF MENTAL HEALTH Schizophrenic reaction paranoid type . . .

(signed) Jerry Lane, M.D.
Ronald Sand, M.D.

18

494

Minutes Civil and Criminal, Department No. 6, Vol. 124
IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SAN MATEO

January 10, 1963

HON. J. A. BRANSON, Judge

Present: Lois J. Scampini
Deputy Dist. Attorney

102802 In the Matter of Leonard Frank, an alleged Mentally Ill Person.
Petition
Raymond L. Hanson, Attorney present.
Dr. Jerry Lane and Dr. Ronald Sand, Medical Examiners and Dr. Joseph Crane, Raymond L. Hanson, Attorney and Petitioner, and Leonard Frank were sworn and testified as witnesses herein. It is ordered that the Petition be amended to state the correct former address of Leonard Frank as 956 Sacramento St., San Francisco, California. It is ordered that Leonard Frank be committed to Twin Pines Hospital.

19

January 10, 1963 DOCTOR'S ORDERS

- 1) Observe pt Carefully
- 2) Waist Restraint prn (as needed) for pts protection
- 3) (illegible) #1 in am
Hold Breakfast
EST Friday-Sat-Sunday-Monday
- 4) May be up & around pm on Ward J C

20

January 17, 1963 DOCTOR'S PROGRESS NOTES

(6 days and 5 Insulin Coma and 5 Electric Shock Treatments after the start of the treatment program)

Discussion of case w/pt who feels that he has no memory for past several weeks-No memory for court appearance-Doesn't believe he has been at T.P.H. 4 weeks-Admits religious preoccupation.

J C.

21

January 27, 1963 (letter to Joseph Crane from Seymour Frank)
(script)

... We spoke to Leonard Sunday and his conversation seemed satisfactory.

He mentioned the fact that he would like to attend Saturday services. I don't know of its importance but I am sure that you will know how to handle it ...

We would appreciate a letter from you once a week as regards his condition and progress.

22

January 30, 1963 (letter to S. Frank from Joseph Crane) (typed)

Leonard is continuing his insulin treatment and responding very satisfactorily. He has not been in full coma as yet but we anticipate he will in the next several treatments. On the ward he is more spontaneous, joins in with other patients in conversation and games—things that he did not do earlier. He still holds fast to his self-imposed diet regime; his weight is now 158 pounds which is an 11 pound weight gain since admission. He still has his full beard.

His religious preoccupations remain rather steadfast and he inquired of me the other day about going to the Jewish service on Saturday. I explained that at the present time he is under court order and that I do not feel he is well enough to go. As he improves and if he continues to show an interest in going to the Temple, I think we can work this out by having someone go with him ...

23

February 14, 1963 DOCTOR'S PROGRESS NOTES

Pt resistive of having his beard clipped or removed. Seen by Rabbi Rosen yesterday who discouraged & discussed w/pt re removal of beard.

The beard presents problems of care & treatment as the beard gets in mouth while in Insulin Coma & is covered w/sputum & expectoration at these times. It is difficult to judge pt's cyanosis or circumoral pallor which is desirable as an indicat during Insulin Coma therapy. The thick pad of curly hair makes it difficult to adjust or band in place for electrode ...

Discussed w/Dr. Alan Thorn this date J C

24

February 19, 1963 (letter to S. Frank from Joseph Crane)

February 19, 1963

Mr. Seymour Frank
130 E. 63rd Street
New York, New York

Dear Mr. Frank:

Leonard has completed his 14th insulin coma and has had 17 electroshock treatments in all. The treatments have been very well taken by the patient, and we have run into no unusual problems in administering them. On the ward he remains quite outgoing and participates in chess games with other patients quite readily.

In the last week Leonard was seen by the local rabbi, Rabbi Rosen, who spent a considerable period of time with him discussing the removal of his beard. I felt it was desirable to have the rabbi go over it with him, as Leonard seems to attach a great deal of religious significance to the beard. The rabbi was unable to change Leonard's thinking in this matter. As I have discussed with you, the beard does complicate his treatment as we are not able to see as readily his lips which are used to some extent as indicators of his general physical status and oxygenation while in insulin coma. It also presents a problem in feeding him as he is coming out of the coma as the beard gets in the way. His hair also presents a problem in that it is somewhat difficult to apply and maintain the rubber band which holds the electrodes, as it tends to slide on his rather thick hair. I have not given up in trying to get Leonard to accept the removal of his beard and having his hair cut, even if for only the period of his treatment. There are no other changes that seem important at this time.

He told me he talked with you on Sunday and I see he writes letters once or twice during the week.

Very truly yours

Joseph Crane, M.D.

REJ:dg

25

February 21, 1963 DOCTOR'S PROGRESS NOTES

Remains resistive to clipping his beard—Rabbi Rosen has not returned as yet to see pt. Pt still has his personal ideas re beard—"I am very much a Jew—this is a minor way of showing it. I have adopted my own laws as far as diet & beard are concerned." Pt. doesn't show any marked memory impairment as a result of treatments—Feels he has been here since Jan 15, 1963—Dec 15, 1962 actually. Unable to remember where he spent Christmas for sure. Memory for Dr. A. Thorn is vague. No change in pts belief or behavior outside of increased sociability noted. J C

26

February 16, 1963 (letter to S. Frank from Joseph Crane)

... The problem of his beard, long hair and dietary regime remain as fixed in his mind as ever. To date Rabbi Rosen has not revisited your son, although he said he would as soon as he has some free time.

I plan to review Leonard's case with Dr. Thorn this coming week as we are approximately halfway through our course of treatment ...

27

February 28, 1963 CONSULTATION RECORD (script)

REQUEST FOR CONSULTATION REGARDING: Pt has completed 22 comas & 22 EST. Still persists in his belief against removal of beard or cut hair. To continue Insulin and EST.

(signed) Joseph Crane M.D. ATTENDING PHYSICIAN

March 2, 1963 REPORT OF CONSULTANT (script)

FINDINGS: I had a most pleasant talk with Mr. Frank. He seemed, if anything, more amenable to reason. We discussed religion, philosophy and his present status. For the first time he ran out of answers to questions. He is essentially as paranoid as ever. Therefore there is still plenty of room for pessimism, to put it mildly.

RECOMMENDATIONS: I believe that the Insulin Coma & ECT should continue. Moreover, I believe that during one of the comas his beard should be removed as a therapeutic device to provoke anxiety and make some change in his body image. Consultation should be obtained from the TP attorney as to the civil rights issues—but I doubt that these are crucial. The therapeutic effort is worth it—inasmuch that he can always grow another.

I see no evidence of intellectual impairment as a result of the shock Rx.

(signed) Alan Thorn CONSULTANT

28

March 8, 1963 (Statement by Joseph Crane)

This patient was seen on Saturday, March 2nd, by Dr. Alan Thorn, who felt that he had made some very slight changes under the combined electroshock treatment and insulin coma therapy. He further felt that the patient should have his beard shaved off as a therapeutic device at this particular time. In checking with Mr. Robert Huber of Peart, Baraty and Hassard, who represents our malpractice insurance, he felt there would be some danger of a suit but in view of the fact the beard can be regrown, if the individual desired, he did not see how this could be too serious a threat. If there is any therapeutic reasoning behind its removal, he felt this would tend to mitigate any possible claims against those who perform the task of removing the beard. He suggested I talk with someone at the district attorney's office, which I did and yesterday talked with Miss Lois Scampini, who said as far as their office was concerned, his commitment was for care and treatment of the patient. The problem of removing his beard was gone into and she felt this required an interpretation she could not make and that the court would have no jurisdiction in making as a supportive thing in terms of ordering his beard removed and his hair cut. She felt that the possibility of any suit for assault and battery would be without very much basis and it was hard for her to conceive how this could be carried through into court.

29

March 8, 1963 (letter to S. Frank from Joseph Crane)

Dr. Alan Thorn saw Leonard this past weekend and felt that he had made some slight changes in his reasoning and that we should continue the combined electroshock and insulin coma treatments. I specifically asked Dr. Thorn about having Leonard's beard removed and he felt this should be done although it could conceivably be challenged by Leonard on a legal basis as to whether we were justified in doing this. However, Dr. Thorn feels this would have definite therapeutic indications and I am planning to proceed along this line in the next several days. We have increased the frequency of the shock treatments this week to a total of five treatments, namely one daily, as I wanted to have him a little more confused and clouded at this time if we are to remove the beard so that he would not be too acutely aware and distressed by this procedure.

On the ward Leonard continues to make a very reasonable adjustment ...

In evaluating Leonard's progress to date, I think it is important to point out there is some slight improvement but he still has all his delusional beliefs regarding his beard, dietary regime and religious observances that he had prior to treatment. We hope that in continuing the treatments we will be able to modify some of these beliefs so that he can make a reasonable adjustment to life.

30

March 11, 1963 DOCTOR'S ORDERS

Pts beard to be shaved off & to be given hair cut—
Observe very carefully today & tonite for any unpredictable behavior
re suicidal or elopement J C

31

March 21, 1963 (letter to S. Frank from Joseph Crane)

Leonard's beard was removed this last week which caused him no great amount of distress. It was pointed out to him that he can do as he wants after the treatments are completed but that we want him to be without his beard during the remainder of his hospital treatment. His hair was not cut at the time his beard was shaved and was somewhat unsightly and unkempt in view of its length. However, the patient suggested he go to the barber shop to have his hair cut, which was done. Leonard makes a much better appearance without the beard and the long hair and does not seem to have any great difficulty in shaving himself every day. At the present time he is using one of the electric razors provided on the ward for this purpose, but I wonder if it would not be worthwhile if we bought him one for his own personal use as a stimulus for his daily shaving.

There has been some slight let up in his dietary regime as Leonard has had coffee on one or two occasions on his own and he has also eaten some cheese products with his meal. I think these fall into the same category as the hair cut and shave in that they are tied up with the fact he is somewhat confused from the treatments and is not as alert and negative about expanding his activities as he might be if he were less confused. We are reducing the elctroshock treatments to two a week as we feel it is not necessary to get him any further confused than he is at the present time . . .

32

March 22, 1963 DOCTOR'S PROGRESS NOTES

Pt has had 37 Insulin Comas & 31 EST—Less acute in thinking & has allowed his beard to be shaved off—and had a haircut. Pt encouraged to shave daily which he does under supervision . . .

J C

33

March 25, 1963 (letter to Joseph Crane from Seymour Frank)

I have your letter of Mar. 21 and as suggested I am sending Leonard his own Schick Electric razor . . .

34

April 3, 1963 (letter to Seymour Frank from Joseph Crane)

Leonard has continued to receive insulin and shock treatments daily during these past two weeks. The shock treatments are now being reduced to twice a week. At the present time he has completed 45 insulin comas: we are planning to go ahead through next week which will give him a total of 52 insulin comas in all. At the present time he has had 34 shock treatments.

I am sure the shock treatment is what causes Leonard to appear a little less alert than usual in his conversation. I feel it is desirable we continue to have this mild degree of confusion, as it helps him get away from the concerns about his beard, diet and religious preoccupations.

On the ward Leonard continues to make a very good adjustment. This past week he asked for a bowl of clam chowder soup and took some bread and used butter on it, on his own volition. I realize this is a small item but I think in a way that this coupled with the fact he shaves himself daily with the electric razor and goes along with the treatment offers some degree of encouragement . . .

35

April 15, 1963 DOCTOR'S PROGRESS NOTES

Pt. has completed course of 50 IST Comas & 35 EST—w/definite confusion & memory impairment. Today wondering if there is an odor to his finger nails—examination by both pt & me shows no odor to nail while they were filed—This reassured pt—

J C

36

April 18, 1963 DOCTOR'S PROGRESS NOTES

This AM pt relapsed into state of complete negativism—saying "I don't know if that is right"—also God help me—God help me—Thorazine started

J C

37

April 19, 1963 (letter to S. Frank from Joseph Crane)

Leonard's treatments were completed last Friday with a total of 50 insulin comas in all and 35 electroshock treatments. He had a total of 32 coma hours which is considered a very adequate course of treatment. He was started on the tranquilizer Prolixin, 1 mg. 4 times a day, on Saturday and apparently he had a fairly good weekend . . .

Thursday Leonard went through a rather confused, anxious day at this time his medicine was changed to Thorazine, one of the older and more potent tranquilizers. As of today he seems to be doing well on this medication and it will be continued along with Reserpine, another tranquilizer which we find to be of value with patients who have been sick over a period of time . . .

38

April 24, 1963 DOCTOR'S PROGRESS NOTES

. . . Today confused according to pt by dreams, thoughts—

Dream . . .—College exam—a big group of students—vague dream—Pt had feeling he was going to do well—but the professor would find an excuse for not giving him a good grade—posted on board. Grades for test showed "Frank—96%"—couldn't understand how he could have done so well & still end up w/E or F.

Next part of dream—Tried out for a part in a small play—Play was "Oklahoma" & pt was trying to get in the chorus. At 7 or 8 yr pt tried out for lead in Oklahoma—Feels he was tricked into applying—pt was led into thinking he was able to do it—2nd half—Dream—Pt got part of Curly—(lead) in play—friends surprised to hear that pt did so well— J C

39

May 2, 1963 (letter to S. Frank from Joseph Crane)

. . . Leonard's day-by-day activities remain at a very satisfactory level, he seems to be outgoing and interested in things. In my conversations with him he has many questions about the last year and a half to two years; however, this is not unusual. His memory is improving and we are seeing less of the memory deficit due to the shock treatments than was there in the past two weeks. It is anticipated the memory defect, due to the shock treatments, will to a large extent be gone within the next two to four weeks . . .

40

May 21, 1963 (letter to S. Frank from Joseph Crane)

. . . I have repeatedly stressed to him that he is going to need the medication over an extended period of time which may run into years . . . He has indicated that he understands this and is willing to follow through with the medication.

Both Dr. Thorn and I feel that Leonard will need supportive psychotherapy in addition to the medication, but we have no thought of his undertaking any analytical treatment . . .

It must be fully recognized that Leonard may have a relapse which may be very difficult to determine as he is quite adept at covering up his behavior and it is for this reason we felt having the family close and in frequent contact with him that any tendency toward relapse would be caught early and possibly avoided . . .

41

June 7, 1963 (Statement by Joseph Crane) (typed)

Case Summary and Discharge Note: This patient was admitted to Twin Pines on December 15, 1962 and discharged (June) 1, 1963. See letter to Dr. (name deleted) for details of this period of hospitalization.

Discharge Diagnosis: Schizophrenic Reaction, Paranoid Type
Condition on Discharge: Improved J C

* * *

Aside from the serious and permanent memory loss, other effects of those months of confinement and forced psychiatric "treatment" include a slowing of the thought processes and a loss of drive and stamina. But by the standards of my doctors and the others who at the time concurred with their views on my "mental" state, I am still "essentially as paranoid as ever." I still have my "vegetarian food idiosyncracies." I have regrown my "big black bushy beard." I have maintained all my "religious preoccupations," at the core of which is my belief in G—d.

And I can still say with Job, "Though He slay me, yet will I trust in Him."

And I can repeat, as I do almost every day, my own words to Him:

Holy are You, O L—rd my G—d, Maker and Ruler of the universe
As the hour of Judgment nears I turn my heart and mind to You
Forgive me the wrongs I have done You as I forgive You the wrongs
You have done me
And strengthen me in my resolve to serve You in truth and righteousness
that Your kingdom be established on earth forever.