

HELL'S CAULDRON

THOMAS G.E. WILKES

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by
THOMAS G. E. WILKES



ATLANTA
STRATTON-WILCOX COMPANY

1953

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My deepest gratitude is extended to the friends who helped me through my confinement and made possible the writing of this incredible story.

Uncle George—*in memoriam*—and Honorable John S. Gibson, former United States Congressman. Except for their help I might still be an asylum inmate.

Honorable James C. Davis, United States Congressman, who aided me in obtaining evidence for this book.

At McCloskey General Army Hospital: the Red Cross worker, a nurse and four attendants.

At Lenwood Veterans Administration Mental Hospital: Dr. William H. Vicary, the librarian, three nurses, four attendants and a woman supervisor of the OT Department.

An Augusta druggist and his wife.

Henry Brandt and Sylvia.

My many friends who shared my confinement.

1. *Witch.* Round about the cauldron go;
In the poison'd entrails throw.

2. *Witch.* For a charm of powerful trouble,
Like a hell-broth boil and bubble.

3. *Witch.* Scale of dragon, tooth of wolf,
Liver of blaspheming Jew,
Gall of goat, and slips of yew
Sliver'd in the moon's eclipse,
Nose of Turk and Tartar's lips,
Mind of sadist, hangman's heart,
To make the gruel thick and tart.
Add thereto a tiger's chaudron
For the ingredients of our cauldron.

All. Double, double, toil and trouble;
Fire burn and cauldron bubble.

2. *Witch.* By the pricking of my thumbs,
Something wicked this way comes.
Ah, how it doth reek!
Apparition, speak.

Apparition. I conjure you,
By that which you profess,
My secret you keep dark.
The world must ne'er know
How from hell's broth I 'merged.
I am man without a soul;
With warped mind, and nerves quite foul.
Love and ethics I know not,
And what care I; man may rot.

All. Show us, tell of what thou art.
Then to Acheron depart.

Apparition. Could I treat with normal man,
Doctoring would be my plan.
Why hiss, you secret, black, and midnight hags?
Lo, I am *Psychiatry*.
Of *ego* and *id* I'll say.
Thou birthed me; I'm here to stay.

All. Then hide 'neath words, sham and fear;
Persuade men that they, not thou, art queer.
Fair is foul, and foul is fair;
Hover through the fog and filthy air.

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True names are recorded of:

Psychiatrists
Army Medical Officers
Veterans Administration Officials
Members of the United States Congress

Names of all other persons have been changed.

I

SOLDIER'S REWARD

THE BURLY ATTENDANT unlocked the barred door. I walked in. The iron door clanged shut. Reaching through the bars, he removed a pencil from my pocket.

"You might hurt yourself," he said.

Going to my room, I stretched out on the bed, staring through the barred window at a prison-type fence. The small room seemed to close in on me. Without my uniform or a single item of personal property, I felt naked and stripped of all identity. Surely Captain Thomas Wilkes could not be confined in a mental ward.

It seemed that I was observing some other man. He looked to be in his early thirties, although the record indicated forty. Of medium build, except for slender hands and flat feet, he might have been an athlete. Jet black hair swept back from a high forehead. The eyes were small and piercing, the nose slightly too large, the lips full and whimsical. His mobile features and quick movements indicated alertness; the bulldog jaw, determination. There was a confidence—a sureness—in his every movement; something in his manner and appearance that demanded respect. He might have been devil or saint, faithful husband or gay Lothario, poetic dreamer or prize fighter, promoter or engineer, fun-loving civilian or officer of Combat Engineers.

Now I am only a mental ward inmate, I thought, as the psychiatrist entered the room. I was exasperated, afraid and mad as hell; my mouth dry with a bitter hatred for those responsible for my confinement.

I sprang to my feet. "Colonel Dowell, I protest such treatment. I am not subject to military jurisdiction, as my orders relieved me from active duty. Then you know damn well there's nothing wrong with my mind."

Lieutenant Colonel Raymond F. Dowell was Chief of the NP * Section of Swift Regional Army Hospital. "I'm only carrying out orders of the CO," he stated.

"Then tell Colonel Brown I've learned my lesson," I pleaded. "I'll forget the whole affair if he'll only let me out."

"You've gone a little too far for that," he said with finality, "telling your wife to phone the War Department Inspector General. Now you're just another bother to me, and I've got enough trouble with that patient up front."

A huge man was violently shaking the barred door. "Lemme outa here!" he bellowed, above the clang of iron on iron. "I gotta go to Washington! Teddy Roosevelt told me to go straighten out Congress."

Giving the door a final shake that rattled the window panes, he shuffled down the corridor. Stopping at my door, he swayed from side to side; his mouth wide open and eyes mere slits.

The psychiatrist walked away, leaving me to deal with this violently insane man.

Perhaps he will respond to normal treatment, I thought. Determined to show no fear, I spoke casually, "Hello, buddy. Come on in."

The man lumbered forward, leered at me, then sat down on the bed. Slowly, to my amazement, he assumed a sane appearance, giving me a knowing wink.

With a sigh of relief I gasped, "Fellow, you had me scared."

He laughed. "How'd you know?"

"I didn't," I admitted. "You're damned good. What's it all about?"

Motioning for me to follow, he walked out the rear door into a fenced-in area, stopping in a shady spot some distance from the other inmates. "'Fraid somebody might hear us," he explained. "I'm Folsom."

"I'm Captain Wilkes," I said. "Have a smoke, and tell me about it."

"I was in the hospital with flu, when I decided to get outa the Army by playing crazy," Folsom said, lighting our cigarettes from

* Neuropsychiatric—See Appendix for definition.

the one he was smoking. "I just stood on a bunk and shouted, 'Lemme out! I gotta go to Washington! Teddy Roosevelt told me to go straighten out Congress.' It's easy to fool these psycho doctors. You just get you some crazy thing like that to say. Say it loud and often and they say you're crazy. But say, how come they locked an officer like you up?"

"I'm not quite sure," I replied. "They retired me three days ago, then placed me under arrest today as I was leaving for home."

"Now I've seen everything!" Folsom declared. "Captain, you're in one hell of a jam! You sleep with one eye open and don't trust nobody. Things happen in these psycho wards."

"Thanks for the tip," I said. "One other thing. Frankly, I'm afraid of being confined with insane men. Are any of these soldiers dangerous?"

"Naw," Folsom assured me. "There's two niggers and sixteen white soldiers. Four have got some queer ideas; just sit around by themselves. Then, there's a few liquor-heads. The rest are good guys, and nothing wrong with 'em."

"That takes care of one of my worries," I said, "Now I'd best get back, as I'm expecting my wife."

* * * * *

Returning to my room, I tried to find the answer to Folsom's question about my confinement. First, was it possible that I was mentally ill? I reasoned that mental illness is evidenced by extreme departure from the individual's normal in act, word or thought. But I had neither done nor said anything abnormal, and my mind was functioning as usual.

Then why was I in this mental ward? What kind of medical officers would think a sane man was insane; or knowing he was sane, charge him with insanity? The events preceding my arrest explain the men and their motives.

The Disposition Board of Barkeley Regional Hospital recommended my retirement, but this hospital was deactivated before the Retiring Board had considered my case.

With some thirty other officer patients I was then transferred to Swift Regional Hospital.

At Barkeley we had received excellent medical care and every reasonable privilege. Being ambulatory patients, we could go anywhere on the Post or in the nearby town of Abilene, when we had no scheduled appointments at the hospital.

At Swift, all such privileges were arbitrarily withheld. We were subjected to numerous petty rules, our uniforms were locked up and we were permitted to leave the hospital only on week-ends.

The many inefficiencies and irregularities of the hospital were common knowledge in the nearby town of Bastrop and in Austin. Medical care was neglected; emphasis being placed on that dubious fringe of medicine called psychiatry.

Colonel Aubrey K. Brown, the hospital CO, was an ill-tempered man who demanded subservience. Having been in command since the hospital's activation, he had staffed it with a motley group of medical officers; many being incompetent and of questionable integrity.

Our Ward Surgeon, Major John J. Christian, had reported to Colonel Brown from internship. "I know how to get along with the CO," he told me. "I do my paper work, see that the ward is spotless and that none of the rules are broken. That's what the Colonel wants. I came here a first lieutenant, served as Registrar twenty months, got two promotions and now have two of the best medical wards."

My relations with Major Christian were the best until he refused me a week-end pass.

"It would look bad for the hospital," he argued, "seeing one of our patients in Austin on crutches. You can't have a pass until you can walk without even a cane."

My records showed that I had a slipped spinal disc, ulcer of the duodenum and kidney stones. Yet, when I questioned his decision, Major Christian threatened to send me back to duty.

"There's nothing wrong with you," he told me. "It's my frank opinion that you're pretending—that you're just neurotic."

When I argued further, he sent me for an interview with a

psychiatrist, his memorandum suggesting, "See if you can substantiate anxiety state."

Certainly my disabilities rendered me unfit for further military service. And what if I was temporarily neurotic? Any illness makes a man neurotic; even a headache.

The war with Germany having terminated, I was anxious to return home for the construction boom that would follow. And, after three years service and four months in hospitals, I was fed up with the Army and its medical treatment.

Fully aware of the danger of "bucking" Colonel Brown's hospital, I determined to force my immediate retirement. Enclosing a letter from my Barkeley Ward Surgeon and the diagnosis of a civilian diagnostician, I wrote the CO, asking that my case be considered by the Retiring Board the following Monday.

Colonel Brown replied that he was assigning to my case "all the additional Medical Consultants on the Medical Service and, if deemed advisable, part of those on the Surgical Service," but that I could not appear before the Board until my case was "finished."

Then began an almost continuous series of exhaustive interviews and examinations. For two full days I was interviewed and examined, examined and interviewed; however, no further X-rays were made of my back or stomach.

Saturday morning I requested to see the CO at once, stating that I was fed up with needless interviews and examinations.

Major Christian was immediately relieved as Ward Surgeon, Major Bergein M. Overholt taking over his duties.

The chief of Medical Services, Lieutenant Colonel William R. Hallaran, came to the ward within thirty minutes. Apologizing, he said I would appear before a specially-called Disposition Board within the hour, and the Retiring Board Monday, and would be retired on the basis of the Barkeley diagnoses.

The Retiring Board is the highest Army medical board, being comparable in importance, dignity and procedure to General Court-martial. I was therefore surprised to find this a closed hearing, with spectators barred.

Nothing was offered to support the ulcer diagnosis and the other illnesses were not mentioned. However, the medical witness,

Major Overholt, gave rambling testimony for two hours in support of the charge that I was neurotic.

In preparing my records for consideration by the Board, Major Christian omitted kidney stones and back injury, substituting as diagnosis number one: "Anxiety state; patient showed predisposition in civilian life by recurrent periods of anxiety, inadequate physical and psychical reserve; precipitated in service by the external stress thereof."

I protested "anxiety state" as being a deliberate defamation that could serve no good purpose in a medical hearing; and in my sworn statement I explained the origin of this diagnosis.

In the papers for consideration by the Board, Major Christian alleged: "He showed no neuropsychiatric manifestations except insomnia; however, after informing the patient that no evidence of ulcer had been found by X-ray examinations here, he showed a return of his anxiety manifestations by questioning the professional integrity of staff members who had examined him, a disregard for hospital regulations and for common military courtesy."

After a hearing that was entirely lacking in dignity and procedure, the Board approved my discharge, with anxiety state as diagnosis number one.

Angry and outraged, I determined to proceed directly to Washington and prefer court-martial charges against the medical officers responsible. In addition to my case, I had evidence of ten other cases that were highly irregular as to medical or surgical treatment or discharge.

Tuesday noon a nurse stopped me in one of the corridors. "Now what have you done?" she asked. "Did they ever find you?"

"Hello," I called, laughing. "I ain't done nothing! Who's looking for me; and why?"

"The Executive Officer," she replied. "You've been paged all morning over the PA system. You're in bad enough about forcing your retirement. Now you're reported as AWOL."

"That's a good one on Major LaCombe," I said. "I was in the one building that has no loud-speaker and was there on his orders."

"Captain," she said, "it's no joking matter. The CO is furious! He flies off the handle at the mere mention of your name."

Leaving the nurse, I hurried to Major LaCombe's office. "Sir," I said, "I regret causing so much trouble this morning. I was attending the Adjutant's lecture, as ordered, in the only building that doesn't have a loud-speaker."

Major James L. LaCombe was Hospital Executive Officer and Retiring Board Recorder. "Who told you to go there?" he demanded.

"You did, sir," I replied.

Colonel Brown rushed in from his adjoining office, his face aflame with anger. "You stand at attention in the presence of your superior officer!" he exploded.

Making no further reference to the PA episode, Major LaCombe said I could get my copy of the proceedings Thursday afternoon.

Wednesday I received orders relieving me from active duty and signed out of the hospital.

Then, Thursday morning, when I returned to have my ears washed out and my glasses frames straightened, I was stopped by a sergeant. The Adjutant approached as the sergeant announced that I was under arrest.

"Captain," I protested, "the sergeant says I'm under arrest for trespassing. An officer may visit a hospital at any time. Furthermore, an officer is not arrested for breaking some minor rule. This thing is outrageous!"

While I waited with the Adjutant, the Post CO and the Post Inspector General conferred with Colonel Brown, confirming my contention that my arrest was illegal.

I ate lunch, then went to Major LaCombe's office for my copy of the proceedings.

Making no reference to my previous arrest, he said, "The proceedings are not completed, but your copy will be ready at 1630 hours."

Major LaCombe sat behind a desk that was littered with papers—a worried and uncertain officer. The papers were the proceedings, and he nervously pushed them about as he talked. His puzzled

centration suggested a man fitting together a jig-saw puzzle.

Major LaCombe's actions, together with the unusual delay, convinced me that the proceedings were being altered to conceal the true nature of the hearing.

"Sir," I said, "my car is packed and my wife waiting at the Guest House. Please mail them to me. Or, if you prefer, I'll get my copy from the War Department."

The Post Inspector General entered from the CO's office. "Do you have any complaints to make?" he demanded. His duties were to accept and investigate charges; however, in searching me out to ask for complaints, he was exceeding the prerogatives of his office.

"Sir, I have no complaints to make to you," I replied. "My arrest of this morning has already delayed my departure. So, if you will excuse me, I'll be on my way."

As nothing further was said, I walked to the parking lot, where I was stopped by the Adjutant and two military police.

"Captain Wilkes," the Adjutant announced, "consider yourself under arrest by orders of the Commanding Officer."

"What's the charge this time?" I asked. "This is getting tiresome."

"Disrespect to the Post IG," he replied.

Returning with the Adjutant, I approached the CO, who was flanked by eight of his staff, the Chief Psychiatrist and the Post IG. "Sir, I was not disrespectful to the IG. Had I been, this would not warrant an officer's arrest." I handed him a copy of my orders. "These orders say I'm out of the Army. As a retired officer I'm not subject to military jurisdiction."

The CO studied the orders, anger drained from his face and doubt took over. He turned inquiringly to the IG.

The IG shrugged his shoulders.

Turning to me, the CO announced, "The arrest is removed."

"Sir, then I'll proceed home." Giving a snappy salute, I strode down the corridor and out of the hospital.

"Arrest him again!" the CO shouted.

Turning, I walked back to meet the two military police who were coming after me. Then, walking ahead of them, I entered the hospital and approached the CO.

The CO turned to the psychiatrist. "You take over! You know what to do!"

Having heard of bizarre happenings behind the barred doors of mental wards, I feared for my safety unless I could talk with my wife at once. "Sir, my wife's waiting at the Guest House, thinking we're going home. I request permission to phone her."

Colonel Brown looked at the other officers, then at me. "Use that phone," he said.

Camille's voice was never more welcome.

"Camille," I said, "listen carefully. I'm all right and you're not to worry. I've been placed under arrest again; and the CO has ordered me to the mental ward. I want you to phone Number One. Do you understand?"

"Who is Number One?" Camille asked.

With keen interest, I watched the officers standing around me. I said, "The War Department Inspector General."

Colonel Brown's mouth dropped open, while two officers dazedly sat down.

"I'll be all right, now that you know," I continued. "Make the call at once; then come to see me in the locked ward. Chin up, Darling. Bye." I turned to the psychiatrist. "I'm ready to go with you now."

* * * * *

My greatest fear was that I might be drugged. Having read of drugs that produce symptoms of insanity, I reasoned that medical officers who would knowingly confine a sane man in a mental ward, would not hesitate about doping him. I decided to eat nothing and drink only from the faucet, until I was interviewed by an investigating officer. There would be an immediate investigation, with Camille in there fighting.

Now, hearing her footsteps along the corridor, I knew she was coming to tell me about that phone call. Hurrying into the hall, I saw her enter Colonel Dowell's office.

Sonnets and songs are needed to describe my love for Camille.

She was five-feet-two, eyes of blue—my partner, pal and sweetheart; a vivacious bundle of love and happiness.

Now she looked like an angel—an avenging angel. Camille was quick to challenge anyone who even criticized me; and these men were accusing me of insanity. Colonel Dowell would not have a chance to say much. She would begin flinging words at him before that door was closed.

Returning to my room, I thought of my twelve years of happiness with Camille. We had been ideally happy, having few of the incompatibilities that mar so many marriages. Being well adjusted sexually and having similar likes and dislikes, each enjoyed the other's companionship.

My primary thought had been of Camille's happiness. Centering my life about her, I had developed too few outside interests.

Her love for me was possessive. I was hers; therefore she loved me and I could do no wrong. However, her primary aim had been to please me.

Camille also loved the dollar. Working four years before the war, she had deposited her earnings in a personal savings account, persuading me to pay her income taxes. Then, after I entered the service, she handled all business and financial affairs.

Judged by the customary standards, Camille's conduct was perfect. She did not drink, smoke or use slang. Yet she was not a prude.

The attendant's rude call brought my thoughts back to the mental ward. "Your wife's here," he said. Unlocking the barred door, he escorted me to the small room where Camille and the nurse were talking.

As I entered the nurse walked out, but she stood outside the door while I visited with Camille.

I kissed Camille, holding her close; drawing from her renewed strength and courage. "Darling, it's so good to see you. Now you're not to worry, as I'll be out in short order if you follow my plan. I want you to . . ."

"Tom, I phoned the WDIG right after you talked with me," Camille interrupted, pushing me away to sit down. "I got so mad I cried! They told me I'd have to phone the Service Command IG.

I phoned them and talked with their Chief IG. He said he'd be here tomorrow and assured me he would straighten things out if a wrong had been done you."

"Easy does it, Darling," I cautioned, patting her arm. "Don't talk so loud. The nurse . . ."

"Let her hear!" Camille fumed. "That psychiatrist says they're holding you because you were disrespectful to the Post IG. I asked him if they're claiming there's anything wrong with your mind or nerves. He said not; that they're holding you on the order of the CO. I told him if you're not released I'd get our Senator on the phone and would ruin Colonel Brown."

"Darling, you're a real soldier," I whispered, pressing a note into her hand. "Read this now."

This is a serious affair I got into by bucking Colonel Brown, but I'll be out in short order if you follow my suggestions.

You must go by plane to Washington at once. Give my diary to Senator Walter George and explain my case to him. He will arrange an appointment with the WDIG and advise what action to take.

Stay in Washington until you're assured an investigation of my case is under way.

Camille nodded emphatically. "I'll leave this afternoon," she whispered. "I'll stay in town until I get the reservation."

She had been with me only ten minutes when the nurse said I would have to return to the ward.

"Bye, Darling," I said, "don't worry about me. This is tough medicine, but I can take it."

Camille clung to me. "I'll try, but to see you in those drab gray pajamas and in this place gives me the creeps!"

Returning to my room, I stretched out on the bed. I felt relieved since talking with Camille and thanked heaven for such a wife. An alert mind and retentive memory enabled her to comprehend problems that would baffle most women. And her shrewdness and audacity compensated for her lack of sound judgment. I would not be confined long after she reached Washington. She would soon be in Austin, making . . .

I waked to find a nurse standing close. Her warm smile and

parted lips told me she was interested in strong men; not the sick.

"Hello," I called.

"Wilkes," she said; and her eyes and lips were no longer inviting, "you're supposed to be in the ward dayroom, eating with the other patients."

I came to my feet as the nurse turned to the door.

"Nurse," I reprimanded, "confinement does not cancel rank. You will address me as befits my rank. As to the meal, you will see that I'm served in my room. An officer does not dine with enlisted men, black and white, even in a nut ward."

"Yes, sir," she said; then hurried down the corridor.

A Negro civilian brought me a cup of coffee, a spoon and a cold GI meal. The food was piled on a dingy plastic tray.

Flushing most of the food down the commode, I stirred the remainder about as though I had eaten. The coffee had a heavy narcotic odor; a pleasant, pungent taste.

I placed the tray on the bed as the nurse entered.

"*Captain*, you're to take these." She handed me three capsules and a glass of water. "And I'm here to see that you do."

Three times the usual dose of sleeping powder, I thought, *perhaps something more sinister*. I moved my hand rapidly to my mouth three times, dropping the capsules in my pajama pocket and drinking some water after each.

"Why so many?" I protested.

"Colonel's orders," she replied, turning to the door.

"Just a minute," I called. "How about unlocking that thing so I can shower?"

"All right," she said, unlocking the shower valves, "all right, but it's not bath night."

The nurse left, and I showered. Then, looking up, I was surprised to see her standing six feet away, her lips and eyes again inviting.

"I appreciate the excellent service," I remarked.

"Patients can't bathe without being observed," she explained. "You do have a pretty body, though."

As I put on pajamas, her puzzled expression clearly said, "What kind of man are you? Drugs have no more effect than do my

charms." Those cruel, but inviting, lips whispered, "Sweet dreams." Then she was gone.

Had I taken the capsules I would know they were hashish, for dreams in vivid colors are rare. Atlanta was at the height of her beauty; Peachtree Street crowded with beautiful girls in Easter finery; the gorgeous homes in natural settings drawing new splendor from the dogwood, wisteria and azaleas.

Friday, May 11, 1945. At eight A.M. I was conducted to the small room where I had visited with Camille.

"In there!" the attendant said.

A psychiatrist, seated at the table, continued studying his notes without any acknowledgment of my presence. His hands were never still, and his eyes darted from page to page. "Sit down," he ordered, without looking up. "Where is your wife?"

Somewhat startled, I wondered if he actually wanted to know where she was; or, knowing, asked this question merely to disconcert me.

He said, "Well?" His crafty smile was my answer. He knew I had told Camille to go to Washington and that she had not gone.

"She's at the Guest House," I said.

"How do you feel?"

"Just fine."

"What do you mean: just fine?"

"Well," I answered, "I've never felt better in the past ten years."

"Then why are you here?" he demanded.

"Not of my own volition. Suppose you tell me: why am I here?"

"I'll ask the questions," he countered. "What do you think of your treatment at this hospital?"

"Five weeks here got me into a mental ward," I replied. "So I can't recommend the place."

The psychiatrist referred to a written list of questions. "What kind of patients are in this ward?"

"You fellows say they're mentally ill."

"What are you worrying about?"

"I'm not. You've got to let me go eventually. In the meantime, I can take it."

The psychiatrist asked rapid-fire questions for half an hour; then another one entered.

My questioner gathered up his notes and left.

"What are you worrying about?" the second psychiatrist asked.

All morning they questioned me; Colonel Dowell coaching one in his office across the hall, while the other was with me.

"What do you think is wrong with you?". . . "Are you a sexual pervert?". . . "Did you threaten to kill Major Christian?". . . "How long did your wife visit you yesterday?". . . "Where is she now?". . . "Don't you know she's afraid of you?". . . Question! Question! Question! All in the same maddening tone. I was questioned all morning without a pause; without a drink of water.

By noon I was tired and hungry and thirsty—and fighting mad.

That night I was questioned by the Eighth Service Command Inspector General, with a stenographer making a transcription. Colonel Hale made no reply to my demand for release.

Saturday, May 12th. The Chief of the NP Section had not questioned me since my arrest, so I was surprised when an attendant escorted me to his office. Present also were the Hospital Chief of Medical Services and Colonel Franklin Gessford Ebaugh, Psychiatric Consultant of the Service Command.

I sat down to face the three officers.

"Face me, please," Colonel Ebaugh requested. "Turn your chair this way; a little more please. Now, that's better. Yes, that's just right. Now relax completely and answer my questions. Relax all over and let the answers come right out."

Colonel Ebaugh was a psychiatrist of national prominence. However, he questioned me in the usual psychiatric routine: family history, early life and "Why are you in a mental ward?"

I related the events of my hospitalization in a factual manner, ending with the third-degree questioning by the two psychiatrists. "They cannot report one single thing as an NP symptom," I stated. "I'm sane, and request my release."

"We'll see," Colonel Ebaugh replied, "we'll see. I want you back here within the hour. General Hart wants to hear your story."

General William L. Hart, Medical Director, Eighth Service Command, came to the mental ward an hour later, and Colonel Ebaugh repeated his questions, and I told my story again. The psychiatrist showed a confidence he had gained by the rehearsal, while I probably evidenced some exasperation.

As I related my story, Colonel Ebaugh's eyes were fixed on a pencil that he twirled in his fingers, while General Hart gazed out the window.

"I have been retired from active duty," I stated. "If I were mentally ill, this hospital would have no jurisdiction over me. I am a civilian, am sane, and have done nothing to warrant a mental diagnosis. I demand my immediate release."

Colonel Ebaugh dropped his pencil and the General turned from the window. Both looked at me and doubt showed in their eyes; then they looked at each other. The psychiatrist was noticeably agitated.

I tried to consider my case from the General's viewpoint. If released, I was going directly to Washington and prefer court-martial charges against the Hospital CO and Executive Officer.

General Hart did not want the irregularities of one of his hospitals brought to the attention of the War Department. Then the Hospital CO was a Regular Army medical officer, as was the General.

My discharge from the Army as an NP case would disqualify any court-martial charges I might make.

General Hart nodded his head at the psychiatrist.

"That—er—that will be all," Colonel Ebaugh said, his eyes averted. He picked up the phone and said to the ward nurse, "Send an attendant to conduct the Captain back to the ward."

Sunday, May 13th. Early this morning Lieutenant Colonel Hallaran and Lieutenant Colonel Dowell came to my room. Their excuse for the visit was a routine physical examination, although I had been examined only six days earlier.

Had I been a general they could not have treated me with more deference. While examining me, the Chief of Medical Services

carried on a casual conversation. Colonel Dowell stood nearby, nervously pulling at one ear. Except for a mumbled "Good morning," he said nothing.

Colonel Hallaran told me that I would be transferred that morning to McCloskey General Hospital, Temple, Texas.

"Captain Wilkes," he said, "Colonel Dowell and I want you to know that we sincerely regret this entire affair. We were only carrying out Colonel Brown's orders."

II

DAY OF DECISION

A PSYCHIATRIST at the Outpatient Clinic introduced himself as Captain Parrilli. He was a swarthy man, whose too-large uniform fit only at the neck. Turning to me, he shrugged his head deeper into his massive shoulders. "Well?" he queried.

"Captain Parrilli," I said, "I protest being held at this hospital. I'm sane and have orders relieving me from active duty."

"These orders say you're here for observation and disposition," he countered, shaking a finger at me. "Now get this straight; we tolerate no foolishness here. You'll be put on the Receiving Ward, like all other admissions. From then on it's up to you. Behave, and you go on an open ward; don't, and it's a locked ward. You do as you're told here—or else!"

"Well," I ventured, "I'm recovering from stomach . . ."

"That'll be taken care of in due course," he interrupted.

"Captain Parrilli," I insisted, "I'm trying to tell you that I'm on an ulcer diet."

"No wonder they locked you up!" he snapped. Picking up the phone, he barked, "Come get him!"

An attendant conducted me along an enclosed passageway to the Receiving Ward of the Neuropsychiatric Section. I put on mental-ward pajamas and was assigned to the only room with a shower.

The other men returned from the mess hall, laughing and joking like any other group of soldiers. One stopped at the door of my room; an Indian—Cherokee I thought—with good features and a pleasant smile. Joining me in a smoke, he told me the remarkable story of his confinement.

Jack said that while working as an attendant on the Violent Ward, he had complained to the psychiatrist about the mistreat-

ment of patients. Accusing Jack of having hallucinations, the psychiatrist confined him on the Receiving Ward.

"Captain," Jack told me, "you haven't seen anything like the way they treat the soldiers on the Violent Ward. The attendants cuss 'em and shove 'em about and beat 'em. Some are right nervous and they don't get anything to make 'em sleep. At bedtime an attendant goes around and when he finds a soldier sitting up, he pushes him in the face, slamming him back in the bunk. They put 'em in pack or solitary for the least thing. You know, it's hard to pack a man if he resists. Well, they wring 'em out; but you don't know about that. An attendant just puts a piece of cloth around the patient's neck—then twists. This cuts off the blood to the brain and he passes out."

As Jack described packs, this alleged treatment seems more like punishment or, at best, restraint. The patient is rolled mummy-like in wet, ice-cold sheets, so tight that he can move only his fingers, toes and head.

Jack introduced me to the other soldiers, while acquainting me with the ward. The ward was known as a closed ward; the door being open at all times, with a guard stationed nearby. The day-time guard was a huge Negro, the only civilian employed in the mental wards.

In the front was a corridor, six private rooms and the nurse's office. The rear half of the ward had twenty beds, a porch and reading room.

An insane WAC was in the front room, with another WAC as special attendant. This patient sat propped up in bed, looking wild and startled and never uttering a sound. Occasionally she would turn suddenly towards the window, then spring from the bed and rush out the door.

I saw only one other violently insane person during my stay at this hospital. Confined in a cell directly opposite my room, he was always nude, and his usual pastime was climbing ape-like up the window bars.

Among our ward mates were four Indians, two Negroes and three Mexicans. All but six of the thirty men appeared to be in good mental condition, although several were neurotic.

An attendant approached while I was talking with one of the soldiers. "Captain," he said, "your wife's in the Visitors Room. Get your robe and I'll take you there."

Going to the crowded room across the hall, I found Camille seated on a large sofa, looking like a frightened child.

Taking both her hands, I searched her eyes, then kissed her. "Darling," I exclaimed, "am I glad to see you! Just sit right there and let me look at you."

I did not like what I saw.

Camille evidenced a terrifying fear common to asylum visitors. Grasping my arm, she pulled me to her side on the sofa. "Tom," she cried, "these men frighten me so!"

Looking from her to the other visitors, I saw fear mirrored in every face. Turning to study Camille again, I knew that a persuasive psychiatrist could fix in her mind a fear of me.

The psychiatrists state—the bars shout—"These men are dangerous!"

Taking both Camille's hands, I asked reassuringly: "Do they appear different from any other group of soldiers?"

Looking about the room, Camille replied hesitantly: "No, they don't." After a long pause she continued, "But you know they wouldn't be locked up if they weren't crazy."

"Well, just forget them, and visit with me," I suggested. "After a few days you'll realize they're as normal as you and I."

Camille looked from me to the other soldiers, frowning and nervously twisting her wedding band. She looked as if she were going to say more; then shivering, she dug her fingers painfully into my arm. "Stay close to me," she pleaded.

I waited for whatever it was she wanted to say.

Shivering again, Camille forced a smile, and began talking in an unnaturally loud voice. "Captain Busse, your Ward Surgeon, got me the nicest room only a mile from the hospital. He's good looking and so courteous and thoughtful. He said he'd do everything possible for you. You're to have the best; and I can visit you two hours each afternoon and two hours at night. You'll like this hospital! You know, at Swift they wouldn't let me visit you—said you might hurt me."

"That was a crooked bunch at Swift," I said, "and in spite of your good opinion of this hospital, I fear it's no better. Camille, won't you please go to Washington and fight my case there?"

"My place is here by you," Camille argued, "and I've been working as hard as I could to get you out. I told Captain Busse that I blame Swift for everything; that they had no cause for locking you up; that General Hart promised me everything would be made right here; that he persuaded me not to go to Washington; that I'd still go if your case is not righted at once and if I did go I'd ruin Colonel Brown; that we know the Senator and one of the big shots with the WDIG. I was furious and he knew it!"

"Sure," I agreed, "sure. But you're disturbing the others and the attendants are listening. Speak lower, Dear."

"I don't care who hears!" Camille protested. "It makes me so mad for them to lock *my* husband up!"

Camille went to the Post Exchange and bought me a supply of paper and pencils. We agreed she would not visit me that evening. She wished to arrange her room and I had to complete my diary.

Returning to my room, I wrote continuously until one A.M., stopping only for dinner. An attendant told me that patients could write letters only between the hours of seven and nine P.M., but I explained that I was not writing letters. The nurse turned off my light, but said nothing when I turned it on again.

Monday, May 14th. At nine o'clock the ward master shouted, "Stand by your beds, men!"

Hurrying to their respective beds, the soldiers stood at attention, as the Ward Psychiatrist entered with the nurse and ward master.

Captain Ewald W. Busse was a good-looking man, except for a grim mouth and close-set eyes. Pausing at each bed, he would say, "Good morning. How are you this morning?" Then, before the soldier could reply, he would move on to the next bed.

Several soldiers began a question, but were silenced by a look from the ward master.

Captain Busse graduated in 1942 from the University of Missouri and entered the Army. His aggressiveness set him apart from the other interns and brought him to the favorable attention of the Service Command Psychiatric Consultant. Colonel Ebaugh

liked this young officer, who would carry out orders without question.

After a brief psychiatric course, he was promoted and made Assistant Chief of the 400-bed NP section. A lieutenant colonel was Chief of the section, and most of the psychiatrists were his senior in age, experience and rank. But Captain Busse immediately assumed command, dominating the other psychiatrists by his aggressiveness.

Captain Busse completed his round of thirty patients in ten minutes, then came to my room. "Good morning. How are you this morning?" He appeared incapable of smiling, and his close-set eyes never met mine.

"Good morning," I replied, handing him a letter. "This is to the hospital CO; a demand for my release."

"That's rather unusual," he said ironically.

"Mine's an unusual case," I said. "May I have an appointment with you after you read the letter?"

Captain Busse started to reply; then, giving me a queer look, turned and walked down the hall.

Thirty minutes later an attendant escorted me to Captain Busse's office. Looking up, then back at some records he was reading, he drummed on his desk with a pencil, saying nothing for a full minute.

"Sit down over there," he said abruptly. "Why are you in this hospital?"

I related the events of my hospitalization and confinement in a factual manner.

"Why do you think you're being persecuted?" he asked meaningfully.

"Let's put it this way," I said, "I'm not mentally ill and have done nothing to justify my confinement."

"Then why do you think you're locked up?" he demanded, getting up to stand over me. "Your insinuations are insulting!" The psychiatrist paced back and forth in front of me—uncomfortably close. "You relate the most preposterous things!" he accused. "They sound like paranoid ideas to me."

"Nevertheless," I said, "they are factual and true. My confinement is in violation of Army Regulations."

Captain Busse stopped pacing and almost met my eyes. "I run this NP Section!" he exploded. "Army Regulations be damned!"

Returning with the attendant to my room, I closed the door and was soon asleep. Then suddenly I was awake.

Lieutenant Colonel Guy C. Randall, Chief of the NP Section, was standing by my bed, humming. It was a mumbled sound without tune. His face was set in a vacant stare.

I came to my feet. "Good morning, Colonel. Did you wish to see me?"

"No; no," he muttered.

"Sir, then why did you wake me?"

"Rules are patients can't sleep in the daytime," he said.

"Colonel, let's look at this sensibly," I suggested. "I'm supposed to be in a manic state. Isn't it true that a manic patient has insomnia?"

"Yes," Colonel Randall agreed, "yes, that's it."

"Then it would appear I'm not in a manic state," I stated. "I can go to sleep at any time, even in a mental ward. That alone proves a mistake has been made."

Colonel Randall hastily looked at his watch, mumbling, "I must go; I really must. I ought to ask Captain Busse."

"You're Chief of the NP Section," I said. "I want an appointment with you to discuss my case."

The psychiatrist began pacing back and forth, muttering to himself, "I ought to ask Captain Busse; I really should." Pausing, he made a notation on a business card; then, after considerable indecision, handed it to me. Turning, he walked down the corridor, repeating to himself, "I should have asked Captain Busse; I really should."

Colonel Randall's card was nicely engraved, with a black border:

You know the old saying:
Don't change horses in
The middle of the stream.
If you wish to get well
Meet Lt. Col. Guy C. Randall
In his office at 10 A.M., May 16, 1945.

That afternoon the Assistant Psychologist gave me a Wechsler-Bellevue Examination: a test to determine intellectual deterioration. "Who is the President of the United States?" he asked. . . . "How is a tree like a fly?" . . . "In what way is an egg like a grain of wheat?" . . . and "Who composed the opera, *Faust*?"

I repeated numbers backwards and forwards, solved arithmetic problems, put blocks together to match designs in a book, arranged pictures in sequence to form comic strips and fitted pegs into holes.

My test chart showed a perfect score, but was subsequently "lost."

The examination was interrupted by the entrance of Brigadier General James A. Bethea, CG of the hospital.

"I note by your letter you state you're of sound mind," he said. "Will you tell me why you're here?"

General Bethea slowly shook his head in amazement, occasionally sighing, as I related my experiences.

"Sir," I continued, "I am not mentally ill, and there is no justification for my confinement. I've been retired, and have orders to return home. I request my immediate release."

"You were sent here as an NP case, after interview by General Hart and Colonel Ebaugh," General Bethea replied. "I must let the psychiatrists decide the issue."

Tuesday, May 15th. That morning Camille made a formal statement to Captain Busse, which statement he included in my hospital file.

Form 55 C-2

Medical Department, U. S. Army

SPECIAL EXAMINATION OR ADDITIONAL DATA

NAME Wilkes, Thomas G. E. GRADE Captain WARD 33-A

STATEMENT OF MRS. WILKES

As far as I know when my husband left Berkeley, he was in good physical condition with the exception that he had a sprained back and walked on crutches. He was not allowed any passes as he was told that it would be

a black mark on the hospital for him to be seen on crutches. He did not see an orthopedist about his back until after fourteen days.

On April 23rd, Major Christian came by his bed that morning and told him that he did not have an ulcer. My husband said, "That is fine. I'm so glad it has healed." Major Christian then said, "But you never had one." My husband asked for an appointment to discuss this, at which time he was told that their X-rays did not even show scar tissue, and that they would take their X-ray man's diagnosis.

My husband then wrote to his doctor at Camp Barkeley for a letter stating diagnosis and treatment and response to treatment. He then got an all-day pass and went to Austin to see an outstanding radiologist and diagnostician. This doctor also wrote a letter to the Camp Swift Hospital and all doctors concerned, giving his diagnosis, which was non-active duodenal ulcer, stating that it was his opinion that any deviation in dietetics or any other indiscretion at that time would bring the ulcer back.

My husband then sat down and wrote a medical history of his case and sent it to Major Christian. My husband had been there three weeks and had never seen a psychiatrist. The minute he started substantiating his own case, he was sent to see Lieutenant Colonel Dowell, the psychiatrist, and told that Colonel Dowell only said anxiety state, moderate.

Then my husband wrote to the Commanding Officer of the hospital and asked for some further hospital care, as he was dissatisfied with the Ward Surgeon. From that time he was sent to numerous doctors who made examinations for things he never had wrong with him. He had liver examinations, kidney examinations, heart, even to an OB doctor. Major Pearson kept him for four hours, giving him a severe kidney examination. Major Pearson hit him in the right kidney four times with his fist. My husband passed blood for two days. On Saturday morning following that examination he was sent to the laboratory with a sealed envelope. He asked to know what was in it, and was told, "Are you refusing to have this examination?" (You see they were trying to get something on him.) Captain Wilkes replied, "You know I have more sense than that. I simply want to know what the examination is for." He found out that it was a liver examination. He was on an empty stomach, having been told there would be X-rays. Three vials of blood were taken.

My husband was furious, and asked to see the Commanding Officer of the hospital. Instead, the Chief of the Medical Section, Colonel Hallaran, came to see him. That was the first time my husband had seen the Chief of the Medical Section in the six weeks he had been in the hospital. My husband told him he was tired of these gruelling examinations; that he was in physical shape to go home and that he wanted to go home; and that he saw through what they were trying to do; and to get him out of the hospital quickly. He also stated that he knew a way to get out.

Within thirty minutes he was rushed before a specially called disposi-

tion board. He was told he would be retired on Barkeley's diagnosis of duodenal ulcer.

On Sunday morning he went to see about his records, and he saw the diagnosis from Camp Swift which said anxiety state, moderate, which was made after April 23rd, when he started on his own case.

Monday afternoon, April 7th, he went before the Retiring Board; a two and half hour session. He was given two witnesses, one of whom had seen him for five minutes and the other for about forty minutes. Yet they swore they knew his anxiety state to be as recorded in the diagnosis. My husband wanted the proceedings; and was told he could get them when he received his orders to go home.

Tuesday afternoon he received his orders, but no proceedings. He was told by Major LaCombe, Executive Officer, that he wanted him out of the hospital, and to go down and pay his mess bill, even though he had twenty-four hours to leave the hospital. He was told that he might get his proceedings Wednesday at four. When he went to get them he got no answer about them. He told Major LaCombe that if he did not have them by noon Thursday, he would call the IG in Washington and get written orders to get them. On Thursday morning, when terminal leave had begun, Captain Wilkes went to the hospital, had breakfast in the hospital mess hall and started to the Eye, Ear, Nose and Throat Clinic to have his ears washed out.

He was arrested and told it was for trespassing. He was held two hours in his regular ward, A-15. In the meantime the CO of the Post and the IG of the Post had come over. Evidently they told the CO of the hospital that they could not arrest Captain Wilkes, as he was released without further word. Captain Wilkes went to the front of the hospital and told them he was leaving, and told the IG he still wanted his Board Proceedings. Major Combs, Post IG, said he had given orders for him to get them at four that afternoon, and asked Captain Wilkes if he had any complaints to make to him. He said he did not want to make complaints to him, but that was all he had to say. He saluted and left.

Captain Wilkes got to the parking lot about three blocks from the hospital and was ready to get into the car when two sergeants came up and arrested him; this time for disrespect to an officer. He was held again, but this time on the psychopathic ward with the violent patients behind locked doors.

I was called at two o'clock and told that I could see Captain Wilkes. When I went to Ward C-19, Colonel Dowell saw me instead. He said, "Your husband is being held here for disrespect to an officer." I asked him if he thought that was fair. His only reply was that he had been ordered to do this by the CO of the hospital. I asked Colonel Dowell if they were trying to prove that Captain Wilkes was in some kind of mental state. He said, "I would certainly not say that." "Are you trying to say that he is psychoneurotic?" I asked him; and he replied, "Not even that."

That afternoon I called the WDIG in Washington and explained the case to them, and was told to call the Service Command immediately. On Friday night at nine I was put under oath and talked to the Inspector General from the Service Command. I told him the entire case; and he asked if I knew of anything else like that in the hospital. I gave him ten cases of mistreatment and witnesses to certify. He was all on my side. Then he came back to see me at five o'clock that afternoon. His attitude had changed completely. He said, "Your husband is not under arrest. He is being held in restraint." He had said if they were trying to prove that my husband was even psychoneurotic, I could call in any psychiatrist I wanted as a witness. That afternoon he told me I could not call in an outside psychiatrist. On Saturday morning I wired Senator Walter F. George about the case, stating that the Service Command had been called in, and that their representative was covering up for the hospital.

Then some diagnosis had to be made to get them out of their predicament, but at that time I am sure my husband had gone through so much that he was upset. General Hart talked to me and did not classify my husband's condition. He only said that in deference to me, Captain Wilkes would be sent to McCloskey General Hospital if that was what I wanted. I told him that I blamed Camp Swift for everything; that I wanted my husband released and I wanted to go home with him. I was told that he would have to be held for observation and disposition.

After hearing Camille's report, Captain Busse came directly to my room. "Captain Wilkes," he said in an almost pleasant manner, "you look well this morning."

"Thank you, Captain Busse," I replied. "I feel exactly like I should be at home."

"I'm inclined to agree with you," he said. "You had a rough time at the other hospital, didn't you?"

"I certainly did!" I agreed. "They put me through the mill."

"They caused your illness," he stated. "I'd testify in any court that they brought it on. But you've made a remarkable recovery since coming here; in fact, the quickest recovery of my experience."

I wondered about Captain Busse's unusual statement; was still wondering about his change of attitude, when an attendant told me Camille was in the Visitors Room.

"Tom," Camille exclaimed, "I've got the best news! Captain Busse assured me you'll get retirement pay for life, and I can sign you out to go home. That's exactly what I've been fighting for. I told them I'd go to Washington if you didn't get it!"

"What's the rest of the story?" I wanted to know.

"You're to accept the mental diagnosis and quit fighting them," Camille explained. "Tom, you know you can't fight the entire Medical Corps."

"You want me to accept a mental diagnosis?" I asked in surprise. "They say I can go home if I shut up and take it? Suppose I continue insisting my mind is sound and my confinement unwarranted?"

"Captain Busse says in that event there's no telling when you will be out," Camille said. "Tom, what does it matter? It will be hidden in the Army files and no one need ever know. And just think: you get two hundred dollars per month for life!"

"Darling, perhaps I'm foolish, but they forced this fight on me; and I don't like to be pushed around. My answer is an emphatic 'No'; and they're not smart enough to cram a mental diagnosis down my throat and make it stick!"

Camille sat very still for a full minute, gazing across the room. But her eyes sparkled when she turned back to me. "Tom, I've got plane reservations to Washington, leaving Austin tonight at seven. If they want a fight we'll give them one! I've also got a private psychiatrist here to prove you are sane. He's waiting in the car: Dr. David Wade of Austin. I'm paying him seventy-five dollars. Captain Busse doesn't know he's here; so just pretend he's some friend. I'll go to the car now and bring him in."

The man who came back with Camille looked like a small town retail salesman.

"Hello, John," I called. "Good of you to come to see me. How are Mamie and the boys?"

"H-e-llo," the psychiatrist stammered, obviously startled by my greeting.

"John," I said, "I have some important business to discuss with my wife. If you will excuse us a few minutes I'll talk with you later."

Going with Camille to the other side of the room, I outlined what I wanted done in Washington, making an abbreviated memorandum list for her use. We talked perhaps ten minutes, then re-joined Dr. Wade.

I took the initiative in the conversation; the psychiatrist being somewhat confused. We talked of Austin, a mutual friend there, Dr. Wade's internship in the Texas State Asylum and his practice of psychosomatic medicine.

An attendant then entered and said I was to go to the Orthopedic Clinic.

At the Clinic, a medical officer said there was evidently some mistake; that I had no appointment.

When I returned, Camille and the little psychiatrist were not in the Visitors Room. They had gone to Captain Busse's office.

Camille gave Captain Busse my diary and my letter to Senator George. She also made an addition to her statement of that morning.

Captain Busse: Did you notice anything unusual about your husband's behavior?

Mrs. Wilkes: Yes, I noticed that he was talkative on Thursday night.

Captain Busse: Was he unusually talkative?

Mrs. Wilkes: He was just excited. On Saturday night after he knew he was going to be sent to another hospital and not released, I noticed signs of his being different. He did not talk normally, and asked me about people that I did not know and about things I did not know about.

Captain Busse: What was Doctor Wade's opinion about your husband? (Doctor Wade is a private psychiatrist in Austin.)

Mrs. Wilkes: Doctor Wade told me that my husband at the present time was hypomanic that had definitely been brought on by some extreme shock. He said that it could go either way; that he could either become better or get worse, and that he should be held for observation.

Captain Busse: In your opinion do you believe that there is something mentally or nervously wrong with your husband at this time?

Mrs. Wilkes: I firmly believe that my husband is not normal mentally at this time. On Thursday morning he was as normal as I had ever seen him.

Camille's statement is an excellent, factual account of my experiences at Swift Regional Hospital: proof that my treatment was highly irregular and my confinement unwarranted. Only a psychiatrist would understand why Captain Busse included this condemnatory statement in his report.

Reporting on my case, Dr. Wade later wrote:

He had convinced his wife that he was being held prisoner, and that Doctor Ebaugh and others were conspiring against him. She was at that time getting ready to go to Washington, D. C., to press his case before the War Department.

In spite of many paranoid ideas, he presented a typical manic picture: volumes of writing, overactivity, a marked tendency toward a flight of ideas, sleeplessness etc. He was somewhat circumstantial * at the time, but we gathered that he may have had a mild depressed episode just prior to hospitalization.

Camille then wrote Dr. Wade:

I am writing I guess to see if you can give me a little encouragement. Thought maybe I could describe Captain Wilkes' reactions and you could tell me what they mean.

He is still writing—not as much though. He had forgotten about me going to Washington, but today became very active on it. He is more attentive to me, but thinks I am not always telling him the truth.

He still is very antagonistic towards his doctors and the hospital, and calls himself a prisoner. He had the General and a lieutenant-colonel down, relating the whole incident of his being here to them.

He is still suspicious of a few people; complains less of his food and surroundings.

He still has not been depressed one time; and is still elated but not as highly.

Should I try to convince him that he is a patient, or should I try to keep his condition from him?

And Dr. Wade replied:

He still appears to be in a manic swing, but I would judge from your letter that he is not getting any worse. In fact, he may be improving slightly.

Of course you can expect elevations in his basic mood from time to time which would account for his sudden interest in your going to Washington again and his letter writing.

It is very common for these people to refer to their doctors as "wardens" and the hospital as a "jail" or "prison"—they practically all have this same pattern and they do a great deal of talking about it. However, the talking is not too serious and everyone understands it and does not hold it against them.

* See Appendix for definition.

In view of his having gone on for this long period of time, I would say that it might be ten or twelve weeks longer before you can expect a change for the better. When this change occurs, he will improve very rapidly.

I would suggest that it would be perfectly all right for you to leave Temple if you desire to do so and get back to your home and come back for him when he is well again. However, most likely you will want to stay in Temple as long as it is possible for you to do so.

I do not think that it would be advisable for you to argue with him a great deal about his being a patient in the hospital or try to convince him that he is sick. In fact, if we take the entire situation into consideration, I would say that it is never wise to try to argue with a manic patient about anything. Rather, try to pacify him, agree without committing yourself.

I express the hope that he will soon be recovered and that you can return home to Georgia and resume a normal life again.

The day that I rejected Captain Busse's proposition, Camille began giving him written reports of her visits with me.

Observations: Captain Wilkes by Mrs. Wilkes.

May 15, 1945—Visit 2:00 to 4:00.

Patient not so elated. Slightly sleepy. Mind wandered more than usual, but very logical. Wanted to know if I were going to leave for Washington to help get him out of the hospital. Told me, "Do not trust anyone." Thinks milk has dope in it. Is still dissatisfied with meals. Thinks I am not carrying out his orders to help get him out of the hospital. Is slowing up on everything.

Still reasons perfectly—far better than anyone I know.

May 15—Evening visit

Patient more normal than he has been since Sunday night. Was very pleasant to all visitors in the reception room. Did not talk loud or excitedly as in previous visits. Asked me once again why I was not carrying out his instructions, but I changed the subject and he forgot about it.

Patient is smoking 50% less than Sunday.

Told me he would refuse gastro-intestinal series. I explained to him that he could not be retired on ulcers if McCloskey did not have X-rays. This seemed to satisfy him.

Told me all psycho cases should be sent home and would be well in two months.

Remarked that today he was relaxing for the first time as he had to walk such a tight rope at Swift for three weeks.

Laughed at the board proceedings and bet \$2,000—that McCloskey would not get 10% of files on his case—would not get any of the letters sent by him to the CO of the hospital and certainly not the board proceedings. He reasons everything logically.

Said if Swift were going to be crooked, they should at least get one smart man to cover up for them, as he has been able to outsmart all of them and can predict their every move.

Made me leave at 7:25—saying I must get the letters off to Washington about the charges against the doctors at Swift. Said he would see me tomorrow, and it would be good to be home soon.

May 16, 1945—Visit 2:00 to 4:00.

Patient very fussy and depressed. Mad with me for not going to Washington.

Said I was his last hope and he had given up on me. Said he was sure dope was in his milk and soup. Did not touch either.

Said if I were not willing to get him out, he would suffer the consequences. Thought he could stand punishment, but was not sure.

Was furious over mail given to him today from Camp Swift.

Got mad at me when I described my room to him—said I was talking to him as though he were a child. Really I talked to him as I always have.

Said General Bethea had been down to see him. Thought he was an improvement over General Hart—but thought he was crooked, too.

Said that I might think the doctors here were on our side—that they are not—that they cannot be trusted.

Sat with his eyes closed and head resting on sofa during visit. Was still mad at me when he made me leave at 3:10.

May 16, 1945—Visit 6:00 to 8:00.

This is the first evening visit that Captain Wilkes has allowed me to stay full time. It was at my suggestion that I left at 8:00 P.M.

He was very rational and discussed a few things pertaining to our home.

He told me everything he had discussed with the General. He was pleased with the evening meal—said it was the first meal that had been to his liking. Thought the General had something to do with his good meal. Said the General shook his head when he finished narrating the incidents that happened at Camp Swift.

Asked me if I would *please* get papers ready about his case and send them through Senator George to WDIG. Said if I did not do this he would lose faith in me. (He wrote this to me on a piece of paper which he had in his pocketbook.)

Still does not trust his doctors. Said he could tell the damn 2nd Lt. more about the tests given him than the Lt. knew. Said if he were going to be psychoanalyzed he would like someone with experience—not a young 2nd Lt.

Was depressed the last five minutes as he thinks Washington is not investigating Camp Swift.

Said when he gets out he might take a plane ride (meaning, I think to Washington).

May 18, 1945.

Less tense—but more complaining.

For the first time wanted to know where I live. Wanted to know if I had to sign in the hospital as I did at Swift; if I had to walk too far to the car.

I lost my car keys the day he was arrested and I told him about it May 10—so today he asked me if I had found them and would I bring him his set.

The day he was arrested he had \$96 and today he asked me how much of it I had. He wanted me to keep \$10 and bring him the rest.

Made me leave at 6:45 to go and get one copy of each paper he had prepared at Swift. Gave me a magazine in which to hide them. Of course I did not return.

During these visits I sensed that something was wrong, but did not think of questioning Camille's loyalty. Finally, becoming convinced she would not help me in my fight for release, I again tried to persuade her to go home.

Avoiding any discussion of my confinement, I made love to her, laughed and joked and talked of the happiness we would soon share at home. And once again Camille was the woman I had loved for twelve years, although she was often preoccupied with unexpressed thoughts.

Friday, May 25th. Captain Busse phoned that he wanted to see me, and an attendant escorted me to his office. Two other psychiatrists were with Captain Busse: Major A. L. Greenhall and Lieutenant Alec Skolnick; also the Clinical Psychologist, Major Leslie G. Tennes.

Captain Busse pointed out a chair and I sat down, wondering what to expect.

"Why are you a patient in this hospital?" Major Greenhall demanded.

"May I enquire what board this is?" I asked.

"This is the NP Board," he said. "Why are you a patient in this hospital?"

"I am not a patient," I stated. "I have received no treatment and do not need any. I have been under arrest for two weeks."

"We understood the arrest was removed."

"Arrest was not removed."

"Why were you arrested?"

"I had appeared before the Army Retiring Board, Swift Regional Hospital, May 7th, which Board recommended my medical discharge. I received orders relieving me from active duty. I signed out of the hospital May 9th. I returned to the hospital May 10th to say goodbye to my friends and keep a noon appointment with the Executive Officer. This appointment was made the previous day to get a copy of the Retiring Board proceedings. I saw the Executive Officer at 1215 hours, but he did not give me a copy of the proceedings. I advised him that I was going home, that there was no reason the proceedings should not be available to me, and that I was going to higher authority to get them.

"I left the hospital, and was placed under arrest when I reached the parking lot. When we returned to the hospital the Commanding Officer said to the Chief of the NP Section: "You take charge. You know what to do." I was placed in the NP ward for three days. You probably do not care to hear the details of my treatment there. On May 13th I was transferred to this hospital, and have been held in a closed NP ward."

"Do you think you have been treated unfairly?" Major Greenhall asked.

"Every military right, civil right and moral right was violated by my arrest and imprisonment!" I stated.

"Do you think there was any justification for this unfair treatment?"

"I committed no outburst or indiscretion. I always speak straight from the shoulder, but never raise my voice and usually smile."

"He has been a good patient here," Captain Busse said.

"I would like to add to Captain Busse's statement," I said. "I have complained a hell of a lot to Captain Busse, but not in a per-

sonal manner. The cause was that during the first week here I did not receive the proper diet; then some of the NP regulations are absurd."

"Do you have any questions?" Major Greenhall asked.

"I do," I replied. "What are the findings of this Board?"

"We cannot advise you the findings of this Board," he said. "In fact, the Board has not completed consideration of your case."

Captain Busse had prepared the Neuropsychiatric Report the previous day, asking me dates and facts about my Army service and hospitalization. "I'm writing up your case so I can get you off my hands," he stated. The records show that the board merely rubber-stamped Captain Busse's report.

"What is the status of my case and the proposed disposition?" I asked.

"We do not know whether you will be required to go before the Retiring Board here," Major Greenhall said.

"I have no further questions," I said. "Is that all, gentlemen?"

"Yes, thank you," Major Greenhall said.

"What was the decision of the Board?" I asked Captain Busse that afternoon.

"The Executive Officer says there is no Army Regulation requiring the NP Board to divulge its findings to the patient," he stated.

"How and when do you propose disposing of my case?" I asked.

"The Executive Officer does not know."

"Doesn't know, hunh!" I said somewhat angrily. "Is the decision up to this hospital, or is General Hart calling signals?"

"The decision is not up to this hospital," Captain Busse said.

Sunday, May 27th. Camille abruptly asked: "Tom, how do people feel about a member of their family they put away in a mental hospital?"

"What an odd question!" I exclaimed.

"I was just wondering," she said; and her voice told me nothing.

"I'd say their first feeling was one of shame," I told her. "They're ashamed that a member of their family is insane; ashamed because they abandon a loved one. Then they become angry with him for

causing them shame and embarrassment. To excuse themselves, they say he is better off with his own kind, and where they know how to care for him. Finally, they abandon him as being dead."

"You always explain things so clearly," Camille said simply. "Tom, I've decided to go home as soon as Estelle gets here to drive for me. Captain Busse says I shouldn't make the trip alone."

I was pleased by Camille's decision to go home, but wondered about the abruptness of her statement, following her unusual question. "Camille," I said, "I'm glad you've finally decided to go home. You'll feel like a different person once you're away from this place. And you're not to worry about me. I'll be okay and will soon be home. When are you expecting your sister?"

"She might get here today," Camille replied. "Tom, I've got packing to do; so I'll run along. See you at six."

But Camille did not visit me at six that evening. For two hours I expected her momentarily, thinking she had only been delayed. But when visiting hours were over I began pacing the room. Finally I went to bed, but could not sleep. Tossing and turning, I wondered about Camille. *Had she gone home? Was she critically ill? Had she been injured in an accident?* All that night I lay awake, staring into the darkness.

Monday, May 28th. At nine o'clock, Captain Busse came to my room. "Looks like you had a bad night," he observed.

"Captain Busse," I pleaded, "I'm afraid Camille is seriously ill or injured. She didn't visit me last night after promising she would. May I phone her?"

"You know patients aren't allowed to phone!" he retorted.

"Then will you phone for me?"

"I will not!" he replied. "I'm much too busy to keep up with the wives of patients. You have a number of unauthorized things I must take: your watch and ring and fountain pen."

"I wonder why you're getting tough with me at a time like this," I remarked.

"You must give me your glasses, too," he added. "You're suicidal!"

"Now that tops all your absurd opinions!" I angrily protested.

"I live as normal life as possible and have constantly fought for my release. That kind of man does not commit suicide. Only a few days ago you stated I had made a remarkable recovery."

"I never said you'd improved!" Captain Busse said, flushed with anger. "Psychotics never get well!"

That long day passed, with no word from Camille. And the following morning Captain Busse again refused to let me phone.

At ten, the Red Cross worker for the NP Section visited me. An attractive woman of genuine sympathy, Mrs. Lanham spent most of her time making home reports on the four hundred soldiers of the NP Section. However, she usually found time for a daily visit with me. We would smoke a couple of cigarettes, forget our troubles and talk of pleasant places. She also kept me supplied with paper, pencils and flowers, although this was in violation of the NP regulations.

"Hello, Tom," she called. "Why so glum?"

"You must help me," I said. "Two days ago Camille left at four, after promising to return at six. I haven't heard from her since. Please find out how and where she is."

Mrs. Lanham returned after lunch. "Tom, your wife is all right and has not gone home. Please don't question me further. The things that happen here almost break my heart!"

Camille had deliberately stayed away without sending me any message. What was I thinking? That could not be true! Round and round these thoughts raced through my mind. So many bizarre things were happening that I had to keep constant check on my thoughts and emotions.

That night, while posting my diary, I looked up to find General Bethea standing at my door. I could imagine Captain Busse suggesting, "Go down there tonight if you want to see Captain Wilkes in a disturbed condition."

I hurriedly came to my feet. "Good evening, sir. Did you wish to talk with me?"

"No," the General said, turning to leave, "no, I believe not."

"Sir, may I have a word with the General?" General Bethea turned back to face me. "Will you tell me the status of my case?"

"Captain, I just don't know about that," he said.

"Sir, I again request my immediate release, as being of sound mind. The General certainly recognizes a sane man when he sees one."

General Bethea sighed, shook his head and said in a tired voice: "Captain, please understand that I must leave such matters up to the psychiatrists, just as I leave surgical cases to the surgeons."

"Sir," I said quietly, "I'm sure the General can help me with a most serious problem. Two days ago my wife left the hospital after promising to return within two hours. I haven't heard from her since. She may be here or at home, sick or injured—possibly even dead. Captain Busse refuses me any information and will not permit me to phone. Sir, what possible honest motive could Captain Busse have?"

The General had been looking down at the floor. With an effort he now met my eyes. "You ask him again in the morning." Sighing tiredly, General Bethea turned and walked down the corridor.

Wednesday, May 30th. Camille answered the phone in a dull, flat voice.

"Tell me Darling," I asked anxiously, "are you all right?"

"Yes, I'm all right." It was not Camille's voice.

"Well, where have you been for two days?" I asked.

"I've been so nervous I couldn't think straight," Camille said, excitement creeping into her voice. "Night after night I couldn't sleep. I just paced the floor; paced the floor. Then they gave me something to make me sleep; and I've been sleeping twenty-four hours at a time."

"What have you decided about going home?" I asked.

Camille again swung back to the toneless voice. "Estelle is here and I'm going tomorrow."

"Are you coming to see me before you leave?"

"I'll come if I'm able," Camille promised; then after a long pause, "Yes, I'll come tonight."

That night an attendant told me I had two visitors, and I followed him to the Visitors Room.

Looking at Camille, I closed my eyes and shuddered. Turning back to her I saw eyes that were dull, features that sagged.

Camille got up and stood looking at the floor, saying nothing. She sat back down.

Mrs. Holder, an elderly friend, rubbed Camille's hands as though trying to warm them. Camille's movements were sluggish. She still looked at the floor.

I made a desperate effort to carry the conversation.

Camille would occasionally shake her head slowly, a frown pulling down one corner of her mouth. All she said was an occasional "Yes" or "No." She never looked at me once.

Mrs. Holder said she had several letters Camille had written to me; that she would mail one each day during the three days Camille was driving home.

At any other time I would have questioned this absurd mailing arrangement. Now it did not seem to matter.

As they left I reached for Camille to kiss her goodbye, but she stepped behind Mrs. Holder and out into the corridor.

III

HOSPITAL GAOL

WHAT MANNER OF MEN were the Army psychiatrists? My previous concept was that the psychiatrist had knowledge and ability the layman could not hope to comprehend. By some omniscient power he searched out the sick mind, then plucked out the offending cause and the patient was cured.

The psychiatrists I observed during my period of confinement were misfits who had studied medicine. Their psychiatry is an occult science. Ignoring physical ailments, vitamin deficiencies, glandular disturbances, heredity and the conscious mind, they hold that all neuroses and psychoses are caused by childhood inhibitions and frustrations of an abnormal sexual nature. Their field is infancy and the subconscious mind; their forte, the vilest of sexual ideas.

These men had no liking for their profession or sympathy for the soldiers they confined. They evidenced a calloused indifference towards men who were docile—became angry with men of spirit—showed a vindictive hatred for any man who dared challenge them.

They did not have time to make diagnoses, if they had been capable of making them. Their procedure was: hang a diagnosis on the soldier, write a substantiating report, then rush through a discharge.

A soldier who lost a foot was hospitalized twelve months. But a mental ward inmate was in the hospital an average of only five weeks: the time required to process a discharge.

Sometimes it was hard to believe that such conditions actually existed in an Army general hospital. Maintenance and sanitation were neglected and, once a soldier was classed as NP, medical care other than emergency was forgotten. The psychiatrists ignored all requests for medication, and the medical doctors seldom came to the mental wards.

Soldiers, whose physical condition prevented their going to the mess hall, ate cold meals from dirty dishes. The walls and floors were dirty and most of us got athlete's foot from the concrete floors of the shower stalls. The torn screens were never repaired, so flies tormented us during the daytime and mosquitoes at night.

This *hospital gaol*, that violated all rules of sanitation and medical care and human decency, was apparently considered the best psychiatric center in the Service Command. Captain Busse and his fellow practitioners conducted a psychiatric training school for nurses from other hospitals.

As a part of her training each nurse worked one week on our ward. They were, in general, the misfits of the Army Nurses Corps. But among this group of neurotic women was a capable and attractive girl of Irish descent. Wherever she may be, I want her to know that her sympathy and friendship kept me smiling when my world was crashing about me.

The attendants were not trained in the care of NP patients, but most of those on our ward treated us with consideration and held the psychiatrists in angry contempt. Accepting me as a sane man who was unjustly confined, they permitted me every possible privilege.

Being the Receiving Ward of the Neuropsychiatric Section, there was a continual turnover of soldiers, who stayed a few days before going to the other wards. The great majority were not mentally ill.

Many men, by temperament and disposition and lack of physical stamina, are unfit for military duty. They do well in civilian life, where they are free to choose suitable occupations and environments. But the problems of Army life, being complex and strenuous, often bring on disabling neuroses.

Then there were the screw-balls, the ne'er-do-wells, the men of low mentality.

In the early months of the war the psychiatrists discharged few of these men. Diagnosing them as "psychoneurosis, moderate," they returned them to duty, with reference to the War Department bulletin, *Utilization of Manpower*.

But these men could not adjust to regimentation and rigorous

training or stand up under combat. So our casualty rate from battle fatigue was alarmingly high. Sometimes our soldiers were at the front for long periods without relief; and under such pressure any man's nerves may snap. The Marines on Guadalcanal became neurotic *en masse* after a long period of unbearable combat.

Confronted by the alarming casualty rate, the psychiatrists swung to the other extreme, accepting as psychiatric cases most of the soldiers referred to them. Thus the mental wards were crowded with battle fatigue cases, misfits, soldiers who feigned neuroses and psychoses and a few who were framed.

The medical officers did not court-martial members of the hospital detachment. Instead they used the simpler procedure of sending them to the psychiatrists, who arranged their discharge as NP patients. Patients from other wards were confined for such offenses as AWOL, intoxication and insubordination. The mental wards served as the hospital guardhouse.

Commanding officers of combat units also used this method of ridding their units of undesirable men.

In order to justify this confinement, the psychiatrists diagnosed as mentally ill all soldiers discharged from locked or closed wards. They could go home if the nearest relative would sign responsibility; otherwise they were transferred to a Veterans Administration mental hospital.

These soldiers patiently endured the boredom and indignity of confinement, knowing that they would soon be home. However, their families were often afraid for them to come home. Receiving the shocking notice that their son, brother, father or husband was confined in a mental ward, they assumed he was insane. The notice inferred as much, and the soldier did not write.

Why didn't he write? With nothing to do all day, he was permitted to write only at night. The ward was dimly lighted by four forty-watt bulbs—recessed into the ceiling and covered with frosted glass—which were kept on all night. In this gloomy room he was expected to write with a pencil no longer than three inches.

His letter would then be censored; to prevent the mailing of obscenities, the psychiatrists said. However, the letters they destroyed were usually critical of them.

Writing from any mental ward is difficult. At McCloskey it was impossible.

As I posted my diary about writing regulations, I came to realize why the public knows nothing about conditions and practices of mental hospitals. They are unbelievable; any true description being considered the hallucinations of a demented mind.

* * * * *

One afternoon five soldiers arrived from Bowie Regional Hospital. Making their acquaintance, I inquired about the reasons for their confinement.

Three were normal, cheerful boys. The fourth frankly admitted having been mentally ill, but said he was now all right.

I was to learn that so long as a mental patient is in good contact he understands his condition and likes to tell about his illness.

The fifth soldier did not acknowledge my greeting or thank me for the cigarette he accepted. He was a good-looking boy of about twenty and appeared to be extremely worried.

"Main trouble with Phil, he's a mama's-boy and couldn't get used to the Army," one of his friends volunteered. "Then his wife's expecting a baby and that's got him down. Now he says he's ruined 'cause they got him in a psycho ward. 'She won't want to live with a crazy man,' he told me."

At seven that evening I approached Phil, who was seated at one of the long tables. "You're going to write your wife right now, fellow," I said, placing paper and pencil in front of him.

Taking the pencil, Phil began, "Dear Mollie," then buried his face in his arms. "I can't write her," he sobbed. "What can I say? It'll break her heart to know I'm locked up in a nut ward."

Waiting until he had himself under control, I handed him a cigarette. "Phil, these medics have already written her you're locked up. She'll think you're crazy if you don't write. Had you thought of that?"

"Would they do that to my Molly?" He paused. "Yes, I reckon they would. But I can't write! God knows I've tried! And Molly's expecting any day now."

"Tell you what," I suggested, "I'm pretty good at writing letters. You just write what I tell you. We'll do that for a few days, Molly will reply, then you'll find you can write her just as you always did. We won't mention the hospital at all. Just write bright, cheerful letters, saying you're feeling fine, how you love her and miss her, and asking about her and the family."

So Phil and I wrote Molly and Molly wrote to her Phil. And two weeks later Phil was a cheerful, bragging father of a seven-pound son.

Most visitors, being frightened by the mental ward atmosphere and the dire inferences of the psychiatrists, accomplished no good by their visits.

Observing a father treating his son like a baby, I later approached the father. "Please understand I'm not trying to interfere, but I know a little about dealing with men who are mentally ill. Your son is just sick; and you know it's up to a man's body to effect most cures. He's young and robust, so should be well in a matter of weeks. You can speed up his recovery by treating him just as you always did. Forget he's sick. Be your natural self. Talk to him about the farm and hunting and fishing and about other members of the family."

Three weeks later this father took a well son home with him.

One afternoon, in the Visitors Room, a pretty Indian girl was crying like her heart would break. "You know my brother, Tony," she sobbed. "The doctor says he's insane! Tony's all I've got and I just can't stand it."

"Tony is one of my best friends," I assured her. "Have you noticed anything wrong with him? Is he any different from the boy you've known all your life?"

Hope driving away her tears, she said slowly, as if weighing each word, "No, I cannot see anything at all wrong with him. No, he is no different from the Tony who has been father and brother to me."

"Then dry your tears," I said. "There's nothing wrong with that boy except a hot temper. He was wounded three times, then struck a ward master in an overseas hospital. For that he was confined in

a mental ward. You stay right here with Tony and tell Captain Busse you want to take him home as soon as he can be discharged."

Ten members of the hospital detachment were confined as disciplinary cases, else were pretending insanity. Some had been AWOL, others intoxicated, while three had broken the Post Exchange windows.

There were also twelve Puerto Ricans, whose continual *Mañana* and *No comprendé* had resulted in their confinement. Undaunted by the prison bars, they laughed and chattered—all speaking at once—like a flock of blackbirds.

One soldier was confined because he was a known sexual pervert. Admittedly such a man is no good as a fighter, but a mental ward is hardly the proper disposition, when the man is sane.

David was a Jehovah's Witness, therefore a conscientious objector. After refusing to go to a work camp he had been lodged in jail. He was then told that the charge would be dropped if he would volunteer for the infantry.

Having kidney trouble and an injured back and being lacking in the stuff soldiers are made of, David cracked up during the first month of training.

Now he was about to be transferred to the Violent Ward. The kidney ailment made it necessary that he go to the latrine several times each night. This displeased the attendants, as they had to accompany him and his record did not indicate kidney trouble. To make matters worse David argued with the attendants; which, in a mental ward, is the unforgivable sin.

The ward master warned David that the next time he got up during the night he would be transferred to the Violent Ward.

"What can I do?" David asked me. "I can't hold it all night. And if they send me to the Violent Ward my wife may decide I'm dangerous and leave me."

"Just two things, fellow," I told him: "get a urinal bottle and stop your eternal arguing."

David stopped arguing, used the bottle and in four weeks was home with his wife.

Each afternoon I visited the soldiers in the private rooms, the

majority being medical and surgical patients: sane men punished by confinement in a mental ward, where they received little medical or surgical care.

The front room was occupied by a soldier from the hospital detachment who had been AWOL. "When me and my buddy come back the CO sent us to a psycho man," he told me. "You know they don't court-martial the soldiers here. The psycho man asked my buddy if he'd accept a Section Eight discharge; and he says 'Yeah, any way to git outa the Army.' When I said I wouldn't accept one, the psycho man said he'd give me an NP discharge. Some break, I say! I get outa this man's Army with a lifetime pension. What's more, I got me a private room 'cause I got crabs. You know that psycho man didn't know what to do for crabs. Nobody examined me to see that they was crabs, I treated myself three days, then said I was rid of 'em. I'm going back to the ward today and haven't been examined yet. And they call me crazy!"

The small Mexican boy, in the room directly across the hall, had mangled and twisted feet from stepping on a German shoe mine. Suffering constant pain and discouraged at being unable to walk, he said he wanted to die. So he was confined as suicidal.

The Hawaiian in the next room, a cheerful, normal boy, in spite of the loss of both legs, was confined for cursing his ward surgeon while intoxicated.

The Jewish boy in the room next to mine had a critically burned leg. Brought to McCloskey for skin grafts, he bit a surgeon who was giving him a hypodermic. The soldier was transferred to our ward and received no further treatment while I was there.

"Sure I bit the doctor," he admitted, "but I was in awful pain, and I've always had a bad phobia against being stuck with a needle. You stick me right now and I'll bite you! I can't help it! But just look at that leg! Half the skin is missing and lots of the flesh. The foot is dropped so I can't step on it at all. I wish they'd cut the damn thing off! I was to be married, but Ruby won't want a cripple."

A sergeant, confined in the next room, pleaded over and over again: "Let me out of here, please! I've got to go to town! Please, you—please unlock the door! I've got to meet her at six. Won't

someone unlock this door?" The ward master told me the sergeant had been given an intravenous injection of sodium amatol; probably too much. "That's to make him talk about the subconscious worry that ran him nuts," he explained. This being true, I wondered what the sergeant would tell the psychiatrists about the girl he had to meet at six.

Going into the main part of the ward, I found a small Negro soldier talking incessantly as he marched around the room. "Lef' foot, right foot, head 'n' hands. That's anatomy, I'm a'thinkin'. Lef' foot, right foot, heads 'n' hands."

"You think that's the rambling of a sick man?" I asked an attendant.

"Hell, no!" he growled. "Let's see what that ape's up to. There he goes into the reading room. His name's Jones."

We walked into the reading room as Jones put his arms around a cadet-nurse. "Honey," he said, "let's us get acquainted."

The attendant moved fast for a big man. Catching Jones by the back of his pajamas, he lifted him up and slammed him to the floor. "Where I come from we kill niggers for that!" he snarled.

Jones was immediately transferred to the Violent Ward.

"We'll work him over good tonight," the attendant told me.

As I walked onto the porch I heard a rending crash and the dull thud of a body hitting the ground. Looking across the court, I saw a pajama-clad body near the Violent Ward. A soldier had attempted suicide from a second-floor window from which the wire grill had been removed.

Our ward was always noisy at night, but the night of *Saturday, June 9th*, was unbearable. In compliance with Captain Busse's orders, the locks on all windows were tested each three hours. A soldier had escaped by picking a lock, and this was the psychiatrist's perverted idea of preventing other escapes. So every three hours the attendants hammered and rattled the locks and iron grills of all windows.

I finally went to sleep, but was soon awakened. My room light had been turned on. Startled, I sat up in bed; and there was a pair of bulging eyes peering at me through the glass pane in the door.

This was the regular count of patients by the night-duty psychiatrist.

I had almost become accustomed to the light, so that it did not always wake me. But had they confined me forever, I would still resent having my privacy invaded by those eyes at the peephole.

Having slept very little, I waked dreading another Sunday of confinement. I had received no word from Camille since her distressing goodbye visit. I wondered if she had deserted me. "How do people feel about a relative they put away in a mental hospital?" she had asked. Perhaps Captain Busse had persuaded her I was insane.

It was a damnable experience—this doubting the woman I loved. I wanted to believe in her; had to believe in her. So I told myself that she was in such a state of confused anxiety that she was not responsible; that after a few weeks at home she would be all right; and that my letters and diary would convince her of my sanity.

But I knew I could not depend on her for any help, and that I must make other plans for my release. So I wrote several friends and relatives who were in Texas, urging them to visit me. None of them visited me, however, as Captain Busse intercepted my letters and placed them in my file.

Mrs. Holder and her daughter had come to the ward twice to visit me, only to be told that I was in no condition to have visitors.

I forgot my troubles Sunday afternoon by reading a Zane Grey story. I was engrossed in the book and eating the evening meal, when I heard a man scream, "H-e-l-p! L-a-wdy! H-E-L-P!"

Hurrying to the window, I looked across the narrow court toward the Violent Ward. Three attendants were entering the cell of Henry Cole, a Negro soldier.

"Cap'n—Lieutenant—Somebody—H-E-L-P!" Henry screamed. "They gonna beat me!"

The beating was carried out in a professional manner; one using a blackjack on Henry's head, while the others hit him in the body

with their fists. The soldier fell to the floor and one man pulled him upright against the cell door and the others continued the beating.

Henry screamed like a man in mortal pain. As the beating continued there were only sobs and moans; then only the thud of fists on flesh.

I turned to the door as Jack entered. "I believe they've killed him," he said.

Monday, June 11th. About six A.M., I saw three attendants enter Henry's cell and kick him repeatedly as he lay on the floor.

Sobbing brokenly, the soldier dragged himself to his feet by pulling on the bars of the door. Then they beat him again.

Friday, June 15th. Jack told me to stay on the ward during our exercise period; that Henry was able to be out, and he would send him over to the porch to talk with me. In this way no one would notice we were talking.

A young Negro of good features casually approached the wire grill of the porch where I was reading. "Cap'n," he said, "Mr. Jack said you want to see me."

"Henry," I asked, "how did you get into so much trouble?"

"It all started after I'd been in Australia twenty months," Henry said. "I stobbed a nigger soldier in a fight. He didn't die, but they locked me up as bein' crazy."

"Were you crazy?"

"Nawsuh, I was drunk."

"Why did they beat you?"

"'Cause I tol' the Chaplain they was beatin' the other mens."

"What others did they beat?"

"They was four I knows of." Henry paused to count on his fingers. "Smith was beat in April. He tried to hang hisself. They beat Garrett ever' day. He was in a daze. Coleman was the nigger boy what had fits. They tied his hands and beat him. Then they beat Diego. He was operated on next day 'n' brought back 'n' made walk."

"Haven't I heard something about him?"

"He's the Cuban boy what hit that big-talkin' Silvester, wid the arm of a chair 'n' busted his jaw. He was braggin' about him 'n' white women. He ain't a bad nigger, but he do talk."

I turned to Jack, who was standing nearby. "Is he telling me straight about the beatings?"

"Far as I know, yes" Jack said. "Ask the attendants. They like to boast about beatings."

Turning back to Henry, I said, "I saw them beat you twice in your cell. Did they beat you again?"

"Yassuh," Henry said, "the wuss time was that fust night, late. They packed me 'n' gagged me. They beat me 'n' kicked me till I plumb passed out. They kicked me in the back 'n' the stomach 'n' the privates. One beat me with a blackjack that night 'n' one other time."

"Has a doctor seen you since you were beaten?"

"Yassuh, I tol' Kunnel Randall 'n' a majer what was with him. They jes' looked at these here sore places." Henry pulled up the legs of his pajamas and opened his jacket, exposing knots and bruises over his entire body.

"Beatings are not the only punishment we give for AWOL," the ward master boastfully told me. "We usually process a soldier's papers and get rid of him in five weeks. But where he tries to escape we just sort of forget him. Why, two men have been here six months 'cause they tried to escape."

Posting my diary that night I was moved by a deep anger. By tolerating brutality, the psychiatrists were fully as guilty as the men who administered the beatings.

Realizing my danger in recording such happenings, I posted my diary in code, hiding the folded pages inside the lining of my Dopp kit. After writing a dozen pages I would open a cigarette pack from the bottom, remove the cigarettes, insert folded pages until the weight and firmness were right, then reseal it with mucilage from an envelope. The false packs were a part of an open carton on my bedside table. Although my room was regularly searched my diary was never discovered. But I always felt uneasy when the psychiatrist was near my table.

Thinking that I might spur General Bethea into action, I again wrote a demand for release, requesting an appointment with the General.

Lieutenant Colonel Charley H. Freeman, the Executive Officer, came to my room the following day.

"Sir," I said, "I want to know when I'll be released."

"Captain, I can't tell you that," he replied. "There's the matter of getting your records into shape. You know that takes time."

"Sir," I protested, "my arrest and confinement violate all military, civil and moral justice. I realize this hospital had to hold me for observation; but I've been here a month, which should be ample time for that. Any qualified man or board can spend thirty minutes with me and know beyond a doubt that I'm sane."

"Captain," he protested, "you must realize the General doesn't decide about NP cases. We have psychiatrists to make such decisions."

"The psychiatrists know little about the soldiers they confine," I argued. "They have a short interview with each, write up his case, then forget him. Why, I can sit down by one of these soldiers, offer him a cigarette and learn more in ten minutes than they will ever know. Sir, just look about this ward. You know those are not insane men."

"Captain," the Colonel replied, "if I may speak frankly, I only blame you for not leaving the other hospital when you were retired. You were arrested on the tenth and you could have left the previous day."

"Sir, that's quite true," I agreed, "but Army Regulations allowed me until the tenth to leave. Believe me, I gave them no basis for my arrest. But tell me, will this hospital make the decision about my case, or will the Service Command decide?"

"An unusual question," he remarked, "but I will state the decision isn't up to this hospital."

I then asked the question I had been leading up to. "In sending me here Swift Hospital handed you a hot potato, and you don't know what to do with me; is that the story?"

And Colonel Freeman surprised me by his frank answer. "Yes, that's about the story."

Colonel Ebaugh, the Psychiatric Consultant of the Service Command, had denied my demand for release and ordered my transfer to McCloskey General Hospital. And he knew I would be at McCloskey four or five weeks, the time required for processing an NP discharge.

Prior to the war, Colonel Ebaugh was Professor of Psychiatry at the University of Colorado Medical School and Director of the Colorado Psychopathic Hospital. This hospital, operated in conjunction with the medical school, specializes in the treatment of early cases of mental illness; no patient being kept in the hospital longer than one month.

Assuming that I was mentally ill, my case was typical of the type Colonel Ebaugh reported as being cured at his hospital in one month.

However, in ordering my transfer to McCloskey General Hospital, Colonel Ebaugh denied the possibility of my recovery.

His order read, "*He should not be discharged unaccompanied to his home or private institution.* If he returns to his home in Atlanta, suggest he be placed under the care of a competent local psychiatrist, Dr. Walter Young, Prof. of NP at Emory University. This can be done on the basis of a relative assuming full responsibility of him."

This meant that I was to be discharged as acutely mentally ill; that I could not be discharged to return home unless my wife signed responsibility for me; and that even then I must return home under guard. If my wife would not sign responsibility for me, I was to be transferred to a Veterans Administration mental hospital.

In explanation of this unusual order, Colonel Ebaugh wrote in his confidential memorandum, "Before admitted to ward he asked the examiner to release him and consider the whole thing a joke. He said he would call his wife and tell her to cancel all phone calls: one to Senator George and one to WDIG. When told this could not be done he readily entered the ward."

Tuesday, June 19th. "It was decided not to have another Retiring Board hearing on your case," Captain Busse told me that afternoon. "You're to leave June 22nd for a check up at a VA hospital."

"So you still claim I'm crazy," I remarked. "There's not one single thing you can put in the record to justify my transfer to a VA mental hospital."

"Your thought process is dominated by paranoid * ideas," he accused, "and you have grandiose ideas."

"Keep talking," I said.

Captain Busse evidenced something more than nervousness. Beads of perspiration stood out on his forehead; fear showed in his eyes. He said pleadingly, "Captain Wilkes, don't you realize I would be foolish to jeopardize my professional career by holding you if you weren't mentally ill?"

I said nothing. I was enjoying this.

"Well?" he pleaded.

"Captain Busse," I said, with deliberation, "you are a most foolish man!"

Captain Busse stood there, pulling at his tie.

"What do you mean; I have paranoid ideas?" I asked.

"All those things you say about your treatment," he explained, "and your saying you shouldn't be confined."

Looking at him accusingly, I said nothing.

The psychiatrist began pacing. He ran his hand inside his collar as though it were choking him. He said, "Well?"

"Your charges will fall apart in court," I stated.

Captain Busse was staring at me, gesturing with his hands. "For your own good you will cooperate with me," he said in a monotonous tone. "You will think five minutes each day on the fact that you are insane."

I was too astonished to reply.

He continued staring hypnotically, repeating in a monotonous tone, "Each day you will say to yourself, 'I am insane.'"

Until he repeated himself I had doubted my ears.

"And you once took the Oath of Hippocrates!" I said at length.

* See Appendix for definition.

"Suppose you shove off, so I can get back to the Western I'm reading."

Tugging at his collar, Captain Busse turned and hurried down the corridor.

Although I have not seen Captain Busse since that afternoon, I have followed with interest his meteoric rise in the psychiatric field.

The University of Colorado Medical School and the Colorado Psychopathic Hospital are rated among the best in psychiatric teaching and treatment. Dr. Busse is Assistant Professor of Psychiatry and Assistant Hospital Director.

Dr. Ebaugh, Professor of Psychiatry and Hospital Director, believes *the labourer is worthy of his reward*.

* * * * *

Thinking of my transfer, I wondered how I could get my diary out of the hospital.

That night I approached the attendant who guarded the door. "You know, I'm being transferred to a VA mental hospital. Will you mail my diary to my wife?"

"Sure I will, Captain," he said emphatically. "It's a lousy deal you're getting! And, like I've told you before, I'll be sound asleep any old time you want to walk out of here."

I had considered escaping to personally press my case in Washington. My uniform was hidden under the mattress cover and all details of escape carefully planned. However, I was handicapped by having given most of my diary to Camille. Furthermore, I did not expect to be in the VA mental hospital more than a few days. They would have no legal right to confine me, as I would become a civilian upon arrival. So, discarding the idea of escape, I patiently awaited my transfer.

Friday, June 22nd. It was one A.M. when I left McCloskey General Hospital, escorted by a captain and two enlisted men.

From New Orleans I wired Camille:

WALK THROUGH FRENCH QUARTERS BRINGS BACK FOND MEMORIES OF OUR LAST VACATION. MEET ME ONE PM TOMORROW. HAVE FIVE-HOUR WAIT IN ATLANTA FOR AUGUSTA TRAIN.

The next day I anxiously searched the railroad station, but Camille was not there. So I spent a lonesome afternoon, confined in a mental ward of Lawson General Army Hospital.

In passing my home, en route to the station, I thought of the many times Camille had waved to me from the sun-parlor windows.

Now those windows were closed; the shades drawn.

I had the haunting feeling that I was looking at a closed chapter of my life.

IV

QUAGMIRE

STARTLED, I sat up in bed, only half awake. *Where was I? What had wakened me?* Light from a full moon streamed through the window, forming a regular design on the floor: a pattern of bars. Now I remembered. This was my first night at Lenwood VA Mental Hospital.

"Liza! L-i-z-a! LIZA!" a voice called from the next room. "Com'ere, com'ere, com'ere. Lordy, lordy, lordy. COM'ERE!"

The man was skin and bones and bed sores; a Negro, old and senile. Apparently his worn out mind clung to this one memory of home. "Liza! L-i-z-a! LIZA!" he continued calling.

"There's too many rules here!" I heard another man say.

Going into the hall, I found a small man arguing with the night nurse, while the night-duty psychiatrist stood nearby.

"You weren't fair with me!" the veteran complained. "Just because I didn't have a tie you wouldn't let me go to the Library Club. There's no sense to that! There's too many rules here; and I'm going to write my Congressman."

The nurse looked angrily at the veteran, then turned to the psychiatrist. "I want him transferred to Twelve"—the Violent Ward—"They'll quiet him down there!"

The psychiatrist called the office, and two attendants came to the ward and led the veteran out.

"My Congressman will hear of this!" the veteran told them. "I ain't done nothing; and she had no right to keep me from going."

This veteran was confined on the Violent Ward eight months although, according to the attendants, he was never insane or violent—just worrisome and aggravating.

Our night attendant turned to me as they left the ward. "A

good nurse wouldn't have sent that patient to Twelve. Why would it matter about a tie in this place?"

"That nurse is an odd combination," I said, "pretty but tough. She threatened me tonight when I refused to take salts. Say, why do all new patients have to take a laxative?"

"You watch your step with her," he said. "You see what happened to that man just now. About the salts; that's so we can get a specimen for hookworm." He laughed. "Just you hang around awhile and you'll see what I mean."

The attendant sat by a small table at the corner of the corridor. On the table were folding cardboard sputum cups, mayonnaise jars and paper sacks.

I got a light from him and sat on the floor leaning back against the wall.

A young veteran who had taken salts came out of his room and headed down the hall, almost running. The attendant stopped him at the table.

"Lemme by," the veteran pleaded. "I gotta go!"

The attendant handed him a mayonnaise jar and sputum box. "Wake up and listen! You must give me a urine specimen in this jar; a stool specimen in the box. You understand?"

The boy looked at the jar; at the half-inch hole in the box. He put them on the table and shook his head, then hurriedly grabbed both and ran down the corridor.

"What a way to earn your living!" I said, laughing. "What's your name, buddy?"

"Hayes," he replied. "You're Captain Wilkes, aren't you? The other attendants were talking about you when I came on tonight. Barnett was saying he thinks you're . . ."

The boy was back, putting the soiled containers on the floor.

Hayes sighed resignedly. "Okay, now spit in the other cup. Now get back to bed." He lighted a cigarette. "I agree with you—what a way to make a living!"

I had noticed several roaches around the kitchen door and near the small table. "Look at them scamper about! One's running over the box the boy put on the floor. Are there roaches on all the wards?"

"Naw, there's none on the south end of Seventy-six. If we had old Jake—he's one of the patients there—we wouldn't be bothered either. He catches them all and eats them." He looked at his watch. "You better get back to bed. That nurse is about due back."

Monday, June 25th. Waking at six, I walked about the ward in pajamas, exploring my new place of confinement. My clothing would be returned after being marked.

Although considered the show place of Lenwood, the Receiving Ward had a prison-like emptiness. There were potted plants in the Visitors Room, ornamental iron bars at the windows, with wide corridors and high ceilings to give an appearance of spaciousness. But the dayroom was bare except for massive oak chairs and tables.

My room, which I occupied during my entire stay on this ward, was adjacent to the isolation section. In addition to the senile Negro there was a veteran with gonorrhoea and one with crabs.

Admission was generally refused to Negroes, with the explanation that there was not an available bed. But, to avoid the charge of racial discrimination, one or two were kept in the isolation section. Pending transfer to the VA Negro Hospital at Tuskegee, Alabama, these veterans were confined to their rooms. When the senile patient was transferred the Negro who took his place died within two days.

Our meals were served boarding-house style in a small dining room adjacent to the isolation section. Lunch and dinner were brought from the central kitchen, our breakfasts prepared in the ward kitchen under the nurse's supervision.

Two veterans, Norman and James, did all cooking and dish washing. Norman was a good looking man of pleasing personality. However, when drinking he liked to fight his father-in-law. In 1944, the father-in-law had Norman committed to Lenwood, where he stayed four months. After staying out of trouble for a year Norman returned home and had another fight. Under the old commitment the sheriff brought him back to Lenwood, where he would serve another four to six months washing dishes.

James was an intelligent country boy from South Carolina, a man of common sense and dry humor, who had mother-in-law

trouble. Charged with being dangerous and having spent one night in an NP ward of McCloskey Hospital, James was committed to Lenwood.

Half of the admissions were alcoholics, who came to Lenwood to sober up; staying on the Receiving and the Diagnostic Wards, where they received the best of food and care.

Upon release, other veterans were required to finance their transportation, but alcoholics traveled home at Government expense.

Being voluntary admissions, the alcoholics were free to leave at any time. However, to avoid displeasing the psychiatrists, they usually stayed until discharged.

After sobering up they sat around waiting for the next pension check, when they would go on another bender.

Why were the alcoholics given preferred treatment? Returning home, they described Lenwood as a wonderful hospital. They also gave the asylum a good discharge record. Where veterans with NP diagnoses were released by trial visit only, alcoholics received outright discharges. All discharges being grouped together, the hospital reports inferred that the alcoholics were mental patients, discharged as cured.

Where mental patients were never given sedatives or sleeping tablets, the alcoholics received paraldehyde for several days. Sleeping around the clock, they were awakened into a groggy stupor at mealtime, to saturate the dining room with the vile lions-breath odor of paraldehyde.

After breakfast I sat on the porch, writing the Hospital Manager a demand for release.

The porch was enclosed on three sides with heavy wire mesh; needing only ropes and swings to be an exact duplicate of the monkey cage at the Grant Park Zoo in Atlanta.

Although the porch made me think of myself as a caged animal, it was an improvement over the ward. And for a couple of hours daily the sunshine would be bright enough to remove my prison pallor. But I wondered why fenced-in areas were not provided for each ward.

At nine o'clock the Ward Psychiatrist made his daily round of patients, with a pat on the back and a pleasant word for each. Dr. Leo R. Tighe gave the impression of being a capable doctor and genuinely interested in the veterans.

Dr. Tighe made investigations of escapes, breach of rules by the hospital personnel and injuries to veterans, making reports that reflected no discredit on the hospital. He had a pleasing appearance, a sometimes good personality and was persuasive.

Approaching me, he extended his hand, thereby taking his place in my diary as the only psychiatrist I saw shake hands with a veteran under his care. "Good morning, Captain Wilkes," he said pleasantly, "I am Dr. Tighe. Did you sleep well?"

"Yes, thank you," I replied. "Dr. Tighe, I have here a letter to the Manager, outlining my case and demanding my release."

"M-m," Dr. Tighe said, "you work fast, don't you?"

Calling me to his office an hour later, Dr. Tighe introduced the Clinical Director (Chief Psychiatrist), Dr. Charles R. Walton.

"Will you tell me why you're here?" Dr. Walton demanded, without acknowledging my greeting.

He had thin lips that could not smile and a look in his eye that was not quite right. Stern and aloof, he dominated the other psychiatrists. Cold chills ran up and down my spine as I studied this man, and I determined never to talk to him without a witness.

"Dr. Walton," I said, "my letter is a factual account of my arrest and confinement."

"You tell me about it," he demanded.

"I'm here because I bucked the medical officers of an Army hospital," I stated. "I have no idea what they allege I did or said, but there was certainly nothing indicative of mental illness.

"My fight began when the inexperienced Ward Surgeon accused me of feigning illness. I then forced my retirement by getting the diagnosis of a civilian doctor. You can imagine how angry that would make Army medical officers.

"Considering my retirement highly irregular I intended appealing my case to the War Department. I received orders relieving me from active duty and signed out of the hospital.

"I was placed under arrest as I was leaving the hospital. I was

confined in a mental ward five weeks, during which time I repeatedly demanded my release.

"There probably was a second Army Retiring Board hearing, but I was not permitted to appear. The diagnosis alleged was psychosis, manic-depressive,* manic type.

"That, gentlemen, is the story. I have not been mentally ill. There's no basis for my confinement, and you can't legally keep me here. I demand my immediate release."

"That's another story of Army inefficiency—if not something worse," Dr. Walton remarked, as if thinking aloud. He turned toward the door, without looking at me. "Dr. Tighe will discuss your case with you."

"If your wife will sign for your release you'll be out within an hour," Dr. Tighe explained. "She has only to demand your release."

"I can't follow you on that," I said. "What possible relation to my mental condition is my wife's signature? If I were insane it would not aid my recovery or protect the public."

"I'm only explaining how you can get out," Dr. Tighe said impatiently. "That's a VA procedure and your quickest way out. I don't advise that method as you would be leaving *against medical advice.*"

"Suppose I don't want my wife or anyone else signing me out as though I were incompetent?"

"Then the Staff will want you to stay for observation."

"That just doesn't make sense," I protested. "Take the case of a wife who wanted her husband kept in confinement, he'd be at her mercy. You can't arbitrarily confine a veteran because someone says he's insane. How many World War II soldiers has the Army sent here?"

"One thousand, I'd say," Dr. Tighe replied. "Why do you ask?"

"I want you to answer a question about them," I said. "You impress me as a fair man and capable psychiatrist. Tell me, Doctor, were all of these soldiers mentally ill when they arrived?"

"No," he said in a lower voice, "no, all of them were not mentally ill."

* See Appendix for definition.

"Were half of them mentally ill?"

"Half of them?" he said, "Possibly."

"That's a bad picture," I said, "a bad score for the Army psychiatrists. Of course the records allege they did and said things indicating insanity."

"Mr. Wilkes, you don't think much of psychiatrists, do you?"

"Not when they confine normal men as being insane."

"You should not judge them too severely," Dr. Tighe said. "They're swamped with thousands of NP cases; so don't have time for studying them. If you stay here I can assure you that you'll be diagnosed on the basis of our observations. The Army record will have no weight."

"How long will you require for observation?"

"Two or three weeks."

"That's reasonable," I said. "Doctor, I'd like permission to phone my wife."

Dr. Tighe called an attendant who escorted me to the canteen where I placed a call for Camille.

"Where are you?" Camille asked, her voice flat and curiously cold. "Where are you calling from?"

"Lenwood Hospital," I replied. "Camille, I want you to drive down here today. I can leave at once if you'll just sign for my release."

There was a long silence.

"Camille," I called, "did you understand?"

"My doctor says I must stay in bed. He won't let me make the trip." That was all she said.

Returning to the ward I found several new inmates there.

Veterans brought to Lenwood were consumed by a terrifying fear that often drove them to desperation. Unlocking the handcuffs, the sheriff would say to the psychiatrist: "Here's another one for you." Somehow it reminded me of a farmer castrating a pig. With no explanation whatever, the psychiatrist would take the veteran's clothing and personal possessions, sending him, unmanned, into that strange world of the asylum.

Suicidal and disturbed men were sent immediately to the

Suicidal and Violent Wards. The others stayed a few days on the Receiving Ward before being transferred to the Diagnostic Ward.

Most of the twenty-five veterans on our ward were above the average, as Dr. Tighe kept the best of the admissions for a longer period of time. They slept in observation rooms the first night, then in the main bunk room.

One hundred and fifty veterans entered Lenwood each month, some thirty on transfer from Army hospitals. Three soldiers had arrived that morning from Finney General Hospital, Thomasville, Georgia.

An article in the *Atlanta Journal*, reporting on this hospital, gave the average stay of NP patients as only five weeks. The inference was that they were restored to sanity and sent home.

Where NP patients at most Army hospitals received no treatment, most of those at Finney were given electric shock.

One of the new arrivals was a boy of twenty, who had lost his voice as a result of shock treatment.

The second veteran had refused to take more shocks after noting the effect on others. "Hell," he told me, "I fought through four campaigns in the Pacific. I'd rather have those Japs shooting at me right now than take shock."

The third was a Medical Corps major, a survivor of the Bataan death march. "Sure, I know I'm insane," he would say, "psychosis, manic-depressive, and I will never recover. These damn psychiatrists and their theories sicken me; holding that mental illness is caused by some filthy childhood frustration. A Jap concentration camp will push a man into insanity, regardless of frustrations. The hell of it was more than I could take!" A change would then come over the Major, as he continued: "I can't take any more, I tell you! My men need medical care and I can do nothing for them. No drugs, no medicine, no surgical instruments! I hate to give you the bad news, Carl; it's gangrene. Yes, Joe, your appendix has ruptured. And the rest of them: malaria, dysentery, diphtheria, yellow jaundice, dengue fever, beriberi! I can't stand any more, I tell you! Shoot me, guard; kill me please!"

New arrivals were put through routine examinations and tests, and temperature and pulse were taken for two days. No doubt this

made a good set of records, but no veteran received medical care unless his condition warranted his transfer to the Medical Ward.

If the urinalysis test indicated sugar or an infected kidney, the chances were that no corrective measures would be taken. And if the blood count was low it just stayed low. Nothing was done about glandular or hormone deficiencies, which most neurotics and psychotics have. Neither typhoid nor smallpox immunizations were given. Each veteran had to take salts the first night, but he would later find it difficult to get a laxative.

We were weighed nude, but thereafter weighed fully clothed, showing a gain of five pounds—the weight of our clothes.

The examination consisted primarily of recording the physical characteristics as identification. And the dentist counted teeth and fillings for the same purpose.

There was only one dentist for thirteen hundred veterans; an overweight, nervous man who would pull a tooth, but seldom filled one. I knew of no veteran who got dentures, although some hundred had no teeth.

"To hell with this outfit!" he told me. "They expect me to do the work of three dentists—and the work just piles up. Well, it can pile up for all I care!"

He became angry when I refused to let the hygienist give me a prophylaxis, although I explained that my teeth had recently been cleaned. Then, when I left the asylum months later, he refused me a prophylaxis. "You wouldn't let her when you came here," he said in a peevish voice. "Well, you can't have one now!"

Thursday, June 28th. After lunch I stretched out on my bed and read the last chapter of *The Count of Monte Cristo*. There, in that asylum room, Edmond Dantes spoke to me, giving me the hope and courage I needed.

With renewed strength and determination, I vowed to continue my fight, regardless of the odds against me. If Edmond Dantes could escape from an underground dungeon and triumph against powerful enemies, then surely I could prevail over a group of psychiatrists.

With a peace of mind that confidence bestows, I fell asleep.

I awakened to find Miss King, the day nurse, standing in my

room. Miss King was competent and sympathetically interested in every veteran under her care.

Rubbing my face and shaking the sleep from my eyes, I sat on the side of the bed.

Miss King handed me a fountain pen and some paper. "Mr. Wilkes, I've noticed you do lots of writing, and a pencil is so very unsatisfactory. It's just an inexpensive pen, but it writes okay. Let me know when you need some more paper."

Miss King, I know I hardly thanked you at the time. I just took the pen and looked at you with tears in my eyes.

Sensing my embarrassment, you tried to cover it over by being hard. You said, "The rules are that patients must not lie down in the daytime."

And I argued about that because I couldn't trust myself to talk about the pen. "That's absurd," I said. "Patients here need a rest in the middle of the day. What happens if I disobey?"

"Tell you what," you said, as you turned to leave, "just close the door when you want to lie down."

After a refreshing nap I found Dr. Tighe in his office. "Doctor," I said, "how about getting some of my toilet articles and things?"

"What is it you want?" Dr. Tighe asked. "You know the rules are you can have only a toothbrush and comb."

"Now you know that's absurd," I protested. "Just because you confine a man you don't have to strip him of everything. I need my comb, brush, nail clips, electric razor and a bottle of milk of magnesia I bought en route here."

"Well, you can't have them," Dr. Tighe said with finality. "We can't change the rules just to accommodate you."

"Don't be so quick to say no," I pleaded. "Let's consider them separately. Why can't I have my brush and nail clips? Correct grooming certainly has a therapeutic value."

"Well," he grudgingly agreed, "but the nurse will have to keep them. We can't have things like that scattered all over the ward."

"Thanks. How about the electric razor?"

"That's entirely out of the question. The rules specify that attendants shave the patients with safety razors."

"But an electric razor," I argued, "why, a child couldn't hurt himself with that. I won't have these attendants pulling my beard

and cutting my face. And they shave the veterans only three times a week. Is there any rule says I can't grow a full beard?"

"You would think of something like that," Dr. Tighe grumbled. "No, I don't believe there is."

"I wonder how I'll look," I said.

Dr. Tighe lost his usual composure, his face flushed in anger. "Like Dr. Walton said, I'm beginning to wish some other VA hospital had you! Why, I'll have to write Washington to get approval for you to use that razor! Does that take care of your requests, Mr. Wilkes?"

"Not quite. There's the milk of magnesia. I need a dose now."

"We have magnesia approved by the American Council of Drugs. What objection can you find to that?"

"First, it's the cheapest grade obtainable, as you purchase on the basis of low bid. Look at your bottle now and you'll see that it's settled out so that the top half is clear. Then I'm used to taking Phillips, and know the proper dose. With yours I wouldn't know how much to take."

"Now the patient is prescribing his medication and the dosage!" Dr. Tighe fumed. "Two ounces is the dose here; that's the standard!"

"As a doctor you know each individual requires a different dose," I said. "And the same man needs different amounts according to his condition."

"You don't need a bowel action every day," Dr. Tighe stated. "You have a reservoir space so that one is not required every day. Then the rules are that a patient can't take medicine he brings into the hospital. There might be something in it."

"I didn't mean to start an argument, and wish to beg your pardon. But I do want some Phillips milk of magnesia, and would greatly appreciate your buying it for me." I handed him a dollar bill. "Please be a good scout and buy it."

It was against the rules for me to have cash, but Dr. Tighe took the money, bought the medicine and returned the change. Three days later he told me I might use my razor.

Before dinner the head attendant took us for a daily walk around the hospital grounds. Mr. Ball was a pleasant and con-

siderate man, who knew how to get coöperation—even from the insane. "Sure," he told me, "I've had men spit in my face. But they were in bad shape and not responsible. I'd just wipe my face off, then kid them into doing what I wanted."

We stopped near the golf course, while some of the men played shuffleboard and pitched horse shoes.

"Mr. Ball," I said, "why can't I take a shower daily? There's plenty of soap and water and towels, and I certainly have plenty of time."

"It's just the rules," he explained. "You know how it is. Rules are that you shower twice a week and that an attendant be present. Tell you what: our shower is right next to your room. I'll leave the door unlocked."

So I bathed each night and washed my underwear, socks and handkerchiefs. Pajamas were furnished, but Camille had not sent me a change of clothes.

The food on the Receiving Ward was good, being the choice items from the central kitchen. However, my meals were excellent beyond all reason.

That first day the Assistant Dietician came to the ward and asked what foods I liked and how I wanted them prepared.

"One leafy and one starchy vegetable, fruit salads, jello and puddings," I told her, then jokingly added, "broiled breast of chicken, lamb chops and thick, juicy steaks, medium."

In astonishment I heard her say, "My orders are to see that you have whatever you want." She then repeated my order and left before I could recover from my surprise.

During my stay on the Receiving Ward I had the best food I have ever eaten—breast of chicken, lamb chops and tender, juicy steaks. Then I had the freedom of the ward kitchen, where I made coffee morning and afternoon, drank rich milk and ate water-melons.

Enjoying my excellent food and unusual privileges, I often wondered—as I do even now—why I received preferred treatment.

Friday, June 29th. That night I attended the weekly bingo game at the Recreational Hall. The Elks Club of Augusta sponsored and financed these parties, creating a normal atmosphere that was absent from all official entertainment. They were friendly in a normal way and treated us as men—not inmates of an asylum. Elks and their wives ran the game, giving prizes of cigarettes and candy, and serving ice cream and cake.

Other organizations, with excellent programs in the VA medical hospitals, were a failure at Lenwood.

Each year the Red Cross Gray Ladies made a gallant attempt; then quit in discouragement. The psychiatrists gave them a series of lectures on abnormal psychology, psychiatry and asylum regulations. "You must not mail letters for the patients," they said, "nor lend them money, nor make phone calls for them, nor make unapproved purchases, nor bring them unapproved books or magazines, and you must never visit the wards unless accompanied by some member of the administrative staff."

These lectures were held at night in the Library, which was on the rear terrace entrance of the Recreational Hall. Instead of using the terrace entrance, the Gray Ladies had to enter on the first floor, pass through a prison-type door, then down a narrow stairway to the Library. A night visit to the asylum was frightening; that iron door and the narrow stairs, terrifying.

It almost seemed that the psychiatrists deliberately tried to frighten and discourage the Gray Ladies. You know, psychiatrists do dislike visitors.

But the Elks ignored the psychiatrists and their ideas of recreation, and gave us two hours of normal fun. One hundred and fifty veterans were there and every one had an enjoyable time, forgetting for a short time his imprisonment.

Felix, Carl and Pat shared my table, where we were celebrating Felix's release.

"How'd you do it, Felix," I asked: "getting out so soon?"

Felix was a fun-loving Cuban boy, whose escapades had been too much for the CO at the Infantry Replacement Training Center.

"It's easy to fool these psycho doctors," Felix said, laughing infectiously, "so easy! I sent Dad a letter on hospital stationery, tell-

ing him to come get his son. I signed the Manager's name. Well, Dad came by plane this morning. But he can't speak English and none of these psycho doctors speak Spanish. So I was the interpreter. It makes me laugh! No matter what Dad said, I interpreted, 'He says he wants me back home; wants me now.' Whatever Doc Walton said, I told Dad, 'He says take your son home.'"

"That's the best one yet," Pat said, as soon as he could stop laughing. "And they call you crazy! But take Carl, here. He don't want to get out; not yet anyway. Carl, tell them what you told me."

"I'm here to keep from getting filled with lead," Carl said. "A woman down home is claiming I'm the father of her baby, and her brother's gunning for me. I drank a pint before I got here, then signed in as an alcoholic. Soon as Dad gets it settled I'll sign out and go home."

"There's a man who puts Lenwood to good use," I said. "Now let's hear from Pat. I'm betting he can beat that one."

"At least mine's longer," Pat began. "I first came here right after the hospital opened. I was all drawn up with rheumatism. The medical hospitals were crowded so I couldn't get in. They won't take long-time patients like me anyway. Here they take anybody and keep them till the old woman wants him back home."

"Well, a man told me I could get in here if I was committed. I didn't know what that was and didn't care. I had to get in a hospital. So I got drunk. The Ordinary committed me, although he knew I didn't drink. I've been back nine times. And the things I've seen! But, you know, people won't believe you. I got my Legion hospital committee to come down here. Why, the Manager just showed what he wanted them to see. And they went home, telling about Lenwood being a great hospital."

It was getting late; so we began drifting towards the door.

"Thanks for coming, fellows," one of the Elks called. "We'll expect you next week."

Saturday, June 30th. I was on the porch, reading, when Harry, a parolee, called: "Hurry, Tom! Let's get out of here! Let's go make our morning coffee."

"What's the rush?" I wanted to know.

"It's Giggles," he whispered. "Hell! We're too late. Here she comes, laughing and giggling like a teen-ager."

A plump, round-faced woman in a salmon-pink dress flounced onto the porch. "Oooh, boys!" she exclaimed. "Look what we've got to play with today!"

Her veteran assistant began setting up a game at the far end of the porch.

The Assistant Recreation Director approached the table where Harry and I had begun a checker game. "Now, Mr. Harry, we can play checkers any old time. Let's all play bean-bag now."

"Harry's feeling bad," I lied, "and I've got a bad foot. Tell you what: when our time comes up, we'll throw from over here."

"Oh, you poor boys!" Giggles cried. "Sure you can throw from over there. Let's let Mr. What's-His-Name throw first, boys, 'cause his foot's sore."

The assistant recovered my wild throw and handed the bean bag to a nearby veteran. We called him Midas because of his story about his gold gun. "It's made of gold, has diamond sights and is one mile long," he would say. Taking the bean bag, Midas made a perfect throw.

"Euh, heu, heu!" Giggles squealed. "You win one cigarette. Euh, heu, heu!"

Lance was the next veteran in line. This unfortunate boy had a paralyzed arm and could not speak. One of the other veterans dressed and undressed him, waiting on him as though he were a two-year-old. It was pathetic to watch Lance try to remove a shoe without help; and his constant blank expression indicated a man without a mind.

Lance was finally persuaded to take the bag in his good hand, but in a few seconds had dropped it on the floor. Picking it up, the assistant handed it to the next veteran.

I first got suspicious of Lance when we had fish for lunch, and he carefully picked out the bones.

Although Lance could not undress himself, he required no help in the latrine. Twice he picked up a cigarette with his paralyzed hand and one Sunday I saw him reading the comics.

Lance recovered when his mother first came to visit him. Hear-

ing her voice, he had some kind of fit, then quieted down. "Where am I?" he stammered, speaking for the first time since his transfer from the Army hospital.

The nurse hurried to him. "You're in the veterans' hospital," she said reassuringly, "and your mother is here to take you home."

* * * * *

Wednesday, July 4th. We celebrated Independence Day by walking at a dragging pace around the asylum grounds.

"Where's the flag?" I asked the attendant.

"You know, I never thought of it," he remarked, "but in five years here I've never seen the flag."

We were approaching the veterans from another ward—some hundred men—when I stopped in sad amazement.

Stooped and bent, their arms hung listlessly at their sides. In sheer dejection each man stared at the ground, dragging himself along with leaden feet.

"Who are they?" I asked. "What's wrong with them?"

The attendant slowly shook his head. "That's Ward Eight," he said. "The doctors call them 'sitters' 'cause they just sit and stare. What's wrong with them is that they've been here a long time."

Looking at those men—yesterday's heroes—a verse came to my mind: *Breathes there a man with soul so dead . . . ?*

There in front of me were a hundred men, who had fought and bled for their country. Their reward? Never again to see Old Glory wave, or set foot on their native soil.

Returning to the ward, I tried to forget those broken men. I read awhile and played checkers with Harry.

"Harry," I said, "you've been here a long time, haven't you? Why were you sent to Lenwood?"

"Ten years ago I was drinking heavy," Harry said. "One morning my brother suggested we go to see his doctor—just to visit. This doctor talked with me a few minutes; then we left. The next week the Sheriff brought me here and the doctors told me I was committed. My brother then got himself appointed guardian. He rates in the County, so there's not much I can do about it."

"Why not escape and start over again somewhere else?" I suggested. "You're on parole and could walk off at any time."

"Dr. Miracola advised me to do that," Harry said. He called to a man seated on a bench near the porch: "Willie, come over here." The man shuffled over and leered at us through the heavy wire. "Tell Mr. Wilkes why you shot your brother-in-law."

"Woodrow Wilson told me to kill him," Willie croaked. "You see?"

"Sure," Harry said, "sure. Who's the Manager of the United States?"

Willie turned to me with a twisted smile. "Lloyd George gave it to my Pa, and he appointed me Manager," he said. "You see? They got guns on them clouds up yonder, the British have."

As Willie shuffled back to his bench, I remarked, "Harry, that man is about as dangerous and crazy as they get. If given a letter signed 'Woodrow Wilson,' ordering him to kill someone, he would do it. Why is he allowed outside?"

"They say one of the Lenwood big shots married into the family. That's all I know."

"How many dangerous men would you say are here?"

"Out of thirteen hundred possibly a hundred are dangerous," Harry said. "Few of those would harm anyone intentionally. They're dangerous just like a four-year-old; might do something like starting a fire on the kitchen floor. Say, you've got to learn about this place some time, and you might as well begin today. This is our day for the movie and that's a good place to start."

"All right," I agreed, "but I won't enjoy it."

Harry laughed. "You're not supposed to. Don't look at the movie. Watch the audience."

Harry told me about the Lenwood movies as we walked to the Recreation Building. "All of them are third rate, with no musicals, cartoons or newsreels. The one today is a war picture. And you know, some of these men dive for cover when a plane comes in low over the hospital."

As we entered the makeshift theater, a loud-speaker from back stage was blaring *The Flat Foot Floogie*. Due to poor acoustics, the song filled the room with a maddening din.

"Is that the only record they have?" I asked an attendant.

He laughed. "A patient's in charge of the music. He'll keep playing that one till Giggles breaks the record."

It was depressing to watch the veterans enter. The line seemed endless! Perhaps half a dozen from each ward showed some interest. The others hopelessly dragged themselves in, and sat down.

"Move along, now," the attendants would call. "Be quiet and sit down."

Finally they were all seated: men from the locked wards downstairs, the parolees in the small balcony.

We were seated on temporary folding chairs on a level floor in the general-purpose Recreation Hall. The temperature was ninety-eight in the shade; the odor strangely different from anything outside an asylum.

Suddenly I knew that the insane have a peculiar body odor. Thinking that their abnormal glandular system is the cause, I wondered why we don't train hunting dogs to smell them out. These dogs could then take the place of psychiatrists, accurately accomplishing a task that often requires months of psychiatric bungling.

The stifling heat and monotonous music had a disturbing effect on the veterans. I watched one man, for no apparent reason, rise up in his seat and swing a right to the head of the veteran in front of him, then calmly sit down. The other man swayed dizzily in his seat until his head cleared. Then he stood up, struck his attacker in the face and sat down.

There was a sudden hush, as the raucous music ended. Then we were being shown a war picture. There was the rattle of machine guns, the whine of bullets and the snarl of diving planes.

"Kill the German bastards!" a veteran screamed. "Blast 'em! Rip their guts out!"

Roughly overpowering the veteran, two attendants dragged him, screaming, from the building.

Returning to the ward, I had the weird feeling that this was some horrible nightmare.

"There's something else I want to show you," Harry said, as we walked to the clothing room. "Matt," he said to the clothing

clerk, "show Tom our motto. Then he'll know the kind of place he's in."

Matt was a pleasant man of fifty, confined at Lenwood five years because of an occasional epileptic seizure. He was, like Harry, a parole veteran who worked on our ward.

"You're one of us now," Matt told me. "*The men God forgot!* You've maybe been sane all your life, with never a screwy thought. That doesn't matter! Once you've entered that asylum gate you're crazy. And you'll always be crazy as far as these psychiatrists are concerned. This is our creed."

He handed me an artistic poster.

ALL HOPE ABANDON
YE WHO ENTER HERE.

In serious thought I took the sinister sign: Dante's inscription over the gate of hell.

If hell is a place of hopeless despair, then the inscription was appropriate for Lenwood. In this Hell's Cauldron dwelt all that was evil.

* * * * *

Asylum means sanctuary; which infers proper medical care, adequate and wholesome food, sympathetic supervision, rest, fresh air and sunshine, suitable recreation and work, and a generally wholesome environment.

Lenwood is not a sanctuary for the veteran. Walls of fear hide from the world the utter hopelessness of men whose spirits have been broken by confinement, and whose minds and bodies continually deteriorate. It is a hell of physical suffering and mental anguish, where a day sometimes seems an eternity.

Thirteen hundred men who fought for their country were imprisoned at Lenwood, the majority being falsely labeled insane. Some had physical ailments, some were infirm from old age, there were epileptics and paraplegics,* alcoholics and neurotics, and many who were sound mentally and physically.

* See Appendix for definition.

These were remittance men; confined in the asylum by relatives who wanted to be rid of them. Mercenary wives disposed of husbands who were poor providers, sick or troublesome, while collecting monthly pension checks from a generous Government.

These veterans were confined in a place little better than the asylums of the past century, when chains and beatings were regularly prescribed.

The Lenwood psychiatrists demanded that order be maintained, and did not concern themselves about methods.

The untrained attendants subjugated the veterans by vicious asylum fears: loss of parole, a worse ward, the Violent Ward, cuffs, muffs, packs, wringing out, beatings, a lifetime at Lenwood. Threats and fears usually sufficed, but there was some brutality on all wards.

Instilled into their very souls, these fears developed into morbid obsessions, so that they feared everything: the attendants, the psychiatrists, the asylum, the outside world, insanity itself. This atmosphere of fear smothered the sane and the insane; the sick and the well.

Stripped of all rights and dignity, the veterans sank ever lower in this psychiatric *quagmire*.

V

MAD LOGIC

"I'M YOUR CASE DOCTOR," the psychiatrist informed me. "Name's Dr. Charles Miracola. All patients have a Case Doctor. Take off your clothes and I'll give you your physical."

An excitable man, of weak features and greasy complexion, Dr. Miracola was still in the embryonic stage, so difficult for many psychiatrists. He had a genuine liking and sympathy for those on the other side of the bars, a partial conscience and sense of duty. But to please Dr. Walton and conform to Lenwood policy he was gradually hardening into a psychiatrist. This unhappy man was generally liked by everyone except the other psychiatrists.

Dr. Miracola gave me a haphazard examination, concentrating on testing my reflexes. After tapping my arms and legs with the hammer he had me touch my nose with each index finger, then each knee with the heel of my other foot. He also tickled my abdomen and the bottoms of my feet with a feather. "Tcht, tcht," he said occasionally. "Tcht, tcht."

At his request I related the events of my hospitalization, arrest and confinement, while he listened with an impatient half interest.

"Now let's consider my case," I suggested. "You know nothing whatever about this Army psychiatrist. I'm not accusing him, but you know there are all kinds of men in every profession. You have no way of knowing that he's capable and above suspicion. I think it only fair that you permit me to reply to his charges."

Dr. Miracola had been looking through the Army hospital file, frowning in serious thought. Closing the thick folder, he stared out the window for several minutes, continually tapping the table with the hammer. He turned back to me.

"Have you observed anything whatever about me to indicate mental illness?" I asked.

Dr. Miracola carefully weighed my question. "No, I can find nothing wrong with you physically or otherwise."

"Then turn me loose," I demanded. "You have no right to confine a sane man."

"That's up to the Staff," he said, "that's up to the Staff. But let's get on with the analysis. I must know about your early life. There may be something there!"

Dr. Miracola delved into my early life and family history; then, with obvious relish, asked some psychiatric specials: "Did your mother have trouble with childbirth?" . . . "Were you a breast-fed or bottle baby?" . . . "Were your parents in financial condition to give you a proper diet?" . . . "At what age did you quit wetting the bed?" . . . and "Did you ever practice sexual perversion?"

After this interview I felt soiled—as though I had fallen into a sewer. A shower helped. But I still felt dirty all day.

Certainly Dr. Miracola knew that mental illness is evidenced by tangible proofs: abnormal actions, speech and behavior. However, after admitting that he could find nothing wrong with me, he appropriated all charges by the Army psychiatrist and from Camille's letters. Then, looking in his list of diagnoses, he found one to fit the charges: dementia praecox, paranoid type.

Friday, July 13th. "You're to go to Staff this morning," Dr. Tighe said when he made the morning round of patients. "The Staff will consider your demand for release."

An hour later an attendant escorted me to the Staff Room. A stern woman in nurse's uniform admitted me and closed the door and pointed out a vacant chair at the end of a long table.

There was a heavy silence, as ten pair of cold eyes stared at me. I sat down. "Good morning," I ventured.

The "silent treatment" continued. Not a man moved. No one returned my greeting.

Two of the psychiatrists wore civilian clothes, while eight were in Army uniform. All VA doctors who met the physical standards had been inducted into the Army Medical Corps. But the Army meant nothing to the psychiatrists, who were never even addressed by rank.

These odd-looking men in ill-fitting uniforms had medical degrees and practiced in an asylum. They were known as psychiatrists. Observing their concerted stare of cold hostility, I found myself thinking of them as priests of some pagan cult.

The psychiatrist on my right leaned uncomfortably close. "Did you ever have hallucinations?" he asked in a sepulchral voice.

"No," I replied.

"Did you ever hear voices?" he asked in the same tone.

"I've never heard imaginary voices," I stated.

The psychiatrist moved away, staring accusingly as if he disliked my answers.

I thought of the veteran who said he heard voices all the time. "What do those voices tell you?" the psychiatrist asked in eager anticipation. "They say, 'Git a broom! Git a mop!'" the veteran replied, thinking of the spit and polish of the Receiving Ward. "That's what they say: 'Git a broom! Git a mop!'"

Dr. Tighe asked abruptly, "How do you feel?"

"Fine," I replied.

"Do you demand your release?"

"I request my release and insist on being released at once."

"What are your plans upon leaving this hospital?"

"My plans for the next three months are indefinite," I explained. "Having been in the Army three years I've lost touch with the business world. I'll first renew business contacts and study business conditions."

"Do you plan to return home?"

"Yes."

"Do you think you should have been transferred to this hospital?"

"I should not."

"Do you think you should have been in any hospital?"

"I needed hospitalization for medical treatment; otherwise, no."

The other psychiatrists were looking down at the table or gazing into space. I felt that my case had already been decided, and that they were not proud of the decision.

Prior to a hearing Dr. Walton usually advised them of his opinion; and they dared not disagree with him. So, after I left the room, the Staff vote would uphold his decision.

Dr. Walton sat at the end of the long table, facing me, his face flushed in anger. "How do you feel about being locked up?" he demanded.

"Sir," I replied, "I don't understand the question. Will you please make your meaning clear?"

"How do you feel toward this hospital for keeping you locked up?" he rasped.

"My feelings towards this hospital are the best," I replied. "I've received the best diet of my hospital experience. The attitude of doctors, nurses and attendants has been excellent."

"Do you insist on your release even though the Staff may wish you to stay longer?"

"May I make a statement before answering that question?" I asked. "Any layman of good judgment can spend two hours talking with me, and know beyond a doubt that I'm sane and normal. You men are all able psychiatrists and have observed me for three weeks. So there is no reason to keep me here for further observation. I need no treatment. I've received no treatment, unless you call confinement treatment. There's nothing wrong with me mentally or physically. I trust I will leave with your agreement. If you do not agree—then I insist on your opening the door and letting me leave."

"How does being locked up in NP sections affect you?"

"As you know, it will seriously affect me professionally and financially." I lifted my chin and looked directly at Dr. Walton. "I'm not proud of this experience. However, I will not once be ashamed and, although the whole world may know, I can still proudly look any man in the face!"

"Thank you, Wilkes." Dr. Walton's voice shook in anger. "*That* will be all."

Dr. Tighe later advised me that the Staff had decided to have me committed as insane.

* * * * *

Thinking of that sinister hearing I knew it had been as evil as the witch trials of old.

It was a witch trial! The cold eyes about that long table. The vindictiveness of the inquisitors. The pre-conceived decision. The finality of judgment.

I stood condemned as a witch; torture to follow until I confessed. True, I would not be put to the rack, the psychiatrists being aware that mental torture is more effective.

In the fifteenth and sixteenth centuries, Christendom, led by the Church, joined in a horrible pogrom—torturing and burning half a million witches. The witches were the misfits and the mentally ill, and those framed as such.

Books were written on the practices of witches and how to accuse and convict them.

Accepting all charges as true, the judge would order the accused tortured until he confessed; then burned, to free his soul for heaven.

Tiring of the slaughter, Christendom confined the insane in special prisons. One of the first was in London: the Hospital of Saint Mary of Bethlehem—called Bedlam.

“Loonies” of all descriptions—men and women—were confined together, except that some were caged or chained. Docile inmates—called Bedlam Beggars—were permitted to beg in the streets. Bedlam became a popular attraction and a profitable venture. The inmates were exhibited like circus freaks and visitors gladly paid admission. Another source of income came from confining sane men and women who were framed. Bedlam was famous and infamous, so that the word now has come to mean the uproar and confusion found in all asylums.

“Doctors” were later placed in charge of the mental prisons, so the inmates would receive better care. But the “doctors” agreed that the insane must be subdued and that chains and scourging were the proper treatment.

The “doctors,” now called psychiatrists, write volumes about symptoms, diagnosis, cause and treatment.

What do these men actually know about mental illness?

A professor of medicine answers this question in *Psychiatry in Medical Education*: “Psychiatry is largely a metaphysical hodge-podge of terminology. You can call patients queer names and lose

yourself in a maze of terminology until the patient is lost sight of. There are too many cults, theories and classifications in psychiatry. It is a maze of words.”

Clinging blindly to the filthy Freudian theory,* the psychiatrists know little about the cause of insanity or the reason for recovery.

Sudden and complete recovery sometimes occurs after years of insanity, following a physical illness, a blow on the head or from no apparent cause. Certain drugs or a serious oxygen deficiency induce temporarily every symptom of dementia praecox. A high fever causes temporary madness. Likewise, lowering the body temperature of a dementia praecox patient ten degrees brings temporary sanity.

Refrigeration as a treatment for schizophrenics is interestingly described in George Wright Gray's *The Advancing Front of Medicine*:

It was first announced in the spring of 1941 by Drs. John H. Talbott and Kenneth J. Tillotson of Boston. They reported on ten schizophrenics who had failed to benefit from insulin, metrazol, and other agencies. The patients were given a light anesthetic to make them less sensitive to cold, were wrapped in rubberized blankets through which a fluid refrigerant circulated, and by these means their temperatures were reduced below the normal 98.6° F. Each treatment lasted from twenty-four to seventy-two hours, during which internal body temperatures were maintained between 90° and 80°, with even lower readings reached for brief intervals. One patient, a young woman who had not spoken to anyone for two years, talked fluently and logically when her temperature was around 89°, but lapsed into confused speech when the thermometer rose to 93°. After her third session with refrigeration, the woman's mental condition remained more nearly lucid with only an occasional schizophrenic phase. . . .

It is not a hopeless problem; possibly simpler than a cure for the common cold. But the men who control this field of medicine will never reach a sane solution.

The psychiatrist would have you think that he alone is capable of helping men and women who are neurotic or psychotic. Yet he

* See Appendix for definitions of *Freud* and *psychoanalysis*.

denies all responsibility for the inexcusable asylum conditions. "The relatives won't let the inmates come home," he says, "and the patients refuse to co-operate, and there is a shortage of money and personnel, and the nurses and attendants are responsible for all irregularities."

What qualifications do these alibi artists have? They hold medical degrees, experience in asylum work being their only other qualification.

There are a few mental doctors; capable men who are sincerely interested in treating the mentally ill and helping neurotics live with, or overcome, their neuroses. But there are not many such doctors in the Freudian fringe of medicine.

Newsweek of September 22, 1952, reports a study by Dr. Lester Luborsky, psychologist of the Menninger Foundation, on the psychiatrists trained at the Menninger school over a five-year period. Dr. Luborsky reports on 33 of the best psychiatrists, designated as "highs," and 33 "lows."

The psychologist reports that the "lows" were moody, depressed and unhappy; that "they grew angry with their patients."

While denying "the trash published about the peculiarities of *all* psychiatrists," Dr. Luborsky admits that "more than half of the lows were seriously sick people," many of whom have been hospitalized for their emotional difficulties.

The private psychiatrist specializes in the "treatment" of neurotics, because of personality inadequacies that render him incapable of dealing with normal men and women.

The asylum psychiatrist has such extreme inadequacies that he cannot deal with the neurotics. Hiding in the asylum, he classes all inmates as insane, then feels himself superior. Emotionally unstable and ashamed of his work, he worries continually, seeing the inmates as the cause of his worry and shame. Thus he comes to hate the unfortunates he professes to treat. This hatred, eating away at his warped personality, ripens into sadism.

As the psychiatrist refuses to recognize the normal man, so he rejects the normal in the mentally ill. Operating an institution that

is primarily custodial and seeking to justify the confinement, he sees nothing but symptoms.

Many of the so-called symptoms are not symptoms at all. An inmate must adjust to his mental illness—if any—and the intolerable asylum life, if he is to survive. Each adjusts in his own way; the mind playing strange tricks to save itself. One retreats into himself, never speaking, one rants and raves and curses, one writes continuously, one decorates himself with doodads, while another vents his feelings by fighting.

"My friend Mr. Snow" stood in exaggerated positions and "gestured hypnotically" and never uttered a word. He was the ward attraction that first day; then no one paid him any attention. A week later he had discontinued all mannerisms and was showing five handkerchiefs—gifts from famous men. Then we tired of the handkerchiefs, and he stopped talking and began falling to the floor on his face—breaking his fall with his hands. "My friend Mr. Snow" was a lonesome man who wanted attention. However, to the psychiatrists his antics were psychotic symptoms.

Seeing visions and hearing voices is no cause for condemning a man to lifetime imprisonment. Even the prophets of old heard voices and saw visions.

Hallucinations are often no more than tall tales, told repeatedly to gain attention; sometimes the patient's excuse to himself and to others for his mental condition. A veteran, sane in most respects, said his stomach was lined with hair. He did not believe this, but it made a good story and he enjoyed telling it. Another said that for two years he had been under the hypnotic influence of an Army psychiatrist, and that he would straighten out if the psychiatrist would remove the spell. Midas stopped telling about his gold gun after I purchased it for a quarter. Then to get our attention he told about his Buck Rogers plane. Just for the hell of it, one boy told the Staff he often saw angels on the golf course. And the psychiatrists kept him confined until he admitted the angels were gone.

Ninety percent of the mentally ill are separated into three groups: dementia praecox (schizophrenia); psychosis, manic-depressive; and senile dementia. However, exhaustive study shows age as the primary differential. Dementia praecox is the insanity of

youth, manic-depressive that of middle age, senile dementia * of the aged.

These three groups are divided into types according to behavior patterns.

Refusing to recognize the normal, the psychiatrists diagnose every prospect into one of the groups and types.

Having agreed on the groups and types, the psychiatrists admit that the characteristics are often overlapping and contradictory. With no standards for judging behavior, each uses his own good or bad judgment. Thus, as in my case, a patient is often given a different diagnosis by each psychiatrist.

At Swift Hospital I was diagnosed as having an anxiety state, because I "bucked Army brass." Three days later the psychiatrists gave me a diagnosis of hypomanic state; basing their conclusion on my statement, "I feel fine," which they said proved unreliability.

Two weeks later I was accused of being overactive, overtalkative, demanding, fault-finding, hostile, threatening, writing too much, thinking too fast and telling obscene jokes. The psychiatrists said this proved I was suffering from psychosis, manic-depressive, manic type, from which I would not recover.

Now the VA psychiatrists—ten of them—had decided to disregard their own observations and appropriate all charges made by persons they had never seen. From their list of psychiatric terms they selected a diagnosis warranting lifetime confinement: dementia praecox, paranoid type, with complete social and economic inadaptability, dangerous to the public.

Where the other diagnoses were preposterous, this one was impossible.

Dementia praecox, also known as schizophrenia, is best described in George Wright Gray's *The Advancing Front of Medicine*:

Schizophrenia also has its disturbed chemistry. . . . One of the most comprehensive investigations is that which has been under way for several years at the Worcester State Hospital in Massachusetts, where Dr. Roy G. Hoskins and his associates have followed the records of three hundred

* See Appendix for definition.

patients. They report that the schizophrenic person is quite as abnormal in body as he is in mind. His resting blood pressure is low, averaging around 100 to compare with 120 and higher for the normal person of equal age. His pulse is slow, around 59 against 65 and faster for normals. His oxygen consumption is only about 89 percent of normal. Another striking difference shows in his use of protein. The more protein the normal man eats, the more fuel his body burns—but in the schizophrenic this is not so. Apparently he does not get the normal stimulation from protein consumption.

Thus the schizophrenic body lives at a slower rate than the normal, the heart pumps more slowly, the blood flows under reduced pressure, the oxygen consumption is low. Dr. Hoskins calls attention to the fact that the normal man's body slows its activity in just these same ways when he is asleep, a circumstance which fits the picture of a schizophrenic as one who lives in a dream.

"His dream differs from your dream and mine mostly in that on awakening from sleep the dream is not dismissed," said Dr. Hoskins. "The activities of the dream are carried on, rather than merely being visualized. The schizophrenic state and the dream state are strikingly similar in the free use of symbolism. Things do not mean what they seem, but what they signify in the patient's own particular code. If the reader will imagine that he has been awakened from a vivid dream, but that as he went about his affairs the dream continued to occupy the greater part of his attention, to dominate his thought and his activity, he will have a sufficiently accurate picture of schizophrenia for the purposes of this discussion. Largely it is a manifestation of more or less disguised wishes or fears masquerading as accepted reality." . . . Is this horrible disease, then, a thing of low oxygenation and other purely chemical operations that might be corrected if we knew their controls? It would seem so. . . .

Gould's Medical Dictionary defines dementia praecox as "A dementia more or less complete, which appears at the age of puberty in those previously intellectually bright. There is an upset physical equilibrium with low metabolic rate, low blood pressure, low pulse rate, and a high waste output." Dementia is defined as "A form of insanity characterized by deterioration or loss of the intellectual faculties, the reasoning power, the memory and the will."

This definition exposes the fakery of psychiatric diagnosis. A nurse or technician can give a metabolism test and check pulse and blood pressure, and know whether a man is insane.

I was forty years of age—far past the age of puberty—and my

physical examination disclosed none of the symptoms of dementia praecox.

My diary and letters—forwarded from the Army hospital—were proof of my sanity, as was the Army Neuropsychiatric Behavior Chart. Camille's lengthy report—in this same file—verified my story. And, in her diary of our visits, she reported: "Still reasons perfectly—far better than anyone I know."

Dr. Miracola stated in his report, "He is pleasant, congenial and co-operative. He is oriented in all spheres and is in good contact. His memory for remote and recent events is good. His thought content is coherent and relevant."

How had the psychiatrists arrived at my diagnosis? Either they conspired against me; else were lost in some form of *mad logic*.

* * * * *

That afternoon I wrote the Hospital Manager a letter of protest:

I appeared before the Staff today. Enclosed is transcript, prepared by me immediately after the hearing. Please advise me of any errors.

Dr. Tighe advised me this afternoon that the Staff had decided that my demand for release be heard before a local court. It is odd that this hospital, a facility of the Federal Government, should appeal a case to a local court. Request that I be advised the nature of the proposed hearing, the authority for the action, the court and the date.

Dr. Tighe again agreed that three weeks of interviews and examinations here indicate that I am normal in every way. He could give me no reason why the Staff decided against my release.

I request permission to make unlimited number of telephone calls from the pay station at the Canteen.

When I gave this letter to Dr. Tighe he said that since I was to be committed I could no longer use the phone.

Feeling as though a noose were drawing tight around my neck, I wrote another letter calling attention to my many demands for release.

Monday, July 16th, an attendant escorted me to the office of the Hospital Manager.

"You must be somebody important," the attendant said. "Dr. Witten don't bother with patients."

Dr. H. O. Witten—pleasant and indolent—somehow reminded me of a small-town politician. His duties being entirely administrative, Dr. Witten took no part in medical or psychiatric affairs. In fact he took little part in anything; letting the asylum run itself, while he waited out his retirement.

"I'm here to personally appeal to you for my release," I stated. I then reviewed the cause of my confinement.

As I talked, Dr. Witten read his morning mail. "Why do you think they confined you if you're sane?" he wanted to know.

And I frankly replied, "It is my opinion that the mental diagnosis was thrown at me to disqualify any charges I might make to the War Department."

"I can't see why you want to bring me into this," Dr. Witten protested. "I leave everything concerning patients up to Dr. Walton and the Staff."

En route to Lenwood I had written the Governor an appeal for help. As a matter of office routine my letter was forwarded to the Director of State Veterans Service. The Governor did not reply, but the Director sent me a copy of his memorandum.

"We have investigated this case," the memorandum read, "and find that Thomas G. E. Wilkes is a mental case. This office will exercise diligence to see that a competent guardian is appointed to protect his interests."

Angrily tearing the memorandum to shreds, I cursed the society that gives an asylum inmate less consideration than the vilest criminal.

"You haven't got a chance without outside help," an Augusta alcoholic told me. "A court anywhere will take the psychiatrists' word over yours. Here you're up against the Cracker Party."

"That's encouraging," I said. "Tell me about this Cracker Party."

He got up and joined me in walking from one end of the room to the other. "Tom," he said, "here's the picture: for twenty years the Cracker Party has run Augusta and Richmond County. The Boss' word is law. And, believe it or not, his influence reaches right

in here. His brother is Supervisor of Attendants; half of the employees are Party members; and the Recreation Director is the sister of the Ordinary, who will hear your case. I can tell you plenty more, but that's some idea of what you're up against."

"It does look bad," I agreed, "but I'll fight if you tell me how I can get an attorney out here."

"Boy, I admire your guts," he said. "Well, you got to have a Cracker Party lawyer. Here, I'll list the best ones. Now this first one is a power in the County as well as the State. You'd get out if you could get him. This next one is all right. The last one here—well—he rates with the Party. I'd go see them for you, except I'll be here two more weeks. Well, there you are; and good luck. Boy, you need it!"

That afternoon I wrote to the three attorneys, giving all pertinent details of my case and emphasizing my ability to pay. A sympathetic visitor mailed the letters.

An associate of the third attorney on my list came to see me three days later. He prepared, and I signed, a habeas corpus petition to the Judge of the City Court, charging that my confinement was illegal as no court order authorized it, unjustified as I was not mentally ill.

Friday, July 27th, I was escorted to the Richmond County courthouse, a delapidated building constructed shortly after the Civil War. We went to the basement—used primarily for the storage of obsolete furniture—and to the Judge's chambers.

"You keep the patient down here," Dr. Tighe told the attendant. "Dr. Miracola and I are going out."

In the ante-room where I waited, a stuffed owl perched on a pile of junk furniture.

The psychiatrists joined Mr. Vaux Owen, the VA State Attorney, and Camille in another part of the courthouse.

Mr. Owen and Camille had ridden from Atlanta in my car, deciding en route that she would conceal her presence unless her testimony was required.

My attorney said nothing when he came in; just handed me the check I had given him. It was stamped "Account Closed."

"Evidently my wife closed our account," I said, "but you'll get your money as soon as I get out."

"We don't do business that way," he stated. "I told you I wanted the money before the hearing." Turning, he entered the Judge's chambers.

The Judge, Mr. Owen and the psychiatrists then came through the room, their actions denying my existence. Sitting down around the Judge's desk, they began discussing the Manager's response to my petition.

Included as exhibit "A" was the lengthy Staff Findings and Conclusions, alleging that I was insane and dangerous to the public. The response falsely alleged that "commitment proceedings to have petitioner legally committed have been commenced." The proceedings were not commenced until the following week, when the petition was filed in the Court of Ordinary.

I could see through the open doorway, but could not hear my opponents' arguments. Then I heard my attorney say: "We have no evidence to offer."

I entered the Judge's chambers over the attendant's protest. I said, "Your Honor, I ask that I be heard."

The Judge turned in his chair to face me. Slowly his eyes traveled from my shoes to the top of my head. "Are you a psychiatrist?" he asked. His voice was sardonic.

"Your Honor," I stated, "I am the subject of this hearing—a sane man, illegally confined in the VA asylum."

"Your testimony would have no weight against that of these psychiatrists," the Judge stated. Standing up, he put on his hat, then signed an adverse order. Turning to me, he said ominously: "There are some things you must forget!"

Camille returned to Atlanta without letting me know of her presence in Augusta.

She had been a faithful wife for twelve years, considerate of my wishes and loving me as much as she was capable of loving any man. So it was difficult for me to even consider the possibility that she had deliberately turned against me. Yet I knew that some wives do frame their husbands into asylums and that I must con-

sider this possibility. She might have reasoned that I would never regain my physical health or be able to face the stigma of confinement. Following this line of reasoning she might then have weighed her love of money against her love of a husband she considered a liability. I remembered I had never seen Camille pet an animal or caress a child.

It was possible she had been convinced that I was mentally ill and that she had an exaggerated fear of anyone who had suffered such illness.

Then it could be that Camille, herself, was mentally ill.

For days I weighed these possibilities and every possible combination of them, without reaching a decision. I wondered if I would ever know. But I knew beyond a doubt that I had lost the woman I loved, and that she was working against me.

This was far harder to endure than was my confinement. Never, at any time, did I doubt my ability to eventually effect my release. But to know, at a time when I was helpless, that Camille had turned against me was almost more than I could bear. So I continued writing as a man writes a loving wife and sweetheart, hoping against hope that my decision about her was in error.

But I was not wrong.

Camille had delayed her departure from the Army hospital until she was certain I would not be released, staying there four days after telling me goodbye.

Then, as she was leaving, she said to the Red Cross worker: "I can't bear to talk with him again. To me he is now dead!"

Camille wrote to my aunt and uncle before going to Augusta for the habeas corpus hearing.

Tom is *insane*. The doctors call it dementia praecox, paranoid type. He talks fairly sane at times, but plans things against people most of the time, and thinks others are doing things to him.

I have been so disappointed that you have not signed the petition and sent it back as it has to be done. You see when the Army decided he could not be cured he was retired from the Army and sent to the Veterans Administration Mental Institution at Augusta. After three weeks of observations the doctors agreed with the Army doctors that his condition was serious and he is dangerous and must be committed.

Remember I am his wife and stayed with him for days while he was in the Violent Ward—so please help us.

After going to Augusta for the habeas corpus hearing Camille wrote:

Thought you would like to know the hospital's diagnosis as it came two weeks ago. It is "dementia praecox, paranoid type, socially and economically unadaptable, dangerous to the public" and must be hospitalized. I hope you will go to a library and read what these terms mean. Paranoia * is one of the most dangerous types of insanity known, principally because the patient seems so sane at times and will do anything and they are always homicidal.

Tom makes an excellent impression and perhaps could fool a stranger but not anyone who knows him. He hired a lawyer last week and gave him a \$100 check that was no good. As I guess you have already heard the lawyer believed everything Tom said. But this is the way it came out. My sister and I were called down there as witnesses; had to stay two days and when we got there, the lawyer refused to handle Tom's side as from Tom's notes he decided he was insane.

Tom has written my sister some letters that are horrible. I have been so sorry that she has to be involved in this. She is ashamed to stand in court and read those letters before men.

The doctors told the Judge yesterday that they certainly could not be responsible for his acts as he was potentially a most dangerous patient. The doctors say he takes down every word they say. He thinks he is a lawyer and he is going to try them.

After receiving the signed petition for commitment, Camille wrote my aunt:

Thanks for you and Uncle George signing them. I know it hurt you almost as much as it did me. I have grieved so much I hope I can get over it to some extent. What is done is done and if the doctors can't cure Tom's mind, then my grieving is only hurting me.

Sometimes his letters sound almost like him—then the next one will be terrible.

For days he would not eat as he thought his food was poisoned and the doctors asked me to sit by his bed and try to get him to eat. Aunt Cora, as long as I live, I do not guess I will forget sitting by and watching him go insane.

Three hospitals have now had him and about forty or fifty doctors saw him and they all say the same thing—just plain insanity.

* See Appendix for definition.

Ten days later Camille wrote my aunt:

He looks well, but his poor old mind is going faster and faster. He told me that the entire Army and Veterans Administration were framing up on him and making him go insane. Of course they are doing their best, but there is little to work with now. I talked to his doctors about two hours and they both said there was not a chance for him to ever be out again.

The day she returned home Camille began telling about my "depraved condition":

"Sexually he's always been awful! Why, all during our married life he'd keep women in hotels—and the things he'd do! Most of the paranoids are that way; but he's not passive like some of them. He's worse than he ever was! There's no telling what he will do next! He's lost interest in his appearance and that's not like Tom. You know he was always so immaculate. Why, he even washes his clothes in the commode! But he's still got a keen mind. He's so cunning I just don't know what to expect next! The psychiatrists tell me he's the most dangerous mental case they ever saw. Why, he'll be sitting right there, smiling at you, and all the time he's plotting to kill you, or something even worse."

Camille conferred with two prominent attorneys, who referred her to the VA State Attorney and called him in her behalf.

Two days after my arrival at Lenwood, Mr. Vaux Owen wrote the Hospital Manager, requesting a report on "the dangerous Tom Wilkes."

That same day he also composed a letter from Camille to the Hospital Manager:

My husband, Thomas Wilkes, was first confined in the psychopathic ward at Camp Swift, Texas. The doctors there reached the conclusion that he was insane. He has made various threats on the lives of various people. He also has near relatives that are insane.

While I love him deeply, I do not believe it would be safe for him to be released. I am requesting that he be held until his condition can be ascertained and that you report the case to Mr. Vaux Owen, Veterans Administration State Attorney.

The following week Camille wrote a second letter to the Hospital Manager:

His letters from Augusta still show his state. He writes me for letters written in code, packed in empty cigarette packs and I know nothing of them. Last week from the hospital in Augusta he telephoned my sister collect, and told her the hospital was holding him because he knows so much on Army doctors.

Mr. Wilkes writes that one reason he wants to keep his Army uniform on is to be able to fly over the country and make contacts. He wants to go in business with Henry Kaiser and make \$15,000 the first month. He also writes me to buy \$3,000 worth of stocks, but to look for customers first.

He has sent out numerous checks which have caused me much trouble in straightening out, at quite an expense to me. He sent me several wires collect last week asking for \$50 and his civilian clothing; then others saying not to send them. After I left McCloskey General Hospital on June 5, he sent me wires collect every day just as greetings at \$1 per wire. I cannot possibly pay my telephone bill as I cannot get Mr. Wilkes' Army pay, as he was ruled mentally incompetent there in the Army hospital.

In another letter he writes to save his Army coats as he will need them this winter. In the same letter he writes to have his straw hat blocked. There are numbers of things exactly like the above.

Mr. Wilkes wrote volumes while in McCloskey and gave those writings to me, which I turned over to his doctors.

In another paragraph in one letter, which should be in the file, he writes to Walt Disney, asking for eight of the original drawings of *Snow White and the Seven Dwarfs*, and to send them C.O.D. This would probably cost \$500.

Far be it from me to tell you how to run your patients, but my husband is dangerous to himself and to others, and I have heard all of his threats, and it is my duty to protect him and those he has threatened.

* * * * *

During this period Camille wrote to me regularly, beginning each letter with declarations of love and devotion. She referred to the Bible, her prayers for my recovery, and supplications to the Almighty to bless me; then closed with further declarations of love.

VI

BURN THE WITCH

DURING my first weeks at the VA asylum I became well acquainted with Dr. Tighe. Each afternoon I would walk by his office, calling, "Hey, Dr. Tighe."

"Come in," Dr. Tighe would say, "come right in and visit awhile."

We would talk of pleasant and timely subjects, as though we were two friends somewhere in the outside world. Then I would carefully bring the discussion around to my case and was always surprised by his frankness.

"Doctor," I said one day, "any kind of confinement is bad. This idle confinement is unendurable. I need exercise, fresh air and sunshine. How about putting me on parole and giving me an occupational therapy assignment?"

"OT assignment? Parole?" Dr. Tighe exclaimed. "Patients on observation can't have OT or parole. Then there's the matter of your commitment. We can't consider those things until after you're committed."

"Dr.," I said, "I just can't see why you psychiatrists won't release me. You know I've done nothing abnormal here; and the Army records will confirm my account of what happened there. Tell me, do you believe my story?"

Dr. Tighe gave the question some thought. "Yes, I believe your account of what happened to you."

"Do the other psychiatrists believe me?"

"Yes, I think most of them do."

"Then turn me loose! Why am I still locked up?"

Doctor Tighe thought this over. "The Staff believes your story, but they think you put the wrong interpretation on it."

Although I questioned him further, he refused to add anything to his statement.

The nurse and attendants also believed my story and wondered why I was confined. An attendant later told me of one of their conversations.

"Miss King," Mr. Barnett asked, "what do you think about Mr. Wilkes?"

"Well," Miss King replied, "we know he's not a mental case, but someone thinks he's insane."

"Do you reckon he's an FBI man?" Mr. Barnett wanted to know. "Remember those we had last year."

"He must be!" Mr. Ball said. "He's always writing, there's nothing wrong with his mind and he's certainly no alcoholic. Doctor Tighe must think he's an investigator; the way he treats him."

Saturday, August 4th, Miss King called me to her office and introduced a deputy sheriff.

The document he served on me was Camille's petition for my commitment and the Court's notice of a sanity hearing ten days later.

I tried to smile. "Do you want me to sign an acknowledgment, or anything?"

"No," he replied. "Good luck, fellow."

My poise and emotional control astonished the deputy, Miss King later told me. "That man has no business being here!" he protested. "Why, he's as normal as any man I've even seen."

Returning to my room, I thought with bitterness of my last visit to the asylum Library. Just inside the door is the Declaration of Independence.

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are Life, Liberty and the pursuit of Happiness.

All of my rights had been rescinded because someone said I was insane. Now this petition for my commitment forewarned that the Judge had already condemned me. No judge would serve notice on the accused, "Notice to Murderer"; every citizen being con-

sidered innocent until his guilt is legally proven. Yet the notice to me read "Notice to Incompetent Veteran."

No doubt the Ordinary would appoint three Cracker Party politicians as a Sanity Commission. And they would commit me in spite of any defense I might offer. It seemed that my notice was correctly worded; my commitment was a *fait accompli*.

What possible defense could I offer; and who would believe an asylum inmate? The charge of insanity would be as impossible to refute as the charge of witchcraft, when every protest of innocence was answered by the angry shout, "Burn the witch!"

I stood at the barred window—silently cursing—not cursing anyone or anything—just cursing. Then I thanked God for the strength and determination to fight alone against whatever odds. "Let me live long enough," I prayed with anger, "and I will expose these men of Freud and their cancerous asylum."

Then and there this book took shape in my mind.

I wrote the editor of *Cosmopolitan* magazine, enclosing an outline of the proposed chronicle and offering to co-author a series of articles if he would help in my fight for freedom. Then for days I anxiously awaited the reply that never came.

The difficult medium of letters was my one available means of persuading others that I was sane. Taking careful stock of myself I found that I had a logical mind, emotional stability, self-confidence, courage, initiative and a sense of humor. Regardless of the psychiatric definition, to me this was sanity. If I could put these attributes into letters, I might persuade some friend or relative I was sane.

I began writing friends and relatives I thought might help me, relating the story of my confinement in a factual manner and admitting that it seemed fantastic.

My letters would be subjected to the closest scrutiny, as once a man is accused of insanity his every action is suspect. Spelling, punctuation, sentence structure and handwriting would have to be excellent. Therefore, I rewrote my letters until they were gems of perfection.

The censorship of letters was a cruel thing. With the eerie feel-

ing that someone was looking over his shoulder, a veteran would write a friend or loved one. Then, giving the letter to the nurse, he would never know whether it had been mailed.

What was the purpose of this rude invasion of privacy? The psychiatrists explain it as a method of determining the patient's mental condition and preventing the mailing of obscenities. But the nurse did all censoring, calling the psychiatrist's attention only to letters that were critical of the asylum.

To avoid this letter trap, I persuaded an attendant to mail my important letters.

As the day of my commitment approached I had not heard from any friend or relative. I was sure my uncle would help me if I could only talk with him. But Dr. Tighe always gave me a queer smile when I asked to phone. Once he gibed, "Not so cocksure now, are you?"

* * * * *

Tuesday, August 14th, Dr. Tighe, Dr. Miracola and an attendant took me to the Richmond County courthouse. The psychiatrists conferred with Mr. Vaux Owen, the VA Attorney, who was there in the dual capacity of prosecutor and attorney for Camille.

Although I was unaware of it at the time, Mr. Owen had again ridden from Atlanta with my wife in my car. And Camille was then in the courtroom.

Avoiding me as though I were a criminal alien, Mr. Owen and the psychiatrists entered the courtroom and closed the door.

A few minutes later three other men entered the courtroom. A clerk informed me that they were the Sanity Commissioners; and I wrote in my diary the names of the County Attorney, the Corner's Physician and an ex-mayor of Augusta.

The Georgia Code required a signed statement of a physician that the accused was "violently insane and likely to do himself bodily injury." No doctor having signed such statement about me, the Commission was without authority.

The Georgia Code gives the Ordinary jurisdiction over any in-

sane person found within the County. The VA Attorney therefore alleged that I was "within the limits of Richmond County," omitting the fact that I was in the VA hospital. The Ordinary accepted the case in violation of the fundamental law that only a Federal court has jurisdiction within a Federal facility.

Camille's petition failed to state my present or legal residence and did not identify me in any manner. She was likewise unidentified. Her signature, Mrs. Camille W. Wilkes, gave no indication of our relationship. She merely stated that I was incompetent and dangerous, without giving any basis for the charge. In effect, an unidentified woman had petitioned the Court, "That man is insane. Condemn him to the asylum."

The law requires that the accused be identified to the Court. But the "hearing" began and ended without my ever being pointed out as Thomas Wilkes. In fact, my name was never spoken, the psychiatrists and the VA Attorney referring to me as "he."

Our Constitution holds that no citizen shall be deprived of life, liberty or property without due process of law; and that the accused shall have a public trial by an impartial jury, be confronted with the witnesses against him, and have the assistance of counsel for his defense.

We give the foulest traitor a trial by jury, with attorneys for his defense, and have many statutes outlining his rights before the courts.

By our jurisprudence the accused enters the Court protected by a cloak of innocence. The burden rests with the State to prove beyond a reasonable doubt that he is guilty. But the statutes concerning the alleged insane merely outline the procedure to be followed, with no provisions for the rights of the accused.

The law holds that a wife cannot testify against her husband. Yet the wife is often the only witness used to prove her husband insane; and she may have a motive for wanting him confined.

Camille's testimony is not a matter of record, as transcripts are not made of such hearings. However, it can be safely surmised that she at least equaled the charges included in her many letters.

While Camille testified, I waited with the attendant in the ante-room, without the slightest idea that she was in Augusta. I

still clung to the idea that the psychiatrists had frightened a nervous woman into petitioning my commitment.

The courtroom door opened and I saw Camille coming toward me. Then I heard myself talking.

Momentarily her face softened, then resumed its mask. "The Judge wants you in there right now," she said in a flat voice. Her voice rose a little. "No, I won't talk with you now."

I took a deep breath and entered the courtroom.

Mr. Vaux Owen told the attendant to wait outside with Camille. He then closed the door.

The room looked like an informal classroom. There was a desk at one end and a dozen chairs scattered about. The Judge sat behind the desk, while the others were grouped to his right. The Judge motioned me to a chair ten feet away and to his left. I sat down to face the men across the room, seeing hostility in every face.

God grant you may never find yourself in such a situation!

"This is the Commission appointed according to law to hear your case," the Judge announced in a cold voice. "Dr. Tighe, we will hear your testimony."

Dr. Tighe stated his education and experience to qualify as an expert psychiatric witness. He began: "The Staff thinks his diagnosis . . ."

"I object," I said. "Your Honor, I ask that the witness limit himself to his own testimony."

Somewhat confused, Dr. Tighe continued: "It is my opinion that his diagnosis is dementia praecox, paranoid type. He has been mentally ill twelve to fifteen years. His intellect has not been affected."

"On what is your opinion based?" I asked.

"The entire record," Dr. Tighe replied.

"Please be specific, Doctor," I said. "What is the basis of your opinion?"

Dr. Tighe looked angrily at me, then protestingly at the Judge. It was heresy for a layman to question his psychiatric opinion; in-

sulting, when the questioner was an inmate. He began speaking rapidly, nodding his head in emphasis. "At times he wouldn't even speak to the officers in his unit. Then he . . . at times he did the work of six officers. He mailed letters I had not even seen! He insisted . . . has been insistent and demanding . . . well . . . about a work detail; his medicine; his release; everything! He made this statement: 'I can make \$150 per month while in this hospital by doing leather work.' He used vulgarity at McCloskey Hospital! He's arrogant!"

The psychiatrist glared at me, his face red, his eyes showing hate.

"Doctor," I said, "none of those things are NP symptoms. Can you recall any other basis for your diagnosis?"

"As I stated before, the record is the proof," Dr. Tighe protested, "the record is the basis."

"Dr. Miracola," I said, "you are my Case Doctor. Didn't you say to me on two occasions, 'I can find nothing wrong with you physically or otherwise?'"

"Yes," Dr. Miracola replied.

"Have you known me to do or say anything abnormal?"

"No," Dr. Miracola replied.

Mr. Vaux Owen had been leafing through the Army hospital file. He now read from one of the psychiatric reports: "He smoked incessantly. . . . He paced up and down in front of the hospital entrance." Pausing, he looked accusingly at me. Turning a few pages, he continued, "When placed under arrest and returned to the hospital, he first wrote down in a notebook the names of all officers present." Mr. Owen looked at the Judge and nodded.

The Judge nodded at Mr. Owen.

Holding out a sheet of paper, Mr. Vaux Owen paused for effect, then asked: "Did you write this suicidal note?"

"The note you have was written by me," I replied. "It is instructions about funeral arrangements that men often put in their wills. I gave it to my wife with ample explanation and she expressed her agreement. If you're intimating I'm suicidal, then you're acting like a psychiatrist looking for symptoms."

Mr. Vaux Owen now got up and stood in front of me, holding in his hand four pages of the diary I had mailed to Camille. "Did you write these coded notes?" he demanded.

"Yes," I replied, "I wrote them."

"Why did you write them in code?" he demanded, in an accusatory voice.

"I did not wish to send the contents in clear message."

"Can you decode them for us?"

"Certainly."

"Will you do so?"

"No," I replied, "they are my notes, given to you without my permission. I demand their return."

Handing me the notes, Mr. Vaux Owen indicated he had no further questions.

The Commissioners indicated they had no questions to ask.

I arose and addressed the Court: "Your Honor, having been absent during my wife's testimony, I have no way of knowing what charges she made. She has been a loyal wife for twelve years, but she has not visited me since I came to Lenwood. Please understand that I am not accusing her; but it is possible she is influenced by a monetary motive.

"The VA psychiatrists have had me under observation for seven weeks. If I were insane surely they would tell you of many abnormal things I did and said.

"This hearing has been most trying, yet you have seen nothing in my actions, speech or appearance to indicate insanity.

"I am a sane man who has, through a most unusual chain of events, been confined in a mental hospital. I request my freedom."

The Sanity Commissioners then left the room. Returning three minutes later, they placed a paper on the Judge's desk. Then everyone started for the door. Obviously they had no doubts as to the decision.

I asked, "Your Honor, will you advise me the findings of the Commission?"

The Ordinary's voice was void of all feeling. "The Commission finds you an incompetent veteran and a fit subject for commitment."

I swallowed hard. Commitment carries a maximum sentence of life.

Mr. Vaux Owen looked pleased with himself. "Well, Mr. Wilkes, do you admit you made a mistake in bucking the Army hospital?"

I turned to the door, oppressed by a feeling of suffocation.

Mr. Vaux Owen hurried to Camille, who was just outside the door: "He said you're framing him to take his money."

Dr. Miracola and the attendant walked outside with me. The attendant lighted my cigarette.

I turned to the psychiatrist. "Doctor, what do you now think of your profession?"

Dr. Miracola slowly shook his head. "Hell!" he muttered and turned toward the car.

After lunch I found Camille and Mr. Vaux Owen in the Visitors Room, with an attendant standing nearby to "protect" them from me.

"Mr. Owen," I said firmly, "you did me quite enough damage in court. Please get out while I visit with my wife."

Telling Camille that I preferred a pleasant visit, but had to talk with her while I could, I reviewed her actions. In addition to working against my release, Camille had done many things that made my confinement unbearable. The day of my arrival I wrote her for money and a list of clothing, explaining that I had to wash my underwear and socks each night. I also asked her to send tooth-paste, my extra glasses frames, fountain pen and photograph of her.

Ignoring my requests, Camille sent me two boxes of candy, which would be injurious to an ulcerated stomach. And I had no cigarettes for two weeks although I had ten cartons in the car when arrested.

I broke the nosepiece of my glasses and wore them two months tied together with wire. Camille would not send my extra frames and the psychiatrists refused me new ones.

As I talked, Camille crouched deep in her chair, twisting her wedding band, biting her lower lip and rubbing the back of her

head. "I did the best I knew," she pleaded, "I did the best I knew."

In parting, I said, "Camille, when you had me committed you then became my jailer. Thus you reward me for loving you. That love is ended. Now you're making the tragic mistake of trying to keep a normal man in a mental hospital."

That night I tossed and turned—unable to sleep. Try as I would I could not rid my mind of the day's events. The court room, Camille's face and the bars of my window formed a kaleidoscopic picture in my mind's eye; causing me to lose control of my thoughts. Over and over these thoughts raced through my mind: *I am committed as insane! Abandoned by everyone! Camille is my enemy!*

There was an eerie discord of sounds: in the far distance the murmur and tumult of V-J Day; nearby, groans and curses and an occasional unnatural scream; while just outside my window a mockingbird sang as though his heart would burst with joy.

By morning my reserve of courage was exhausted, and I felt I could not find the strength to continue the fight.

"How do you feel now?" Dr. Tighe taunted.

"Awfully low," I admitted, "but as the Scottish chieftain said: I am wounded but I am not slain. I'll lie me down to bleed awhile and rise to fight again!"

"Huh!" Dr. Tighe snorted. "Did you know your wife signed for you to take electric shock treatment?"

Too stunned to reply, I tried to collect my thoughts. *Did the psychiatrists mean to use this drastic and dangerous treatment as a way out of confining a normal man? They could say that I was mentally ill and that shock cured me.*

"We want to give you shock without delay," Dr. Tighe was saying. "I'll take you to Staff the twentieth for approval."

A cold anger displaced my discouragement. "Would you amputate my leg if my wife said I had gangrene?" When he did not reply I continued: "Suppose I take the damn shocks; when will you dismiss me, if my condition remains unchanged?"

"We'll discharge you thirty days after you complete them," he said, "if your condition is the same as it is now."

"How many shocks would you give me?" I asked.

"We give a series of fifteen shocks," he said.

I was continually astounded at the senseless sameness of the treatment prescribed. The length of time on a locked ward before parole, on parole before trial visit, the OT, recreation, food and medication were not varied to suit the individual veteran's need. Now Dr. Tighe was telling me that this applied to shock. Whether the veteran was a neurotic or raving maniac he was given no more, and no less, than fifteen shocks.

I asked, "Suppose I don't take shock; when will you release me?"

He replied, "In that event I just could not say."

I was getting scared, knowing that if I refused treatment a couple of attendants would drag me to the Clinical Building. Mustering my courage, I said firmly: "Dr. Tighe, you know damn well there's nothing wrong with my mind, and that it's criminal to give me this drastic treatment. I have a weakened back. You would cripple me, even if you didn't injure my brain."

Dr. Tighe grinned. "Oh, they'll hold you so your back will not be injured."

The psychiatrists lost no time in getting me ready for treatment. My back was X-rayed and an electro-cardiograph made. A civilian specialist gave me a heart examination and signed a statement that my heart would stand the strain. With Camille's signature of approval the psychiatrists were now relieved of all responsibility for injury or death.

The nurse and attendants and my veteran friends were outraged by the news that I was to take shock; and I encouraged their talk as a possible means of forcing the psychiatrists to reverse their decision.

I had given serious thought to escape since my abortive habeas corpus action. However, my health was such that the life of a fugitive could cause a serious ulcer recurrence. Now I would have to risk this danger. I would escape the day I knew for a certainty that I would take shock.

Every inmate of initiative considered escape, many making one or more attempts. The low fence encouraged escape attempts,

where a high fence with barbed wire would have reduced AWOLs to a negligible number. But the psychiatrists seemed to prefer punishment to prevention; confining all captured escapees on the frenzied Suicidal Ward.

Deciding that a daylight escape was too uncertain, I made a careful study of the night schedule on our ward. At nine-thirty each night a nurse entered the front door. I would be near that door when she entered, push her aside and run. As the grounds were poorly lighted, there would be small chance of capture. I would avoid friends and relatives and stay out of Georgia until I had saved enough money to finance a legal fight.

The knowledge that I could escape enabled me to endure the suspense. They might give me one shock, but I would be gone before the second.

Monday, August 20th, I appeared before the Staff for approval of shock treatment.

Dr. Walton: How do you feel?

Mr. Wilkes: Fine, thank you.

Dr. Walton: What do you think of being committed?

Mr. Wilkes: Dr. Walton, suppose I tell you about the hearing; then you tell me what you think of it. I was committed as being insane by the use of hearsay evidence and in a closed hearing. I had no counsel and was not permitted to hear the testimony of my wife. Dr. Tighe testified that I had dementia praecox, paranoid type; admitting that he based this on the Army hospital records and my wife's testimony. Neither he nor Dr. Miracola could recall anything I had done or said indicating mental illness. Dr. Walton, what do you think of such a hearing?"

Dr. Walton: Did your wife visit you after the hearing?

Mr. Wilkes: She visited me for thirty minutes. This was the first time I had seen her in ten weeks.

Dr. Walton fumbled with his papers and wrote something. The other psychiatrists hurriedly wrote something, too.

Dr. Walton: Thank you—that will be all.

"You're to go to the Work Detail Ward next week," Dr. Tighe

told me after the hearing. "The Staff thinks you need the shock treatment. There are many things they think you should forget."

Saturday, August 25th, I received a letter from Camille.

You are a dear and I love you as I have always loved you.

You will remember all through the spring how I read my Bible and spoke to you of my faith that things happen for the best. Well, I knew then that we were going to have to be separated for awhile, but I prayed so much and kept smiling to you, so you would have no fear. . . .

I just have not felt like being up since I came from McCloskey. Those months of going to the hospital and smiling to you when my heart was breaking almost wrecked my whole nervous system.

You are a dear and I love you. Always remember that—no matter what happens.

Things happen for the best. I knew then we were going to have to be separated for awhile . . . smiling to you when my heart was breaking. Always remember that—no matter what happens.

Those phrases burned into my brain as I studied them for a sane interpretation. They made no sense at all to me then. They do not now.

* * * * *

Sunday, August 26th. Miss King was smiling when I entered her office in response to her call. My mind refused to accept what she was saying; then she repeated slowly: "Your uncle is in the Visitors Room."

The next thing I remember Uncle George was holding my hand and looking searchingly at me and I know I was not ashamed of the tears. I don't remember what he said or what I said or whether we said anything at all.

Then I was sitting down and Uncle George was saying: "Tom, your wife describes you in her letters as being hopelessly insane and dangerous. She wrote Sister, 'To me he is now dead, except he writes, and his letters keep me from getting well.' "

He handed me a copy of the *Atlanta Journal* of July 21, 1945, and pointed out a want ad circled in red:

FOR SALE—Army officer's complete wardrobe. New long overcoat, mackinaw, long field coat, two field jackets, pinks, blouse, greens, ODs, tropical worsted trousers and shirts, OD shirts, raincoats, caps and hats, two foot-lockers. Also practically new civilian suits and fine ties. Coat size 38; trousers, 31½; shirts, 16-33; hats, 7½. Call Hemlock (*my residence telephone number*).

I handed the newspaper back to Uncle George and lighted a cigarette. "So I'm dead! And she sold my clothes! Uncle George, you know how much I loved that girl. Now that love is ended—completely—just as though I had never known her at all. But I have no bitterness. My confinement has not seriously injured me. And I feel that I have been able to bring a little cheer and hope to more unfortunate men; have helped some of them. Then I have plans to clean up this vile place when I get out. I might even make some money doing it. I'll tell you about that the next time you're here. But back to Camille: she was a good wife and congenial companion; and we enjoyed twelve happy years. For that I thank her. Otherwise, I have nothing but pity for Camille. She has destroyed her happiness and wrecked her life. May the good Lord have mercy on her soul!"

"Tom, forgive me," Uncle George said. "I gave you a rough test. Mental illness first affects the emotions, and I had to know for sure about you. Now, what can I do to help you get out of this terrible place?"

After considering all angles we decided against another court fight, as I had lost two and would be handicapped by having to fight from inside the asylum. We also decided against political help at this time, fearing this might cause the psychiatrists to give me shock treatment.

Uncle George agreed to write the Manager, demanding my release, and to circulate a petition for my discharge. I discussed my diary with him and suggested that he show it as proof of my sanity.

"Did my letter persuade you to come over here?" I wanted to know.

"No, Tom, it didn't." Uncle George cocked his head to one side and laughed. "It was Mother! 'A nigger in the woodpile!' she stormed. 'That boy's been framed!'"

I laughed, then said soberly: "Uncle George, it looked like they had me whipped till you got here. But with you in my corner I'm in there to win!" I wanted to say more. Uncle George was capable and determined and without fear: the kind of man you want by your side in a tough fight.

"Tom, I really must go. You know I'll do everything in my power to get you out, but it's going to take time." Several times he started to leave, only to stand there, holding my hand. "I'm afraid, Tom," he said, "afraid for your life! Won't you quit keeping that diary? For my sake! Next time something bad happens—look the other way! Men have been murdered in these places for less!"

VII

PSYCHIATRIC CARE

THE DAYROOM of Ward Three was bare except for a table and six massive chairs. There were no pictures, rugs or drapes, and only the barred windows relieved the harshness of the blank walls.

Standing in the center of this prison-like room, I was appalled by the bewildering strangeness. Dim lights cast ghostly shadows about ninety veterans of every age and mental condition. In each of the heavy oak chairs a man sat; staring dejectedly at nothing. A boy stood motionless in the center of the room, balanced on his toes and holding his arms at a grotesque angle. A veteran in one corner carried on an animated conversation with a being he alone could see. A large man by the door repeatedly dashed his head against the wall. Two veterans strode up and down the room, cursing at each step.

"I feel bad all o-v-e-r," a voice drawled. "Do you reckon it's my t-h-y-r-o-i-d-s?"

"Attendant, make him quit!" another pleaded. "He's breathing down my neck."

A man with bulging eyes approached a boy in one of the chairs. Locking his arms about the boy and resting his head on his shoulder, he began chanting a hymn. Giving no indication that he was aware of the man or the song, the boy continued looking through the nearby wall.

Many of the veterans appeared to be normal men. But, with nothing to do, they were pacing to and fro—milling about like cattle. There was no possibility of privacy, no chance to relax.

Approaching a nearby veteran, I suggested a checker game.

"Don't be absurd, fellow," he said. "There's nothing like that on this ward—no games or magazines or books."

"Everybody to the north side!" an attendant shouted. "Everybody get to the north side!"

Stifling a feeling of panic, I wondered if the building was on fire. "What now?" I asked my friend.

"Nothing at all," he assured me. "They think if they holler loud enough and mean enough and often enough they can control us better. This is the first count by the night attendants. They're always counting us to see if anybody has escaped. Each time we enter or leave a building we're counted, and four times daily on the ward. Twenty times in all!"

We walked to the north wing of the building; some of us quickly, glad of anything to do; the others being herded along by the attendants. We then walked south through the corridor, where an attendant counted us.

"Back to the north side!" the bull-voiced attendant shouted. "Back to the north side, I said!"

"They can't count too well," my friend explained. "The rules say to make the count with the patients walking south. So we gotta go back to the north wing; then walk south again."

Assured by the recount, an attendant unlocked the stairway door. This door, leading to the sleeping quarters, was locked all day and the veterans could not lie down, even when sick.

Most of the veterans went upstairs in an orderly manner, while the attendants pushed and pulled and shouted at a few stragglers. Being new to the Lenwood system, these men had not learned the danger of worrying the attendants.

One stubborn boy deliberately pushed back, as an attendant urged him toward the stairs.

"Get on up those steps like I told you!" the attendant ordered. "You just askin' for it!"

Planting his feet firmly, the boy leaned away from the stairs.

Spinning him around, the attendant grasped the boy by both shoulders and shook him viciously.

The boy slapped at the attendant: an unconscious reflex action.

"Come here, Joe!" the attendant shouted. "This patient is violent! He hit me!"

The other attendant hurried over. Twisting the boy's arm painfully high behind his shoulder blades, they forced him into the

ward office. Then, calling the night-duty psychiatrist, they transferred him to the Violent Ward.

"That'll learn these patients to move when we say move," I heard one of the attendants say.

Going to the second floor, I donned Lenwood pajamas. Then, rolling my clothes around my shoes, I crammed the bundle into a small shelf compartment in the twelve-foot clothing room.

Why weren't we allowed to hang our clothes on the wall by our beds? I wondered.

Some of the veterans worked on the farm and the garbage truck, and changed their clothes only once a week. Night after night they placed their clothing in this unventilated room. And day after day they dressed in damp clothes and moldy shoes.

The odor of the room was sickening. It was the nauseous stench of soured clothes and smelly feet.

At nine-thirty we stood by our beds, while a nurse counted us. She made no pretense of checking any veteran's condition, walking down the aisle between the beds only far enough to be sure of the count. Another nurse came through the ward at midnight, hurriedly counting the lumps under the sheets.

The sleeping quarters were in two sections, with a connecting hall and latrine. Forty beds were arranged around our room, with the heads to the wall, so close together that all of us seemed to be in a single large bed. There was nothing else in the room—just the beds, where forty men tried to escape in their dreams from their intolerable life.

The man on my right cursed in his sleep all night. The boy on my left played a game of dropping his pajama jacket on the floor, then climbing down the side of the bed to retrieve it. He repeatedly hit my bed with an arm or leg and occasionally coughed directly in my face.

As the room reached a comparative calm, a man across the room screamed and sprang from his bed and rushed toward me. I hit the floor, ready for anything. The man turned and fled down the aisle to the door. The attendant stopped him there, waked him from his nightmare and sent him back to bed.

I walked barefooted to the latrine, took one look at the soiled floor and returned to bed.

There, in that strange world, my mind went back over my life with Camille, fitting together everything I knew about her, trying to think objectively. *I wish I didn't love her*, I thought.

Then I was back in Atlanta—at Georgia Tech—Tech High—the four years after my parents died, when I lived with Uncle George.

We walked through the fields and wire grass and long-leaf pines—a boy and his dog, completely happy. Sport retrieved the last bird as the sun was setting; then, with a look of worship, put his head on my knee.

I relived construction jobs, watching them grow from holes in the ground into stately structures.

Friends came to visit me—passing in a succession of faces.

Then it was dawn and the ugly sights of the asylum drove my friends away.

At six we crowded into the small room to get our clothing. The door had been locked all night and the sickening odor had penetrated everything, so that all of our clothes smelled alike.

“Attendant, make him quit! He’s breathing down my neck!” the boy called.

He was answered by the three who talked to themselves and the man who would curse all day.

I found a towel, but there was no soap. The soap had been omitted from the monthly requisition for our ward, so we had no soap for three weeks. The other veterans threw their towels in the soiled linen basket, then had no towel for the rest of the day. There were no paper towels provided anywhere in the asylum. The toothbrushes were hung an inch apart, and a common tube of chalky toothpaste was used by the few who brushed their teeth.

I placed my towel and toothbrush in the shoe box, where I kept stationery, pencils, playing cards, toilet articles and my diary.

“You better not carry that box about with you,” a veteran warned. “The doctor will say you’re hoarding things.”

"What's wrong with carrying my things in a box?" I asked. "There's nowhere else to put them."

"You'll learn," he said. "You'll learn. Everything you do here is a symptom."

We made our beds and went downstairs, to be counted as we straggled out of the ward. Four veterans were called out of the line and ordered back into the ward. They could have no breakfast, as they were to take electric shock.

I breathed a sigh of relief that my name was not called, and some of the butterflies in my stomach stopped fluttering.

A veteran approached me, obviously excited. "Think up some excuse to keep that young attendant busy," he whispered. "Pop sent me five bucks the nurse didn't find, so I'm gonna run for it."

"Attendant," I called, "something's in my eye that hurts like hell. See if you can get it out."

Leaving his position some twenty feet to our right, the attendant walked over and looked at my eye.

With a sprinter's start, the veteran ran the hundred yards to the fence, climbed over and disappeared into the woods.

We started to the mess hall, when another veteran left the line. Pacing deliberately, he passed behind the hedge, did a left face in marching, crossed the road, did a right face, then marched twenty paces away from the ward. Pointing with his right arm, he then marched in the direction of his aim, disappearing behind the ward building.

"What's that guy up to?" I asked my friend of the previous evening.

"You mean Enoch," he said. "He's gone to hold the mess hall door open. He'll do the same thing after breakfast. Every meal he walks that same path. You go look and you'll see where for years he's stepped in his same footprints. And talk about a good worker! He keeps the ward spotless; does most of the work himself. You ask him and he'll say he's crazy; that his whole family is crazy; so crazy all they can do is pick a little cotton and shuck some corn. You won't know whether he means it or is pulling your leg. But, if he's crazy, then what this country needs is crazy men!"

Enoch was holding the mess hall door open when we got there. Holding my breath and looking down at the floor, I hurriedly walked to my place at the diet table. I sat down and took a deep breath and looked around.

And suddenly I knew that the asylum might rob me of my sanity. The smells that entered my nostrils were as strange as the noises that beat upon my eardrums and the sights that shocked my senses. Seven hundred inmates—jabber—cursing—general confusion. The smell! It was of unwashed bodies and clothes soiled with sweat and urine and the peculiar odor of the insane—all mingled with that of coffee and bacon.

My stomach was a tight knot and I knew it would be foolish to try to eat. Looking at the soiled white tablecloth, I wondered why we did not have varnished tables that could be washed after each meal.

From the Negro waiter I learned that the kitchen personnel was not given periodic examinations or inspected for clean hands and uniforms.

Flies swarmed everywhere! I counted eighteen at one time on or near my plate. Some of the flies came from an open privy over a sewer manhole, only 300 yards from the mess hall. When I first saw this outhouse I rubbed my eyes and looked again. But there it stood—in violation of every sanitary requirement and smelling to high heaven. And it remained there six months; used by the program wards when taking exercise.

There was no more excuse for the flies than for the open privy. Flies came in the mess hall as the veterans entered and left; the doors being open about twenty minutes. Fans could be installed on the ceiling to force through the doors a current of air that would keep the flies out.

With an effort I recalled that this was a hospital; the psychiatrists medical graduates. *They might at least give us sanitary surroundings*, I thought.

The veteran directly across the table stared at me, his face expressionless, while milk dribbled down his chin. Seeing that he was eating only milk and bread, an attendant roughly forced food into his mouth.

"That man has no teeth," I protested. "Why don't you give him ground food?"

The attendant grasped the veteran's lower jaw and opened his mouth. "He sure ain't got no teeth," he said simply.

The veteran on my left piled his plate high with food, added a tablespoonful of salt, poured coffee over this, then shoveled the mixture into his toothless mouth. Holding several servings of butter in his hand, he alternately ate some, then greased his shoes, chattering monkey-like all the while. But he did not use all of the butter. The last piece he carefully placed in his shirt pocket.

I ducked behind the table as two men began throwing heavy cups and plates. Attendants closed in from every direction and overpowered one of the fighters. The other lay on the floor, his skull fractured.

Why don't we have plastic or aluminum tableware, instead of heavy crockery, I wondered.

Being somewhat nauseated, I determined to read during meals, never looking and trying not to hear, until I became inured to the mess hall conditions.

Returning to the ward, we had cigarette call. Indigent veterans were given free cigarettes when they were available; those with funds received a pack daily from cartons bought with their funds.

The distribution reminded me of an angry man throwing bones to his dogs. The nurse would bawl a veteran's name in a reprimanding tone. He was required to immediately answer. The attendant would then fling a pack of cigarettes in his direction.

The head attendant began rounding up the men who were assigned to the Occupational Therapy Shops. "O-tee detail!" he shouted. "O-tee detail!" Shouting and hunting, he and another attendant finally got fifteen of us together. After checking his list several times, he turned us over to the OT attendant.

We meandered at a dragging pace to the Violent Ward building, down a concrete ramp and through a door at the end of the basement. Midway the dismal, unlighted corridor a jail-type partition separated the OT shops from the Violent Ward mess hall. Some dozen men stood dejectedly along the corridor.

Some of our group went to the Carpenter Shop, some to Arts and Craft and others to a dark room, where they would snap beans all day. These rooms had small windows near the ceiling, the basement being below grade.

I asked for an assignment where I could get some exercise, fresh air and sunshine. Ignoring my request, the OT Director said I would work in one of the shops. I then told him I liked to do cabinet work and could operate power tools.

Lacking in administrative ability and knowledge of OT work, the Director placed primary importance on his records and a low operating cost. He devoted himself to his many charts, and left the OT work to his assistants.

There was an unused full-daylight basement in Ward Seventy-six, specially designed for the OT shops. But the Director delayed moving the shops—a twelve-month delay—as he seemed to like the gloomy effect of the Violent Ward basement. Then perhaps he thought any place was good enough for the insane.

"Now little man!" His voice was slightly more masculine than feminine. "Now little man, patients don't decide about OT. Let's see now; I've got a job here I know you'll just love!"

The Director asked me to letter six copies of the OT Schedule. I protested, explaining that a full week of tedious lettering would be required, and that photostatic copies could be made for thirty cents each.

Giving me a look of disapproval, the Director got up and motioned me to follow. We crossed the corridor to a room where parts of paper poppies were being arranged in packs of a hundred each. These were to be given to indigent veterans, who would receive one cent each for assembling them.

The Director told me to count out a hundred fine wires into each pack.

"Counting all these wires will take two weeks," I protested. "Give me five minutes in the Carpenter Shop, and I'll make a gauge to measure the wires more accurately than they can be counted. With the gauge I can package all the wires in a day."

"I was afraid of this when they told me about you," the Director cried. "You just don't have the right attitude! The basic concept

of this program is to keep the patients occupied. Let's see, now—yes, I'll send you to Arts and Craft. I'm not angry, now; and don't you feel hurt at me."

I left hurriedly, walked past a dirty latrine where a sick veteran lay on the concrete floor, and entered a disordered room. There were six work tables, three hand looms, two crude landscape paintings and a piano. Overhead were exposed wiring and pipes.

Ten veterans sat at a table near the piano, while two attendants sorted records.

"Arts and Craft," I said wryly. "Hi, fellows."

A veteran from my ward pointed out a vacant chair on his right. "Come on over, Tom," he called, a smile lighting his pain-racked face. "Knew you'd be sent down here. This is purgatory. Just don't blow your top, sitting down here all day, and they'll give you a better assignment. What work you going to do?"

"Cheerful place!" I said. "Eddie, I thought I might do some leather work or learn about plastics."

"Not a chance," he said. "I've been in this basement for a . . ." Eddie flinched, biting his lip. He closed his eyes; his face twisted in pain. He turned back to me, smiling bravely through tears. "Sorry. When I move wrong it feels like a knife in my back. I've been down here long enough to give you a few tips. You don't want to run one of those looms over there—too monotonous. There's some rugs they've been working on for months; made of fiber raveled from burlap sacks. You sure don't want that. There's no materials for anything else but what you see me doing. This is a ladies' needlework handbag. You won't like it, but it's all there is. You can finish one in a week. You finish something and they like that; say you're adjusting well and making progress."

"Thanks, Eddie," I said. "Have a smoke. It's agreed: I'll make a pocket book and you can show me how to knit, or whatever it's called. You have a slipped spinal disc?"

"'Fraid so," Eddie said. "I knew a man had one. The way he described the pain, this seems like it."

"Why don't you get the doctors to do something about it?" I asked. "I had one slip on me, so know what you're suffering. What do the doctors say?"

"The Doctor says. . . ." Eddie flinched again, holding his breath for some time. "Moved wrong again! I was saying: the Doctor says I'm pretending; that there's nothing wrong with me."

"He would!" I said. "Eddie, what about your family? Where do they live?"

Eddie shook his head. "That's what makes it tough: I haven't any; raised in an orphans home. The Army sent me here. And with no folks, I can't see how I'll ever get out. Don't think I'm crying on your shoulder, Tom. I'm just stating facts."

"Sure, Eddie," I said, "you just keep that chin up. Things work out somehow. Men got over back trouble before we ever had doctors. And they'll make an exception about releasing you, since you don't have any family."

"Thanks for the try," Eddie said, gripping my shoulder. "Again talking straight—I haven't had a chance to talk to anybody like you since I came here—you can take it and come out all right. I don't know who framed you, or why, but you'll beat the rap. Then, when you get out, you've got what it takes to make a go of it like nothing had happened. No—I'm not just shooting off my mouth—you know it's the truth. I'm proud I got to know a man who can go through this place and not let it beat him down. I can look at you and know that's so."

Eddie paused and I handed him a cigarette and we got lights from an attendant. I didn't say anything. There was nothing I could say. I knew Eddie wanted to tell me something else. And somehow I knew I was not going to like what he said.

"Now hear me out, please," Eddie said, "and don't interrupt. Understand: I am not suicidal. I wouldn't have the guts to do it. Then I think it's almost the same as murder. But the one thing that would make me happy is for somebody to take me out and shoot me. What have I got to live for? There's nobody to care what happens to me. It looks like I'll be in pain until I die, and it gets worse every day. On top of that, they say I'm crazy. I won't argue that point, but a man in here had just as well be crazy. I'm making you listen to all this and I do appreciate your listening. One more thing, and I'll quit and tell you how to make that hand-bag. Tom, we shoot animals to put them out of their misery.

Looks like with men we lock them up in nut houses instead. There: that's said and I won't make you listen to any of it again. Here, give me that frame. You start like this."

* * * * *

Sixty veterans from the Suicidal Ward came in at ten and, taking seats around the long tables, seemed to charge the room with pent-up emotions.

Some were "suicidals," others AWOLs; confined together because they required constant observation and a large number of attendants. For twenty hours each day these ill-mated men stayed in the confusion of their ward, with nothing at all to do. Now they had an hour of occupational therapy.

Some began weaving pot holders, others raveling burlap bags, while many did nothing.

The five attendants, considering themselves guards, made no attempt to interest the veterans in their monotonous work.

The "suicidals" left and eighty men from the Violent Ward came for an hour of the same dull work.

The psychiatrists referred to the Suicidal and Violent Wards as "acute"; applying the same term to these veterans' condition. The care I received they called "continuous treatment"; my ward a "continuous treatment" ward.

The Violent Ward men came through the door in a ragged column, then scattered to the work tables. These were considered the best of the Violent Ward inmates; a like number being confined to the ward at all times.

The veterans all sat down, and some began their occupational therapy.

An attendant rushed over to one of the tables, where a gray-haired man was slapping his own face in a fit of some kind. The attendant shook the veteran in the next chair. "Look at old John! You're supposed to keep him straight."

The large veteran slowly turned to face the gray-haired man,

deliberately measured the distance, then threw a punch to his jaw. The old man almost fell out of his chair; then, shaking his head slowly, began raveling the burlap bag.

Two perverts at another table began petting and the attendants gathered around, laughing.

There are two common misconceptions about the sex practices of insane men. The psychiatrists, ever alert for the abnormal and intrigued by Freud's vile theories, say that sexual perversion is prevalent among these unfortunates. The public thinks of them as rapists.

The truth is that, like other sick men, most of them have no sexual desire of any kind.

Occupational therapy was also grossly misrepresented, the psychiatrists referring to it with such emphasis that you expected to find all inmates working their way back to health and sanity.

Occupational therapy should be some form of work with the hands to keep the patient busy and take his mind off himself. It should be in line with his interests and organized to effect a sense of accomplishment.

That at Lenwood was occupational drudgery, with no consideration given to the veterans' interests, abilities or condition. OT assignments were never considered at the Staff hearings or by the Ward Psychiatrist. The nurse and head attendant made all assignments, which were then approved by the psychiatrist. Refusal to perform the assigned work was called "failure to coöperate"—a mental symptom—and considered cause for transfer to a worse ward.

Four hundred veterans came to the OT shops one hour each day.

One hundred worked on miscellaneous assignments, including the Library, Recreation Department, athletic detail, landscape detail and the farm. These pretentious words meant nothing: the athletic detail pushed wheelbarrows filled with clay and the landscape detail picked up papers. A few of the large men helped the attendants maintain order and subdue other veterans.

Three hundred veterans did janitorial work, that in VA medical hospitals is done by employees. They operated the clothing rooms

and garbage truck, did kitchen police, worked in the laundry and as orderlies in the sick wards, and did all clean-up work, including cleaning the morgue after autopsies.

Autopsies, which served no good purpose, were performed on a high percentage of the many veterans who died at Lenwood.

* * * * *

Returning to the ward at noon, I heard an attendant calling. It was an angry shout. "Wilkes! You better come here!"

"Now what?" I asked Eddie.

"It's time for mail call," Eddie explained. "You probably got a letter. That's the way they call us on this ward. Just don't let it get your goat."

Going to the dayroom, I found a dozen veterans hopefully waiting around the nurse. She thrust a letter at me, then stuck her face maddeningly close as I opened it. Assured that I had received no money, she harshly called another name.

"Get off that floor!" an attendant growled. He pushed a veteran with his foot until he got up, looking like a wretchedly sick man.

"The rest of you get up!" the attendant shouted. "You know you can't sleep in the daytime. You stay off that floor—or else!"

After lunch the head attendant began shouting again. "C-a-n-teen!" he called. "C-a-nteen! This is canteen day!"

The ward slowly emptied, as an attendant counted us at the door. We moved to the Canteen at a dragging walk, adjusting our pace to that of the slowest man. At the canteen door we were counted again.

When all of us were finally inside, one attendant guarded the door, while the others matched our credit cards with the canteen copies. Half of the veterans had no cards, yet they were brought to the Canteen to watch their more fortunate ward mates make purchases. The Canteen, operated by a concessionaire, was in an eighteen by thirty basement room. It was drab and dirty, with a

concrete floor. A fat Negro woman in a soiled red dress sat at the rear of the room, guarding the back door.

The clerk stood behind the counter, glowering at the veterans, who were milling about the room. He was an ugly man with a vicious mentality.

"Almand!" Getting no immediate reply, he bellowed hoarsely, "Almand! Where you at?"

A timid veteran answered.

"You answer up when I call," the clerk blustered, "or you don't get nothin. What you gonna buy?"

Almand named three items he wanted.

The clerk threw them on the counter; then, turning his back, hurriedly punched the credit card. He was free to over-punch, as the attendants were occupied in matching the other cards. It had all the earmarks of deliberately looking the other way, since the canteen personnel should have matched the cards.

We were not permitted to have any cash, under the assumption that we were incompetent to take care of money. But we squandered our credit as we pleased, while the clerk robbed us.

Having made our purchases, we were counted out of the Canteen and back into the ward; then sent to our respective work assignments.

In the afternoon, ten of us had the Arts and Craft to ourselves, until the music club came for their daily practice. There were eight men who tried to sing and an excellent pianist.

The pianist had a considerable income as organist at Oliver General Army Hospital and one of the larger churches. Where the psychiatrists had for years refused his release, they discharged him when he later went AWOL.

We returned to the ward early as this was bath day. Why weren't we allowed to bathe daily? Isn't there a therapeutic value to cleanliness? Some psychiatrists prescribe warm tubs as treatment. Daily showers would have occasioned the attendants no extra trouble, as the clothing room was supervised by one of the veterans. However, the regulations specified that we have showers bi-weekly. Therefore, we were permitted to shower only twice a

week and, although we paid for our laundry, clean clothes—including handkerchiefs and socks—were refused at all other times.

"Why do you have to be present when I take a bath?" I asked Attendant Barnett.

"I've never considered the why of it," Mr. Barnett replied. "The regulations are that an attendant be present."

"You know you do no good just sitting there," I said. "This tile is slick and I might fall, but you don't even pick up the pieces of soap. By the way, this is an ideal place to catch athlete's foot. You should have duck boards and sun them daily. They would also prevent falls on this tile floor."

"What you say is all too true," Mr. Barnett said, "but I only work here; and I learned long ago to do what I'm told and keep my mouth shut. The only reason I see for my being here is to make out the accident report if you fall. They give us hell if we don't know how a patient gets hurt."

Thursday, August 30th. I was surprised to find several veterans in the shower room this afternoon.

"Can I take a shower, too?" I asked the attendant.

"You on the dance list?" he asked, searching a list of names. "Yeah, your name's here; so you can shower."

"What does it mean to be on the dance list?" I asked.

"It's the best privilege you can have," he said. "That means the doctor thinks you're in better condition than most of the patients. You can go to the dance every Thursday; and get an extra shower, too."

The orchestra played *Along the Navaho Trail*, as thirty couples circled the floor. Seated in a single row of chairs along the walls, a hundred veterans watched in patient boredom, while six attendants guarded the doors.

Most of the women dancers were motivated by a sincere desire to bring a little cheer to hopeless men. There were three nurses, two patients' wives and several Elks' wives and Red Cross Gray Ladies. The others were married and single girls who had the approval of the Recreation Director.

A veteran called my attention to a sweet, gray-haired lady. "She's a real pal to men here," he said with feeling. "She's seventy-one, but comes every Thursday and dances every number. You know, my folks don't want to be bothered with me. Well, she told me I had a home with her as long as I wanted—till I get on my feet. Four of the boys stay with her now. Call themselves Mom's boys and call her Mom. If it wasn't for Mom some of us wouldn't ever get out."

Dr. Walton was at the dance—sitting alone; staring straight ahead and speaking to no one.

The Manager aimlessly walked about, greeting one and all in the manner of a candidate for office.

Giggles was there to supervise the dance. Instead she had a wonderful time, laughing and shrieking as she bounced her small partners around the floor.

The best dancer was a former Naval officer, reputedly worth half a million. He had lost the ability to talk, possibly through a stroke, but was always courteous and pleasant. Unexplainably, he was denied parole.

Buster was the worst dancer, but thought he was the best and that the girls were missing something while he was confined. Lifting his partner off the floor, Buster pranced like a circus pony, telling of his love life when he was a meter reader. "She'd say, 'Come in the bedroom; there's something I want to ask you about.' Now there wasn't no meter in no bedroom, but I'd go right in. Then, boy oh boy!"

Absorbed in watching my first asylum dance, I was not interested in dancing. Then a girl floated by, our eyes met and lingered and a pleasant sensation flowed through every nerve of my body. She was not beautiful—hardly pretty by the usual standards—but a vitality and charm and goodness and warmth made her stand out in any crowd.

Sylvia and I were introduced and I felt that I had known her always. She said she was living in Augusta to be near her brother: a Lenwood patient. Her soft drawl and pronunciation of "date" said that Savannah was her home.

I am a poor dancer, but I danced perfectly with Sylvia. There

were tropical nights and ocean breezes and soft laughter and I dreamed of moonlight and love. Her eyes were closed, her soft body painfully close.

Suddenly I laughed, while wanting to cry. The asylum orchestra was playing *Home, Sweet Home*.

Saturday, September 1st. After lunch the head attendant began shouting, "B-a-ll game! B-a-ll game! You're to watch the hospital team play Riverside Mill. Everybody outside!"

The physical training program existed on paper only; the PT Director devoting most of his time to golf and baseball. Two-thirds of the veterans got no exercise whatever; while the program-ward veterans spent half an hour daily listlessly handing a medicine ball to the next man.

Now, stretched out on the grass, we watched a baseball game; this being the extent of our physical training.

Sunday, September 2nd. We dressed in our best; then sat around the ward, hoping for visitors who never came. Of the ninety veterans only two had visitors.

Why were there no visitors?

The psychiatrists permitted visiting only on Sunday and Wednesday afternoons, and children under twelve could not visit at any time. Even on visiting days nothing was done to make the prison-like visits more normal.

Visitors stayed away because of fear—prison fear, asylum fear, fear of the insane; because of shame. Some were guilty only of abandonment; many, like Joseph's brothers, had sold a loved one into bondage. They could not face the living reminder of their continuing, terrible sin.

At ten we were herded back to the dance hall, where a clergyman preached hell and damnation to men who daily lived in hell.

Sitting there, I came to realize that we do not appreciate—not even aware of—our dearest possessions: fresh air and sunshine and nature in all her splendor; the smiles and kind words that make life pleasant; the love of your dog (he'll love you even

when you're insane); the simple possessions that make a home; the small pleasures of daily living: the warm bath, change of clothing, enjoyable meals, restful sleep in your own bed; the freedom to choose your place of abode, to come and go as you will, to work out your fate and worship God as you please.

Imprisonment is punishment enough for the vilest deed. Yet the psychology of our prison wardens and asylum keepers causes them to make confinement a barren existence. Robbing the inmates of everything, they break their spirits, else turn them against the society responsible for this grievous wrong.

The clergyman had a full congregation, as attendance was compulsory. Jews, Catholics, Protestants and unbelievers: all had to attend.

There was no music, no flowers, no feeling of God in His House.

A terrifying thought entered my mind—*God had turned His face against us.*

VIII

MATTER OF LAW

IT WAS only four weeks after my commitment that my name was posted on the Staff list. Evidently Dr. Walton meant to give me ground parole. *Did he think a dementia praecox patient could recover so quickly? Did he forget that the fence was only five feet high? Perhaps he hoped I would climb the fence.*

The psychiatrists wasted one-third of their time in Staff hearings, which actually served no good purpose. The decision was made prior to the veteran's appearance and, with Dr. Walton dominating the other psychiatrists, it was actually a one-man decision. The veteran then came in for an average of less than one minute, to be questioned in a rude and accusatory manner.

Staff hearings were required for diagnosis, treatment, transfer to a better ward, ground parole, pass privilege, leave of absence, trial visit and discharge. However, any psychiatrist could admit a veteran to Lenwood, transfer him to a worse ward or revoke his privileges; and the Violent Ward psychiatrist needed no Staff approval for the use of restraint.

This illogical system was used to avoid individual responsibility for the veteran's acts, after freedom or privileges were granted. The psychiatrists hid behind the Staff decisions; even using this protective device when talking with a veteran or relative. "The Staff decided . . ." they would say. "The Staff thinks . . ."

"It may cost me my parole, but I'm going in there this time fighting for my freedom," I told Harry. "They're going to discuss my case with me and answer some questions."

"Don't do it!" Harry said. "They get mad when a veteran asks a question or makes a statement. They want you to keep quiet, ex-

cept for answering their questions; and they want the right answers. You do any talking and you won't get parole. You don't like Lenwood or the psychiatrists, do you, Tom?"

"What do you think?" I asked.

"You'll learn to like Lenwood," Harry said, "the psychiatrists, too. Tom, get this straight: you got to like everything here before you're well enough to go home. Disliking things is a mental symptom. They'll ask you at Staff if you like the hospital and if you feel better than when you got here. And you stay here until you give the right answers."

The hearing began with the kind of questions Harry had predicted.

Dr. Walton: Do you feel better than when you entered the hospital?

Mr. Wilkes: Physically, yes. Mentally I'm just as I've been all my life.

Dr. Walton: How do you like working in the OT shop?

Mr. Wilkes: I don't like it.

Dr. Walton: What did you do there?

Mr. Wilkes: I made a needlework handbag.

Dr. Walton: What else did you do?

Mr. Wilkes: I watched how other work was done, read, wrote letters and talked with patients and attendants.

Dr. Walton: What do you think of being in this hospital?

Mr. Wilkes: I wish to leave at once.

Dr. Walton: Do you know why you're here?

Mr. Wilkes: I understand I'm appearing before the Staff for parole.

Dr. Walton: How are you getting along with the other patients?

Mr. Wilkes: Fine. They are a good bunch of boys. I like them and they like me.

Dr. Walton: How are you getting along with the nurses and attendants?

Mr. Wilkes: Well, I think. I like them and they appear to like me.

Dr. Walton: Have you been having trouble with your wife?

Mr. Wilkes: No, sir. That would have been impossible as she hasn't been to see me.

Dr. Walton: Does she write you?

Mr. Wilkes: Yes, sir.

Dr. Walton: What kind of letters?

Mr. Wilkes: She writes, as always, very sweet letters.

There was a long silence, indicating that Dr. Walton meant to end the hearing.

Mr. Wilkes: May I ask a few questions?

Dr. Walton: Yes.

Mr. Wilkes: Has my wife been appointed guardian?

Dr. Walton: I don't know. These things take time.

Mr. Wilkes: Judging by my wife's actions and the questions by the Staff, the Army record accuses me of making personal threats. Is this true?

Dr. Walton: The Army record isn't here.

Mr. Wilkes: Sir, you're familiar with the records. I'd like an answer to the question.

Dr. Walton: I cannot answer the question.

Mr. Wilkes: The Army had me in a locked NP ward five weeks, and their voluminous record covers this period. I've been here two and a half months, yet your diagnosis is based on the Army hospital report. You infer that I have a persecution complex, because I relate certain events to you as they actually happened during those five weeks. I wish to relate to you a few happenings here. To a person who doesn't know, it might seem I think I'm being persecuted. I don't think this, but I do know—and you know—that the following events occurred here. Before being committed I had a private room on the best ward, daily baths, excellent diet, milk at any time and medicine regularly. After commitment I was transferred to a crowded, noisy ward, do not get milk between meals, often miss my medicine and bathe only twice weekly. You . . ."

Dr. Walton: Thank you, that will be all.

"The Staff thinks you have not been on this ward long enough for parole," the Ward Psychiatrist told me that afternoon. After a long pause, he continued, "But the Staff decided you don't need shock."

I nodded dazedly and walked out of his office and sat down in the dayroom. I breathed deeply; my first easy breath in three weeks.

* * * * *

Friday, September 14th, there was the usual confusion about getting to bed. Some of the men got the wrong pajamas, others could not find their beds and some were exasperatingly slow. Our regular night attendant was patient with the veterans, but this was his off-duty night.

The day attendant, who was substituting, rushed about, giving arbitrary orders in an insulting tone. "I told you guys to get to bed! You, Wilkes, why aren't you in bed?" He rushed over with the evident intention of pushing me toward my bed.

"Fellow," I said in a cold voice, "I'd hate to see you get hurt. You've been riding these boys all evening; and some of them are fed up. Take my advice: leave them alone!"

There was an ominous silence, as another veteran pushed between me and the attendant. Butch was an attractive boy of pleasing personality and an affinity for trouble. While under a criminal indictment, his father had him committed to Lenwood, then signed him out after the indictment was quashed.

"You damned Bowery Wop!" Butch snarled. "For ten days I've watched you push these boys around, shout at 'em and shoot off your big mouth! You've never been anything but a gutter rat! Now you're ward boss over a bunch of veterans stuck in this slimy hole and you get an ungodly delight in riding 'em!" Butch then threw at him a choice group of epithets, while the attendant stood with his mouth open, afraid to move.

Fortunately, the attendant did not report the incident to the Ward Psychiatrist. But he did tell the other attendants: and they treated us much better for awhile.

Saturday, September 15th, about nine o'clock, Butch called me to join a bull session on the porch. "Tom," he said, "we want you to be the Clinical Director and to diagnose these boys." I sat down and Butch continued, "These two cousins are the first patients on

the Staff list. They claim they've got all of their screws and that we ought to let them go home. Dr. Wilkes, what is your psychiatric opinion?"

Turning to the cousins, I asked abruptly, "Why are you in this hospital?"

"Liquor and fightin' got me and Jake sent here," Sam replied. "We saw some rough goin' with Patton's Army; then when we got back home we began one long round of drinkin' and fightin'. Well, the Sheriff didn't like that and our families didn't neither. Then one day the Ordinary said to Mom, 'Those boys are always gettin' into trouble, and I know just the place for them. You leave everything to me.' The next thing we knew we were in jail. We stayed there ten days and they committed us and the Sheriff brought us here. It's like I told Jake yesterday: we've been in some tough spots, but nothing like this place."

"Thank you, that will be all," I said. "Let's have the next case. Shorty, why are you here?"

"Well, it was this way," Shorty drawled: "I had my \$300 musterin'-out pay, and I wasn't goin' to work when I had all that money. And I didn't like mindin' the babies for my sister and didn't like her dog neither. Well, one day I kicked that dog. My sister, she said, 'There's not room in this house for you and my dog; and that dog's gonna stay!' Next day the Sheriff come and got me and brought me here."

"Thank you, that will be all," I said. "Next case."

"Dr. Wilkes," Butch said, "Hugh is next on the Staff list. This patient from Florida is up for trial visit."

"We will now proceed to the Staff Room and consider his case," I announced.

Leaving Hugh on the porch, eight of us arranged chairs around the table in the dayroom, sat down and put paper and pencils on the table.

"As Clinical Director, I say the patient should not be granted a trial visit," I announced. "He has been here only two and a half months. . . . What's that? . . . It doesn't matter if he has been in good condition. Must I keep reminding you that our policy is three months before a trial visit? Besides, he has not been coöper-

ating. His attitude at Staff last time wasn't good, and he refused to work as orderly on the sick ward. But show the patient in and let's get it over with."

One of the veterans walked to the door, motioned to Hugh, then to the chair at the end of the table facing me.

Hugh came in and sat down. "Good morning," he said pleasantly.

Our concerted stares said: "What are you doing here? And who gave you permission to speak?"

After a long pause, I demanded, "What do you think of this hospital?"

"It's the best one in the United States," Hugh replied.

"Perhaps his condition is better than I thought," I said in an aside to Butch; then to Hugh, "Why are you in this hospital?"

"Well, it all started four months ago," Hugh began. "I came home from work one day and found the Sheriff waiting for me. 'Come with me, son,' he said. He took me to jail and locked me up. He didn't tell me nothin'! Just locked the door and left me there! Just like that! Nobody came to see me, and the Sheriff wouldn't let me phone nobody. I stayed in that cell two days, wondering what it was all about. The Sheriff came in. He said, 'You can go home, son.'"

"Had you been having trouble with your wife?" I asked.

"Well, we had some fusses, but nothin' serious; mostly about her folks wantin' to borrow money. Then there was a big guy at the boardin' house across the street, and she hung around there more'n I liked."

"What's all this got to do with your case?" I demanded.

"Yes, sir," Hugh said, "I was only explainin'. Well, about then she began rationing me—and that was rough. First it was twice a week—then once a week!—When she limited me to two times a month, I put up a real squawk! Just suppose your wife did you that way! Well, one night we were gettin' ready for bed. All at once she started screamin'! She rumbled up her hair and tore her dress down the front and knocked over the table and broke a window with a chair. I just stood there, wonderin' what it was all about. Then she went down those steps two at a time, screamin',

'Help! Help! Hugh's tryin' to kill me! Get the cops! Get the cops!' The law got there and she told them I'd been talkin' and actin' queer and that I tried to kill her with a chair. They put me in jail again. Three days later the Sheriff came in. He said, 'You rather go to the veterans hospital or be put on the chain gang?' I didn't know what kinda hospital he meant; so I said, 'Hospital.' He brought me here next day and I signed in."

I stared at Hugh for several seconds, then said, "Are-there-any-more-questions—thank-you-that-will-be-all!"

Butch now turned to the boy on his right. "This patient is the next case, Doctor. Will you favor us with your opinion about Amos?"

Amos had not spoken during the four days he had been on the ward, although he followed our conversations with keen interest. And he appeared to be in perfect mental and physical health.

"I'm worried about Amos," I said seriously. "He's pretending he can't speak, hoping that will get him a pension. He has apparently fooled the doctors, but they may decide he's in such bad condition they never will let him out."

Amos rubbed his hands through his hair several times; looked from me to Butch; then back at me. "What dey do ifen I talks?" he asked in a whisper.

"Holy jumpin' Jerusalem!" Butch yelled. "So that's the way it is! Not only can he talk, but he's a Geechee!" We laughed, then stopped laughing, as Butch continued: "Fellows, let's forget what we just heard or Amos won't get that pension."

Gus, the last veteran on our list, was a country boy from South Carolina, the picture of robust health and hardy vigor. The Physical Training Director told me Gus came to Lenwood each spring to play on the baseball team. Perhaps Gus did come to Lenwood to play baseball, but he also knew that a yearly stay at the hospital would assure the continuation of his pension. At the end of the baseball season his mother requested his release on trial visit, and Gus appeared before the Staff.

"What work will you do when you get home?" a psychiatrist asked.

"I'm not quite *that* crazy!" Gus replied. "With all that money coming in every month why should I work?"

* * * * *

We went to the mess hall early and waited in a chilling rain. The veterans from two other wards—bareheaded and some without raincoats—huddled miserably under several large water oaks. I wondered why shelters were not provided in front of the mess hall and Recreation Building, as these men were in no condition to wear wet clothes all day. Then the rain always made the men more restless.

An attendant approached a quiet little man who was reading the Bible. "Pig Paulk!" the attendant shouted, then grunted like a pig.

The quiet little man turned red in fury. "You're an old hog!" he shouted at his tormentor. "You're an old hog! You wallow in the mud!"

Another attendant said to a veteran, "You're a Republican!"

Turning on the attendant, the veteran cursed him in wild abandon.

Both taunts were repeated; and we entered the mess hall amid shouts of "Pig Paulk!"—"Republican!"—"You're an old hog!" and a continuous string of oaths.

I walked to my chair at the end of the diet table: the aisle seat on the table by the cafeteria counter. Seven hundred inmates passed me six times daily, half of them walking directly behind my chair. Although fear of transfer to the Violent Ward kept fighting to a minimum, fights did occasionally occur; many in the mess line, where waiting and hunger further irritated frayed nerves.

I was first assigned a chair on the safe side of the table; then, two days later, changed to the dangerous seat. And, although vacancies occasionally occurred at the diet table, I was never transferred to another seat.

I sat lightly, with my feet pulled back on each side of the chair, so I could move fast when fights began. At first I closely observed the veterans in self-defense; later from sympathetic interest. Smiling at every man who would look at me, I was often surprised when

a lifeless face lighted up with interest. Using odd techniques, I persuaded many of them to return my greetings.

One veteran's home was Ybor City, the Spanish section of Tampa, Florida. Responding to no other greeting, when I said "Ybor City," his face would light up as he cried, "E-e-ebo City!"

"My friend, Mr. Snow," I would say to another; who, bowing, would reply, "My friend, Mr. Wilkes."

One small man, who needed no encouragement, always told me about cremation and the Japanese Emperor. "Tom," he would say, with a pleasant smile, "the Japanese Emperor got here today and they're going to cremate me."

A large man in a manic state would offer me a toast while drinking my bottle of milk. But one day he picked up the wrong bottle, and the owner protested. My friend then hurled the milk bottle at the other veteran, fracturing his skull.

Another veteran was being given electric shock over his protests. "These damn witch doctors!" he would shout. "May they rot in hell! Hello, Tom. May they rot in deepest hell!"

There was one man who always smiled. "Sally Sanders, Sally Sanders," he would softly say. "Hello, Tom. Sally Sanders, Sally Sanders." No doubt there had been a Sally Sanders in his life; and the memory of her kept him smiling all day.

But many of the men would not speak to me. Silently they carried a tray of food to their table, where they ate in the listless manner that was the stamp of Lenwood.

Looking around the mess hall, I wondered why the psychiatrists gave no thought to segregation. The mess hall could be partitioned to separate the worst wards, and the least desirable characters on each ward could be seated together. Why should I be forced to eat with insane men of revolting habits?

With twelve ward buildings, the veterans should have been grouped according to age, mental condition and personal habits. But there was little segregation anywhere. The several wards were used in the system of rewards and punishment by which discipline was maintained.

Our dinner consisted of coarse haddock, boiled potatoes, beets that were tasteless and cake that was raw in the center. Meals at the diet table were sometimes good. However, many were so un-

satisfactory that we dined on bread, butter and milk. The milk had the appearance of being skimmed, but the waiter would add cream when the dietitian was not watching.

A hundred toothless men gulped down the regular food and, of seven hundred men, only thirty were served special diets. As all veterans received the same amount of food, many left the mess hall hungry, else ate scraps of food from other plates. The meals were often poorly prepared and improperly cooked and the food-stuff off grade. And on three occasions spoiled meats made many of us sick.

But each Thursday we had an excellent steak dinner. Fresh tablecloths were spread, roaches and flies killed and the veterans spoken to kindly. Thursday was open-house day for visiting inspection groups.

* * * * *

Wednesday, September 19th, the nurse arranged an appointment for me with Dr. Ralph Gancher, the Ward Psychiatrist.

Dr. Gancher, an unkempt man, appeared to dislike people. He spent only an hour daily in the ward office, tried to avoid talking to the veterans and, to the best of my knowledge, never inspected the ward during the time I was there. The nurse and head attendant ran the ward, even to making out the lists for OT assignments and Staff hearings for parole.

As I entered his office, Dr. Gancher was pounding his desk and shouting at an undersized veteran.

This veteran, appropriately called Jonah, later told me that an attendant hit him when he protested the expenditure of his funds for work clothes he did not want, and that all of his funds were spent for these clothes, leaving him none for incidentals. His release was then delayed ten days because he did not have bus fare home. Neither the VA, the Red Cross nor the State Veterans Service would advance a few dollars for bus fare to enable a sane veteran to leave Lenwood.

Jonah left Dr. Gancher's office, and I told the psychiatrist I wanted to discuss my case.

"I'm just too busy; just too busy," Dr. Gancher said, using his hands in emphasis. "See me some other time."

I sat down in the vacant chair and waited until he turned to face me. "Dr. Gancher," I said firmly, "it's your duty to discuss my case with me, and I demand that you do. I've been on your ward three weeks, and you haven't spoken a dozen words to me. Now I've had about enough of the bedlam of this ward and want to know when I get parole. And I want to know the status of my case."

Dr. Gancher trembled in anger, but what he said was to the point. "I'll tell you the status! You go to Staff next week! I'll get you off my ward!"

"Doctor," I said, "I wish you would do me a favor. If my wife would spend a few days here I might talk some sense into her pretty head: persuade her that I'm sane. Will you write her to visit me?"

"I will not," Dr. Gancher stated. "It's up to you to handle your affairs with your wife."

"That's an odd position for you to take," I protested. "You psychiatrists actually spread dissension. You tell the veteran one thing; the wife something altogether different. You should talk to them together."

"I'll write her you've improved since coming here," he said.

"You can't," I countered, "unless you want to tell a deliberate lie. You know damn well my mind is just like it's been all my life!"

"Then I won't write her! I'll take you to Staff and get rid of you!"

Friday, September 21st, I staged an entrance to the Staff Room to match the studied hostility I had faced at previous hearings. Walking with brisk deliberation, I stopped four feet from the table. I looked directly at each man and each looked down as his eyes met mine. Then, with a cheerful, "Good morning, gentlemen," I took my seat as though I were chairman of the board.

No one returned my greeting and we sat in silence for a few seconds.

"How do you feel?" Dr. Walton asked. It was actually a demand.

"Just fine," I replied.

"What are your plans upon leaving this hospital?"

"Sir," I replied, "I do not understand your question."

"Are you going to Washington?"

I wondered if he was afraid to release me. Grinning, I replied, "By the time you and my wife get through with me, they won't even let me board a Washington train."

There was a long silence. Dr. Walton gripped the edge of the table and tried to smile. He asked, "Ground privileges were explained to you at the hearing two weeks ago?"

"No, sir; they were not."

"How do you feel about this hospital?"

"Will you please make your question more explicit?"

"Do you think you should be here?"

"No, sir," I said. "My opinion is the same as it has been during my entire stay. I have been entirely normal and shouldn't have been here. I again request to leave as soon as you can discharge me."

I was the only composed man in the room. Dr. Walton fumbled with his papers, while the other psychiatrists looked down at the table. It seemed that the psychiatrists, themselves, were on trial.

"Why do you think we're holding you?" Dr. Walton asked almost pleadingly.

"You always ask me embarrassing questions," I replied. "I'm aware that you have an observation period of three months. I assume you're holding me for observation."

"Whom do you blame for your being here?"

"I blame no one," I replied, "am bitter towards no one and am angry at no one."

"Thank you," Dr. Walton said, "that will be all."

Before giving a veteran parole the psychiatrists explained the rules and privileges and required him to promise he would not escape. But Dr. Walton had made it obvious that he was not requiring this promise of me. He was actually inviting me to es-

cape, so he could close my case with the simple entry, "AWOL."

* * * * *

Monday, September 24th. Waking early, I lay there in the darkness of the asylum ward, sensing that something was wrong. The man in the next bed was not cursing in his sleep. I wondered if he had died during the night; then realized that all the sleeping veterans were quieter. Fully awake now, I remembered that I was in the parole ward. After the turmoil of Ward Three, this seemed like a different world.

Dressing hurriedly to enjoy a precious hour of half-freedom, I walked toward the golf course, first stopping to talk with some of my friends in Ward Three.

"You can't come back here and talk to these patients," an attendant warned me. "The rules are that parole patients can't talk to locked-ward patients."

"The hell you say!" I exclaimed. "I'll talk with my friends, even if they are behind bars."

"'Course I won't say anything," he promised, "but you'll be locked up if the Doctor finds out."

Leaving Ward Three, I walked out on the golf course. A DC-3 took off from the nearby airport, banked and came directly overhead. A bitter hatred welled up in me as I thought of the absolute freedom of the passengers. Why was I confined while they were free?

The lonesome wail of a train whistle drew my attention to the homes scattered in the nearby valley. Smoke from each rose column-straight into a blue sky, with the pleasant sounds of morning everywhere.

These were happy sounds because they came from the homes of free men. *Freedom!* I wondered if they appreciated their dearest possession.

I strode on around the golf course, trying to control a mounting anger. Pausing at the parking lot, I watched the hospital personnel as they came to work. Many of the nurses were neurotic old maids; some of the attendants brutal sadists. They were nurses and attendants in name only. The nurses were clerks who posted the

many charts and reports; the attendants, guards. After many years at Lenwood, they were hardened to the plight of the veterans confined there.

A bitter anger overwhelmed me: anger at a society that condones asylums; the courts that legalize them; the psychiatrists who spawn them.

To crowd such thoughts from my mind, I turned my attention to the asylum grounds. Lenwood Mental Hospital occupies a rolling forty-acre tract near the exclusive Hill Section of Augusta.

Standing near the entrance gate, I looked down a shaded driveway to a Greek Revival building, the columned porch reminding me of hoop skirts and Southern gallantry. This was the Recreation Building, beyond which was a condensed nine-hole golf course. Tees and greens were crowded into a rolling fifteen acres, with an occasional tree here and there.

To my right was the modern four-story Clinical Building, housing the Receiving Wards, Staff Room and laboratories. The Administration Building and the nurses' and attendants' quarters were between the Clinical Building and the entrance.

The Administration Building had once been a convent; later a resort hotel, called "Lenwood" for General Leonard Wood. During World War I it was used as officers' quarters for Camp Hancock, which occupied an extensive area around the present asylum site.

To my left, and at a considerable distance, was a group of \$40,000 houses—the psychiatrists' homes—near a wooded park.

The entrance view of Lenwood was deceiving. Like Dante's *Inferno*, the asylum was best near the entrance; progressively worse toward the rear.

West of the golf course I counted twelve U-shaped, two-story ward buildings, centered about the mess hall. The best wards were near the entrance, the Violent Ward at the rear. They were drab, prison-like.

The lawn and shrubbery had an institutional appearance, with no flowers anywhere; none on the grounds, none in the wards. And there were no potted plants except those in the Library and the Visitors Room of the Receiving Ward.

But there was a large hothouse, with a full-time gardener. What

happened to the plants and flowers he grew? Why didn't visitors ever bring flowers? Did the psychiatrists think we might eat them? They did not worry about the toothless man at my table swallowing hunks of celery and apples and the pits of plums and prunes. Perhaps there was no sane explanation. Possibly the psychiatrists just had a rule against flowers.

I was walking back to the ward when I remembered I no longer had to line up for meals. Casually I strolled into the mess hall and, for the first time, thoroughly enjoyed a Lenwood meal. Unconsciously I lighted a cigarette.

An imperative call from one of the veterans shocked me from my reverie. "Tom, douse that smoke quick! They'll lock you up for that!"

After breakfast the nurse told me about the rules and routine of the parole ward. A sympathetic woman of fifty, she was always pleasant and operated the ward efficiently. She said I could now have my personal possessions and two dollars per week of my money to spend as I pleased.

I looked at my nail clips and the dime I had concealed for three months. These two possessions had bolstered my courage when I had been robbed of everything else.

The primary characteristic of mental illness being the loss of confidence and self-esteem, all care and treatment should be planned to restore them. But the lack of privacy, drab monotony, harsh rules, prison-like routine and confiscation of personal possessions tended to rob a veteran of any courage he had retained.

Hurrying to the Administration Building, I signed a receipt for my personal property. My spirits rose remarkably as I put on my ring and watch. With folding money in my pocket, I walked back to the ward to see Dr. Miracola, who now was my Ward Psychiatrist.

"Good morning, Wilkes," he called, pleasantly. "Come in. Do you like the ward?"

"Thank you, yes," I replied. "You have an excellent ward and I do appreciate parole. Four months of confinement is a long, long time! Which brings me to my subject. I want to talk to you about getting out."

"Now, don't get impatient," Dr. Miracola said. "The Staff granted you parole. That's a big step toward release. You're really progressing fast!"

"To hell with progress and steps!" I retorted. "I'm sane—and you know it! Every man on the Staff knows it! Please understand, I'm not angry with you. You're my Ward Psychiatrist, and through you I make my demand. Three months I've been at Lenwood, with you psychiatrists talking nonsense about why I'm confined. I want you to go to that front office right now and convey my regards to Dr. Walton. Uncle George has my diary and instructions to take it to Washington if I'm not out of here in two weeks. So I say to Dr. Walton: 'Grunt or get off the pot!'"

Dr. Miracola's nervousness had built up as I talked. Now he paced the office, biting his nails. He turned to me and started to speak, then picked up his hat and hurried out.

Evidently Dr. Walton phoned Camille, as she came to Lenwood the following day.

After talking with Dr. Walton she came to the ward to see me. Anger and indecision showed in her eyes; tension in her voice and movements. "Dr. Walton is the rudest man!" she fumed. "The things he said to me were terrible! I can't stay but a minute; I'm so nervous about driving at night. I've gotten so I'm afraid of everything! Tom, do you want a divorce?"

I could not decide whether Camille was threatening or pleading. "I see no other reasonable solution," I said simply.

"I know you won't believe me, but I don't know how I live without you." Camille's eyes softened and looked into mine to speak of love.

I said nothing, fighting the urge to take her in my arms.

Camille's eyes changed then and caught me in a cold stare. "No, it cannot be," she said with finality. "Your uncle has been saying such horrid things about me!"

Camille turned away, looked down momentarily, then raised her head high and hurried out of the ward.

Friday, November 9th. It was about this time that the Manager received the petition, signed by friends and relatives, demanding my immediate discharge. So, I again appeared before the Staff. I was not advised the purpose of the hearing and the questions asked gave no indication.

That afternoon Dr. Miracola said to the nurse, "I just can't understand why the Staff refuses to discharge Wilkes."

Dr. Miracola told me he was writing Camille, stating that the Staff thought I should be home and asking her to sign for a trial-visit release. "The Staff approved your having passes to Augusta," he told me. "They thought this might persuade her."

Men of unreason! They now allowed me fourteen-hour passes to Augusta, without knowing where I went or what I did. They said I was not in condition for discharge, while trying to persuade my wife that I was.

Thus I began the strangest period of my confinement. I was a free man two days each week; leaving the asylum after breakfast and returning that night at ten.

During that first day I had to keep telling myself that I appeared no different from other men, with nothing to mark me as an asylum inmate. Yet I had a feeling of guilt, of unworthiness. Every traffic cop was blowing his whistle at me, I thought, and wondered what I was doing wrong. Pedestrians madly hurried along the sidewalks and the rush of traffic was frightening. I even missed those little men in white coats.

I spent the entire day walking about downtown Augusta, crossing streets, window-shopping and talking with anyone I could get into a conversation. And I asked needless information of policemen, until I had conquered my suspicion of men in uniform. The asylum had left scars that would be slow in healing.

I returned to Lenwood without phoning Sylvia, as I wanted to regain my confidence before seeing her.

Saturday, November 17th. I asked Dr. Miracola for permission to phone Camille, thinking that the knowledge of my pass privilege might persuade her to agree to my release.

"Now you know you can't do that," he replied. "We have her

letter definitely stating you aren't to be allowed to phone her. She says you spend too much on long-distance phone calls."

"But I have money to pay for my phone calls."

"That doesn't matter. You can't phone her."

"That's absurd!" I retorted. "You don't care about anyone else I phone; and for all you care I can sleep with some other man's wife. Yet you refuse me permission to phone my own. Just tell me this: is this hospital operated for the benefit of the veterans—or the veterans' wives?"

"This is the picture: you're inside, while she's out."

"All right, I'm inside and you're responsible for my being here. Now, how am I going to get out?"

"Now Wilkes"—Dr. Miracola's voice went high—"you mustn't blame me for that. I wrote you up as a paranoid because of your story about the Army hospital, and all that. You painted a bad picture, a very bad picture!"

"You should question me about any part of the story you doubt," I replied. "I gave only facts and events. I recognize bad conditions and know how to report them. I'm a good inspector."

"Maybe that's why you're locked up!" he snapped. "Perhaps you're too good an inspector! Anyway, we had to hold you, with all the things in the record. It's the entire cross-section of the case we consider." Dr. Miracola was biting his nails and frowning in serious thought. "You're interested in getting out, so let's forget everything else. Our policy is not to discharge patients sent here by the Army or committed. We release these patients by trial visit, which the nearest relative must request and sign responsibility for. Why do you keep insisting on outright discharge? You know we can't do that! You're asking us to change our discharge policy."

Listening to Dr. Miracola, I came to understand the Lenwood policy of confinement and release. The psychiatrists keep the veteran three months; then let his wife relieve them of the responsibility. No investigation is made as to whether she is qualified, or the home conditions favorable for the veteran's recuperation.

The psychiatrists are nothing more than agents for the guardian. On the guardian's request they will release any veteran who is not

in a disturbed condition. And they will confine any veteran whose guardian does not want him at home. Thus the guardian makes the psychiatric decision.

This abortive relationship continues during the trial-visit period. Accepting the guardian's statement that the veteran is well, the psychiatrists will discharge him three months after the trial-visit release. They will even discharge an AWOL veteran on the guardian's request. The trial visit will also be extended on the guardian's recommendation.

But far more damaging is the guardian's power to return the veteran for further confinement. And she can return him—with or without cause—the day after he leaves the asylum. She need only state that he is not adjusting well. A wife, who may be in worse mental condition than her veteran husband, can keep him confined for life.

A man, leaving any place of confinement, faces a difficult period of adjustment. Sympathetic understanding and help are essential.

But on leaving Lenwood, the veteran is in the absolute power of his wife-guardian, who also controls his money and property. His status—more mouse than man—tends to destroy his remaining self-esteem. And some wives use this power to completely subdue their veteran husbands; threatening, "You must want to go back to L-e-n-w-o-o-d."

"Evidently you don't realize what a spot you're in!" Dr. Miracola was saying. "Let me tell you about one patient I had. I took him to Staff twenty times. Still the Staff wouldn't let him go. The patient was confined because he threatened another man about alleged attentions to his wife. At the last Staff I argued that the patient had been here five years: longer than he would have served if he had actually wounded the other man. That comparison persuaded Dr. Walton to release him."

"But I haven't threatened anyone," I protested. "I'm sane and you know it!"

"Just the same," he said, "there are only two ways you can get out: trial visit or habeas corpus. You failed at habeas corpus and

your wife won't sign for a trial visit. So, the way it looks to me, you're just up the creek without a paddle!"

"Phooney!" I said. "Do any of you psychiatrists think I'm mentally ill?"

"No," Dr. Miracola said thoughtfully, "no, I don't think any of them do. But we have to get an opinion from the VA State Attorney. It's a *matter of law!*"

"A hell of a note!" I exploded. "Write me a pass! I've got to get away for awhile!"

Leaving the pass at the guardhouse, I walked to Sylvia's apartment.

With a mingled feeling of uneasiness and eagerness, I pushed the button, heard a bell as in a distance and her footsteps coming toward the door.

Then Sylvia was in my arms, sobbing, and I think I cried too.

It was two hours later and the breakfast dishes were washed and dried and put away.

"Tom," Sylvia said, "it's just too good to be true. Just think: I can have you two full days each week! You do get two passes; isn't that what you said?"

"Two whole days each and every week," I said. "And, Darling, I'd like nothing better than to spend every minute with you. But, you see, Sweet, there's the little matter of money. I'm broke and have a stiff legal fight ahead. Then I'm working on the book, you know. So I'll be a very busy man."

"And I'm a scheming woman," Sylvia came right back. "Tom, you can have your office right here in my apartment. I'm no good at typing, but I can learn. I'd offer to lend you the money you need, but I know what your answer would be. Do you have any idea where you will get a job?"

"First, I'll surprise you about that money," I said. "Let me have fifty. I'm flat broke. As to the job: that is settled. I'm working for Henry Brandt, an Atlanta construction engineer and life-long friend. You've heard me mention him. Henry has been corresponding with me and wants me to handle his engineering work in Augusta. By the way, I'm working now and so are you. Please go

to town and buy this list of supplies. I must have the typewriter. Rent it if you can; steal it if you must."

The first letter from my new office was to the Hospital Manager.

I have been at Lenwood four months, have been on parole one month and now have passes to Augusta. I have gotten along pleasantly with all patients and hospital personnel and have successfully performed all OT work assignments. Thus I have demonstrated my ability to cooperate. All doctors, nurses and attendants who have observed me know that I have been normal during my stay here.

The only statement of any weight—other than my wife's testimony, which I did not hear—made at my commitment hearing was Dr. Tighe's statement of my diagnosis, which he admitted was based on the Army hospital case record. His words were "the entire record," so he might have been including the testimony of my wife. Both he and Dr. Miracola admitted that they had found me normal during my stay at this hospital.

My wife's letters, copies of which are attached, should clarify a large portion of my case record. Originals are available in Augusta for your verification. I knew of these letters to members of my family two months ago, and knew her feelings towards me much earlier, but kept hoping that she would realize her mistake. Perhaps if she had visited me, or if this hospital had given her some encouragement, things would now be different.

As her imagination ran rampant in these letters, I can only surmise what she may have told the Army doctors and the doctors here. I can now better understand how McCloskey General Hospital and this hospital could give me a mental diagnosis and how I could be committed.

As I am normal and competent I request an immediate release as sane and competent.

I further request that the Veterans Administration institute the necessary action to lift my commitment and remove my guardian.

Returning to the asylum, I delivered the letter to Dr. Miracola.

He read it as he paced to and fro. "You're not telling us anything we didn't already know!" he said in a high voice. "She talked like that in court! You think you can force our hand and get your discharge! Well, you won't get it!"

Three days later I appeared before the Staff, the confidential list showing the purpose as "interview." The questions were, "Why are you before the Staff?" . . . "Why do you think your wife re-

fuses to sign for a trial visit?" . . . and "What do you intend to do when you leave here?"

That afternoon I asked Dr. Miracola about the decision.

"Don't know," he said abruptly. "The Staff might decide to transfer you to Ward Eleven, the full parole ward."

An attendant told me of overhearing Dr. Walton and the Manager discussing my case.

"What about Wilkes?" Dr. Witten asked. "You going to discharge him?"

"I don't know," Dr. Walton replied.

"How about the wife?" Dr. Witten wanted to know.

And Dr. Walton said: "She's still bucking."

IX

PENAL COLONY

WARD ELEVEN was virtually an old soldiers home; housing long-time inmates whose families did not want them.

There were small tables, reading lamps, rugs and comfortable chairs. And several of the veterans had radios. Each man had a chair at the foot of his bed and a place for his towels and toilet articles. Our clothing was not locked up at night, and we could bathe as often as we liked. We also stayed out until ten P.M., and most of us had all-day passes to Augusta.

Carl, the clothing room clerk, related his experiences while showing me the ward. His wife and her doctor sent him to Lenwood, he said, when he passed out during an acute ulcer attack.

"You know, new patients take a dose of salts the first night," Carl said. "I argued this would be bad for my ulcer. I didn't know this place then! A big attendant shook me until I took it; then made me take a dose every night for two weeks. I hemorrhaged and they put me on the sick ward and it healed up."

"Been treated all right since?" I asked.

"Yeah, except for two times they put me on a locked ward: once for going AWOL to see my daughter graduate; once for playing poker. Both times it was thirty days. It's been five years now, and I reckon I'll be here until I die. This place beats a man down so he's not worth much."

Carl helped me select a bed in the quietest section of the sleeping quarters, and told me about my ward mates.

I am deeply indebted to men like Carl and Harry for their friendship and help in adjusting to the alien world of the asylum. And without their help I could never have understood Lenwood, the veterans confined there and their keepers.

The psychology of the long-time veterans was unique and often

inspiring. There was a primitive goodness and truthfulness and honesty that exists only among "savage" people uncontaminated by "civilization."

This to me was—and still is—astonishing, in that asylum inmates are considered incompetent as witnesses or to care for money. With few exceptions, the veterans at Lenwood were frugal and saving.

Of ninety veterans on our ward, there was one dead-beat and two petty thieves. However, these men were not condemned by their fellows; instead, they were pitied—but closely watched at all times.

The men of Ward Eleven, although competent to govern themselves, were subjected to harsh discipline. Fifty-four rules were posted on our bulletin board, and hardly a week passed that some veteran was not locked up for breaking one of them.

Many patients are uncoöperative about getting up. Many patients are mailing letters through the wrong channels. This is cause for loss of privileges.

Do not give clothing to other veterans. Giving away clothing is just as troublesome as throwing it away. Any patient found in possession of clothing bearing another patient's name must be put on a closed ward.

All patients must have some occupational therapy assignment, and are to report each day to their assignments. Refusal to coöperate means loss of parole.

Unless accounted for, absence from meals counts as AWOL and may subject patient to loss of parole.

The following are parole requirements in all hospitals, and if broken will lead to loss of parole:

1. Drinking and intoxication.
2. Leaving the hospital without permission.
3. Telephoning or telegraphing without permission.
4. Mailing letters for closed-ward patients.
5. Mailing letters without sending them through the ward surgeon.
6. Loitering around the guard house gate or within 100 feet of the fence.

Any recurrence of destruction of notices on this Bulletin Board will result in permanent loss of passes on this ward.

The men who wrote these rules have a prison psychology, using threats and punishment to maintain strict discipline. The

man who wrote most of them is Dr. Leo R. Tighe, who is now Manager of the asylum.

The unwritten laws also carried severe penalties. Cursing and vulgarity were forbidden, as was financial dealings with asylum personnel or other veterans, and gambling was the cardinal sin.

Four veterans were convicted of playing poker, although no one saw them playing. In fact, the game had not begun. Yet their sentence was more severe than they would have received in a civil court. Each was sentenced to a month's confinement and forfeiture of all money.

But some known violations flourished. One concerned haircuts, which the regulations required to be given monthly. The salaried barbers refused additional haircuts to veterans who had passes, then charged them for haircuts at their homes.

The psychiatrists overlooked one infraction because it benefited them. A veteran operated a shoe shine and repair shop at the rear of the Administration Building. He also did a good business in the sale of Red Cross cigarettes.

Ignorance of the rules was no excuse, and veterans were often punished for unintentional violations. A full-parole veteran, who was scheduled for release, was confined one month because he would not get out of bed on time.

Occasionally an innocent veteran was punished. Don was transferred to Ward Eight after he questioned an attendant about his funds. Don said the attendant took five dollars he received by mail, but neglected to deposit it to his account. The attendant said he was transferred because he did not properly perform his work assignment. Incidentally, Don's confinement with despondent men almost brought on a mental illness.

Thinking of my work in the Carpenter Shop, I wondered that more of us did not "refuse to coöperate." With over-heating, poor ventilation, dim lighting and a cluttered appearance, it had all the earmarks of a prison sweat shop.

One veteran repaired furniture, another did all painting, while others made brooms, mops and brushes. Several scraped varnish from furniture, working days on a chair that varnish remover

would have cleaned in thirty minutes. This was a "made" job that damaged the furniture.

I had been working with the Supervisor, his assistant and another veteran, making toys and playground equipment for the psychiatrists. By charging salvage prices for materials and nothing for labor, these were sold at a fraction of their value.

As I entered the shop, the Supervisor called me to his desk. "Wilkes, you're to make another yard swing. Dr. Gancher wants one now."

My new sense of freedom rebelled. "I refuse to make another thing for these psychiatrists!" I said, with feeling. "None of them has done the least favor for me! And not even a thank you! I want to make some furniture for a friend."

"We haven't any material for such work," he retorted. "You'll do as you're told here!"

"Open that door and let me out!" I demanded. "I'm going to see Dr. Vicary and get transferred out of here!"

Grumbling about crazy men, the Supervisor unlocked the door.

Dr. William H. Vicary supervised the OT Department and was also my Ward Psychiatrist. In my diary he is the only follower of Freud with a normal mind and personality. An amiable man of engaging personality and keen intellect, Dr. Vicary was interested in our welfare, and was liked by everyone except the other psychiatrists.

"Dr. Vicary," I said, "I'm fed up with working in that dismal basement. My parole does me no good if I'm going to be locked up all day. What's the best work assignment?"

"I can't say I blame you," he said, smiling. "The Library is the best assignment. By the way, Mrs. Parker, the Librarian, just called to say she needs another man. You go right on over. I'll phone her you're coming."

The Library was on the terrace floor of the Recreation Building, overlooking the golf course. It was bright and cheerful—with potted plants in each of the large windows—a spot where a veteran might sometimes forget he was an asylum inmate.

Mrs. Parker met me at the entrance. "Come in, Mr. Wilkes," she said, smiling. "I hope you'll like working with me."

"Thanks," I said. "And thanks for the smile. I haven't seen many since coming here."

Mrs. Parker explained the library program as we walked through the building. "What kind of work would you like to do?" she asked.

"I'm a jack-of-all-trades," I replied. "May I work here part time, then visit the wards each week?"

"Sure you may. And, Mr. Wilkes, any time you want to play a round of golf, or do anything else, just let me know where you will be." She looked at her watch. "Ward One will be here in ten minutes. Will you help get everything ready for them?"

With four other veterans I set up folding chairs and placed back-number Life magazines on the tables.

An attendant called from the door, "Are you ready, Mrs. Parker?"

"Bring them in," Mrs. Parker replied.

Eighty veterans entered and—to my surprise—promptly sat down.

"Move along, now," the attendants would call. "Sit down and look at the pictures."

Half of the men began turning pages, but they looked at them with a total lack of interest. They only knew they were told to turn the pages of magazines.

These inmates—called "babies"—were capable of dressing themselves and following simple orders, but were childish in their general behavior. The psychiatrists reported them as "continuous treatment" patients; their ward as a "program" ward. They were now enjoying one of their programs; a part of their continuous treatment.

As they entered the Library a huge veteran held another by the shoulders; held him after they were seated.

"Attendant," I asked, "why does the big man hold the other one all the time?"

"That's the way we control old Jim," the attendant said. "He ain't got much sense and if that patient turned him loose he'd run like a rabbit."

I walked over to them and sat on the table. Jim looked about in a frightened manner, rubbing and twisting his hands. I wondered what torments he suffered from constant restraint. What if he did run like a rabbit? Perhaps that would be good for him.

"Turn him loose," I told the large man. "I'll see that he doesn't run."

Jim hesitantly patted my arm.

His smile brought a catch to my voice. "Where is your home, Jim?"

"H-o-m-e," Jim said, "Home? My home C-h-i-cago."

"Jim, what work did you do before the war?"

"W-o-r-k," Jim said. "Work? W-o-v-e chair bottoms."

I was pleasantly surprised, as I knew it had been months, possibly years, since he had talked with anyone. These veterans had gradually been deprived of their ability to talk. In speaking to one the attendants would say, "You, there!" The "babies" never heard their names spoken—even on Christmas.

"Everybody in the other room!" an attendant called. "Everybody! In the other room!"

The huge man grasped Jim by both shoulders and pulled him toward the door. Jim struggled a little, looked piteously at me, then let the huge man push him ahead.

The "babies" entered the adjacent room and again took seats with a minimum of confusion. They were like decrepit animals, moving because the driver has a whip.

"We will now sing some of our favorite songs," Mrs. Parker announced.

The asylum atmosphere would stifle song in any man, and none of the "babies" could sing. But the program called for singing—so we had singing.

The OT-assigned singer, a barrel-chested man, faced his audience. I looked about for the piano—then he began—and I put my hands over my ears and left the room. The man was shouting—words without melody—*Carry Me Back to Old Virginny*.

Standing at the edge of the golf course, I heard him shout the words of *Girl of My Dreams* and *Going Home*.

There was an automatic record player and an excellent selection of records in that very room. But, in keeping with the many Lenwood absurdities, these records were seldom played.

Soft music would have a calming effect on the insane, quiet frayed nerves and bring restful sleep to troubled minds. Joyful tunes would bring them some cheer. Shakespeare wrote of being "lulled with the sounds of sweetest music" and Congreve said, "Music hath charms to soothe the savage breast."

The wards were equipped with loud-speakers, the records and record player were there, with veterans for disc jockeys. But, disliking everything good and beautiful, the psychiatrists had an unwritten law against music.

A nurse or attendant occasionally turned on the ward loud-speaker, but the programs were not monitored. For fifteen minutes one Sunday afternoon the ward was filled with groans and screams and maniacal laughter. A radio program in which the killer was insane!

The singer shouted the last refrain of *That Old Gang of Mine*, and I returned to the Library.

Mrs. Parker wrote a word on the blackboard. "Now we'll have a word-making game. You get a cigarette for each word. Who can give me a word?"

Only five "babies" showed any interest whatever. These men had suffered years of mental and physical illness in an atmosphere of fear. Abandoned by friends and loved ones, they existed in pathetic apathy. They had no incentive to recover, no will to live. They were the living dead.

Discouraged by their lack of response, Mrs. Parker ended the contest; and a handsome man of fifty began a lecture on the *Development and Use of Paper*. Beginning with early Egyptian papyrus, he ended the lecture with a description of a modern newspaper plant, using artistic pastel drawings as illustrations.

Most of the "babies" stared expressionless at the speaker, while a few acted like two-year-olds. But all of them remained seated and there was no disturbance whatever.

Their program completed, the "babies" left; each man dragging his feet and staring at the ground.

"Where did you get the excellent lecturer?" I asked Mrs. Parker.

"Didn't you meet him?" she asked. "Howard is assigned to the Library."

"You mean that man is an inmate?" I asked in disbelief.

"Yes," Mrs. Parker replied, "Howard has been here fifteen years."

"What's wrong with him?" I asked. "He appears absolutely sane. And that was one of the best lectures I ever heard."

"Howard always gives good lectures on any subject I suggest," she said. "I've noticed two things: he's careless about money—he has bills in several books now, and couldn't find a one of them—then he writes in stilted Elizabethan style. Mr. Wilkes, would you like to give some lectures?"

"What other wards attend?"

"Ward Eight."

"Then count me out," I said emphatically. "Those men have less intellect than any here. This is just a parking place for men who can't do anything."

Mrs. Parker sighed. "I have nothing to do with which wards visit the Library. The schedule is a part of the master program."

The veterans with alert minds did not attend the Library programs, as this would interfere with their work. And no effort was made to interest the veterans in reading or advise them about their selections.

That first week the Elks Club sent us a large number of books and magazines, including paper-back novels not on the approved VA list.

"Mrs. Parker," I said, "give me those books and don't ask what I want with them."

I gave the thrillers to the night-duty attendants. The regulations forbade reading while on duty, even when the attendants had nothing to do. And these small books were easy to conceal.

My work in the Library enabled me to make regular inspections of most of the wards. Once each week I went around with the

library cart; and a magazine or book under my arm was my pass at other times.

Major Ware, who accompanied me on my first visit, had been confined at Lenwood twenty years. A veteran of three wars, he was a victim of the system which permits the wife to spend the pension while the veteran is confined. Mrs. Parker spoke of Major as being one of the finest men she had ever known, saying he had been absolutely sane during their five-year acquaintance.

I pushed the library cart along the sidewalk, while Major told me about the Library. He explained that we did not visit the parole wards—Two, Four and Eleven—as these veterans were free to come to the Library; the “babies” and “sitters” were not given books, since they did not read; and most of the veterans on wards Six, Nine and Twelve were refused books, as many books had been lost or destroyed on these wards. Even on the better wards we refused a book to a veteran if we thought he was not in condition to care for it.

Thus our library membership was less than 150, although we had eight thousand books and forty newspapers and periodicals.

If we thought a veteran was in such condition that he might damage a book, we tried to satisfy him with a back-number magazine. But we needed a supply of discarded books for such men. And if lockers had been provided, the veterans could have kept others from damaging their books. Men who have been robbed of everything often get a deep satisfaction from the possession of a library book.

“Do many of the parole veterans come to the Library?” I wanted to know.

“Mrs. Parker insists on gentlemanly conduct in the Library,” Major said. “You know how librarians are. No smoking, cursing, loud talk or anything like that. What these men really need is a smoking and lounging room where they could relax.”

Passing Ward Seven, I wanted to know about the veterans in wheelchairs and beds on the lawn.

“Grasshopper parole,” he said. “They are TB patients.”

Of 1350 Lenwood inmates, 60 were tubercular. What was the reason for this high incidence—sixteen times that of the State of

Georgia? Veterans in poor physical condition were placed in crowded wards—95 crowded into wards designed for 70—got little exercise, fresh air or sunshine and were seldom examined for tuberculosis. The obsolete sputum test was still used, although the asylum had an excellent X-ray section; and the asylum personnel received no tubercular examination of any kind. Then sane tuberculars were sometimes committed to Lenwood.

Major told me about a TB patient who escaped from “grass-hopper parole.” A casual search was made, then “AWOL” entered on the record. Three months later his skeleton was discovered in a swamp a few miles away.

These men had no hope of ever seeing their homes. Leaving Lenwood they would go to heaven. Having perished in this man-made hell, a merciful God would not send them to another.

We first visited Ward Seventy-six. These veterans—160 of them—were in such helpless condition that the ward doors were not locked. We entered the automatic elevator and Major pushed the second floor button.

“Tell me,” I said, “in numbering the wards, why did they skip from twelve to seventy-six?”

Major laughed. “That was to avoid number thirteen; unlucky and all that sort of thing. Seven plus six: that’s psychiatric logic.”

The elevator stopped and, following Major, I pushed the book cart down a wide corridor. We stopped at the fifth door.

“Hello, Joe,” Major called. “We brought you nine Westerns.”

The man in the bed gave us a bright smile. “Hello, Major. You’re right on time. I just finished my last book. You know, with nothing else to do, I finish at least one a day.”

Observing his twisted hands, I asked, “What’s your trouble, buddy; rheumatism?”

“That’s what I call it,” he said. “The doctors say arthritis. I’ve been like this four years. Major, thank Mrs. Parker for the books. You might bring some *Ernest Haycock’s* next week.”

We visited other private rooms and talked with bed-fast men with bright minds.

“I know you’re wondering about this ward,” Major said. “Well,

it's for the chronic cases. Many, as you see, are bed-ridden men. Most of them stay right on the ward—day after day—without sunshine or fresh air. But here we are at the dayroom. Sam—over there in the wheelchair—is one of our regulars.”

“Hey, Major,” Sam called. “That your new helper? Introduce us and tell me the news.” Wheeling his chair around, he gave me a warm handshake.

“Here are the books,” Major said. “See if they’re what you want. Sam, we’ve been discussing the men on this ward. Will you tell Tom why you’re here?”

“I’m paralyzed from the waist down from an automobile accident,” Sam said. “I don’t want to be a burden on my family, if they’d have me. So I stay in this hubbub, and lose myself in detective stories. It’s not too bad after that first year. Tom, you look after Major now—around all these nurses. He’s mighty spry for an old codger. Major, show Tom the south end while you’re here.”

A few minutes on the south end was all I could stand. The patients were in all conditions this side of death; the worst being those covered with syphilitic sores. The odor was nauseating; the sounds like nothing human. These men would leave Lenwood by hearse. The psychiatrists call it “discharge by death.”

“Let’s get out of here,” I said, sick at my stomach.

Our next stop was Ward Five, a “continuous treatment” ward. The nurse explained that the veterans were at their OT assignments.

“Nurse,” I said, “I’ve noticed these men at the mess hall. They look like inmates of a soldiers home. Why aren’t they allowed parole?”

“They’re forgetful,” she explained, “might go to sleep in the park, get wet or miss meals. That’s why most of them are confined.”

At Ward Three we left some back-number magazines. Thinking of my drab stay there, I meant to bring magazines each week.

“About those magazines,” a veteran remarked, “they’ll be gone in two days. The attendants make us throw ’em away when we clean up.”

At Ward C-2 we found no semblance of segregation, although

there were two sections, separated by a hall and elevator. Sane and insane were grouped together and there was confusion everywhere. This was known as a diagnostic ward, half the veterans being alcoholics.

Major explained that C-5 was filled with surgical cases and the critically ill. The private rooms on the south end were reasonably quiet, but the ward on the north end was a tumult of groans and insane babble. I found two nervous veterans doing OT assignments there as orderlies.

An attendant told us to visit C-3, explaining that it had been opened the previous afternoon to accommodate thirty-five new arrivals from Army hospitals.

Entering the C-3 dayroom we saw thirty pajama-clad men restlessly pacing to and fro, while two attendants sat talking to each other.

The veterans began a barrage of questions: "What is this place?" . . . "Will we ever get our clothes back?" . . . "Can I use the telephone?" . . . "Will we ever be allowed out of the ward?" . . . "How long will we be locked up here?"

"Easy does it, fellows," I said quietly. "Let's move out to the porch. Major and I will try to answer your questions."

Two men, who were extremely depressed, remained in the dayroom, while the others gathered about us on the porch.

"You fellows were sent here by the Army," I said. "I know about that, as I came here from an Army hospital. The Army psychiatrists either gave you no information or said you would be here only a couple of days. I'll try to give you the straight dope. You're now in one of the diagnostic wards of Lenwood VA Hospital. One thousand World War II soldiers have preceded you here. Most of them are now at home. You won't like this place, but the thing to do is relax and take it. Now to answer some of your questions. Your clothes will be returned as soon as they are marked; probably this afternoon. Then you can go to the Canteen, movies, Library, Recreation Hall and for a daily walk around the grounds. The psychiatrists usually refuse all requests to phone. We will bring you some magazines, and we'll get the Recreation Director to send you some cigarettes, fruit and games. Now I've

saved for last the answer you're most interested in. 'When will you be released?' you want to know. First, you should write your families to visit you. Talk with them and let them see you're not insane. If your nearest relative will make a written demand for your release you'll be out of here within an hour. But the psychiatrists will try to persuade them you should stay here three months, and they might insinuate you're in bad shape. They want you to stay on this ward a month, a month on Ward Three, then a month on a parole ward. If you're not then in a disturbed condition, they'll release you to your nearest relative. So, by all means, stay on good terms with your family, as they decide when you get out."

We left and Major said, as if speaking to himself, "Now I wonder why the psychiatrists won't give the new arrivals a talk like that."

Returning to the Library we found seventy veterans from the Violent Ward there on a weekly visit. I stopped at the entrance, talking with two attendants, while Major posted the library cards.

A veteran began pacing back and forth in front of Major, scowling at him and walking closer each time he passed.

"What's that man up to?" I asked one of the attendants.

"I believe he's gonna hit your buddy," he said simply; then to the other attendant, "Don't you think so, Bill?"

"Major!" I called urgently. "Come here!"

Major, who had been unaware of his danger, joined me at the door.

The disturbed veteran glared about the room, then sat down at a nearby table.

At a signal from the attendant at the door, two attendants approached the veteran from behind. Both jumped him at once and threw him to the floor. One held the veteran, while the other deliberately placed a knee on his throat. Holding him until he was almost unconscious, they dragged him out the door and back to the Violent Ward.

After this incident I assumed charge of keeping order in the Library. And, although the attendants would follow my instructions, I found I could handle the veterans better without their

help. I used positive suggestions, given in a pleasant but authoritative voice; and the veterans gave me no trouble whatever. Being treated like normal men, they responded as normal men.

One morning, when Dr. Vicary was on duty in the Violent Ward, I pushed the buzzer of the ward door. I was not permitted to visit this ward, but hoped to bluff my way in.

The attendant who opened the door was not acquainted with me.

Assuming a haughty manner—I was dressed in my best—I walked in. "Where's Dr. Vicary?" I demanded.

The attendant was duly impressed. "S-s-second floor, south," he stammered.

"All right," I said. "All right! I can't ride that elevator when it's locked!"

With trembling hands the attendant unlocked the elevator door. "Yes, sir," he said. "Yes, sir!"

It was an ordinary automatic elevator. I pushed a button, rode to the second floor and stepped into the corridor. Then I jumped to one side!

An inmate was running down the corridor—with two attendants in close pursuit—running with his body bent, his hands occasionally touching the floor. Seeing me, he suddenly stopped and looked wild-eyed in all directions. Then, grunting like a hog, he ran on down the corridor.

I first stopped at the pack room, where I found twenty mummies on canvas cots, with three barbers shaving them. Most of the veterans looked and talked like normal men.

No one questioned my being there and I stayed twenty minutes, before going to the south side.

The toughest nurses and attendants were here, with the veterans who were the most difficult to handle. The veterans ranged all the way from assaultive maniacs to sane men sent there as punishment. Some of the inmates were merely contentious, some were noisy; there were sexual perverts and men who habitually exposed themselves. Some were there because of a run-in with a psychiatrist, nurse or attendant; others for fighting; while a few were being

punished for cursing. But all of them were confined together: the sane with the insane; the timid with the fighters.

Some were tied in chairs and restrained with cuffs and muffs. Cuffs are leather wrist-bands fastened to a heavy leather belt. Muffs are somewhat like those worn by women, but made of canvas, with straps on the inside for fastening the hands.

Many of the veterans were tied for fighting; but one was tied because he untied the others. For six months Herman was restrained in cuffs and tied in a chair during the daytime and in bed at night. His father hired an attendant to take Herman for an hour's walk each day.

Dr. Walton refused to permit Herman's examination by a private psychiatrist or his transfer to a private asylum. Herman's father then appealed to his Congressman and got custody of his son.

In telling me about Herman, the attendant remarked, "Why, even a dog's got to have a little exercise and sunshine! And, you know, he's not any trouble at all. I just take the cuffs off and walk him about for an hour; then put 'em back on before I take him back. These doctors don't give a damn about what happens to a patient. One night I was on the Violent Ward and found a patient's arm infected. From his struggling the cuffs had rubbed through the skin and the raw place had got infected. I called the night-duty psychiatrist. You know, it was three hours before he came over; and the patient's arm all swollen and red streaks running up his arm!"

These veterans were daily placed in pack, supposedly to relieve tension. But, after three hours in pack, they were again tied in chairs in the noisy ward.

It is difficult to pack a man who resists and the attendants were often criminally rough. The favorite method was "wringing out" with a cloth twisted around the neck to stop the flow of blood to the brain.

Doctors say the brain is seriously damaged if the heart stops for five minutes. Then, of a certainty, repeated "wringing out" damages the brain. I was told of two veterans who died during or after

"wringing out." But, with no incriminating marks on the bodies, such murder cannot be proven.

It was some time later that a Violent Ward attendant was charged with stomping a veteran to death. The attendant was indicted in Federal District Court, but was not convicted. A number of veterans were killed or seriously injured by attendants. However, the reports usually attributed the injuries to other causes. Asylum inmates are never permitted to testify; and the attendants will not testify against another attendant. Even the psychiatrists testify in their defense. "The patient was violent," they say, "and our attendants are justified in defending themselves."

After I left Lenwood, Dr. George H. Ingram was transferred there and assigned to the Violent Ward. He soon began discharging sane veterans and transferring others to better wards. He also reduced the use of restraints and gave some of the Violent Ward men parole. This displeased the other psychiatrists, who continued sending veterans there as punishment.

One morning at Staff, Dr. Ingram pounded his fist on the table. "Fighting is not a mental symptom!" he shouted. "Nor is Ward Twelve a *penal colony!*"

X

ENDLESS DURANCE

THE NAVY and Air Force would not send their men to Lenwood, but a thousand World War II soldiers had been transferred there from Army hospitals. Pampering prisoners of war, the Army condemns our soldiers to soul-destroying asylums.

James was a young soldier of pleasing personality and appearance, who disliked his assignment in the Pentagon. When his request for transfer was denied, James began breaking minor regulations, knowing that after being court-martialed he could not work in the Pentagon.

But, instead of preferring court-martial charges, James' CO sent him to the hospital as an NP case.

Four weeks later James was transferred to Lenwood as suicidal; the specific charge being that for hours at a time he sat on his bunk, staring at Arlington Cemetery.

"I've tried to explain to all the psychiatrists," James laughingly said, "that this was physically impossible. Why, there were half a dozen buildings between my barracks and Arlington. But the charge stuck, and old Walton asks me about the cemetery each time I appear before the Staff."

Ross was highly intelligent, robust and emotionally stable. While on leave in New Orleans he overstayed his pass. To avoid court-martial and the resulting loss of his sergeant's rating, Ross reported sick to an Army hospital; his complaint being a severe cold and sinus infection.

After a heated argument with the Ward Surgeon, Ross was transferred to a mental ward. Then, as he would not permit his wife to sign for his release, he was transferred to Lenwood.

At Lenwood, Ross refused to do any OT work.

"It's supposed to be a hospital," he told Dr. Gancher, "not a work camp."

Still refusing to permit his wife to sign for his release, Ross retained an Augusta attorney, influential in State and County politics. This attorney talked with the Manager and Ross was granted an outright discharge.

* * * * *

Many veterans enter Lenwood on transfer from VA medical hospitals in Georgia, Florida and South Carolina. Most of these are alcoholics, neurotics and men with marked peculiarities, and few of them are insane.

Upon admission to a medical hospital, the veteran signs an agreement to go to any other VA hospital at the discretion of the Staff. Under this agreement many a veteran is transferred to Lenwood with an NP diagnosis. This, of course, requires the wife's cooperation.

Don, a young veteran, was entirely sane when transferred to Lenwood. But he refused to do his OT work, and was confined on Ward Eight. After two months confinement with depressed men, Don looked and acted like the other "sitters."

Max was transferred to Lenwood after he struck a VA doctor. According to Max's version of the incident, no self-respecting man would have done less.

At Lenwood, Max was confined on the Violent Ward, as his record described him as assaultive. According to the attendants, he was never violent and gave no indication of being mentally ill. Max twice escaped from the Violent Ward.

"These attendants are plenty dumb," he told me. "My first escape, I was helping an attendant round up some fellows on the first floor to be brought to the second. While he was around the corner, I stepped into the automatic elevator and went down to the basement. I had a twenty-minute start as I had the only elevator. I broke out a basement window grill, and sold out! Had a grand

time: ten days in the best hotel, with a good-looking blonde I knew. Then my wife found out where I was, and the law brought me back."

* * * * *

Other veterans enter Lenwood from civilian life, after mock hearings before County Ordinaries. Someone, usually a relative, signs a lunacy warrant. The veteran is kept incommunicado in the county jail for ten days. Like a murderer, he is denied bail; unlike a murderer he is denied counsel. A lunacy commission, composed of the county attorney and two politically-minded doctors, listens to exaggerated testimony and finds that he should be committed to the asylum.

An automobile accident left Monty partially paralyzed and unable to speak. After being committed to Lenwood he recovered his speech, but walked with a limp and could not use his right arm. However, his wife preferred that he stay at Lenwood while she enjoyed his pension.

Wade sold his small business and decided to spend his last years traveling. He was a bothersome bore, but entirely sane. Wade's children had him committed to Lenwood, as they thought he should not waste money they otherwise would inherit.

One evening at dinner I heard a young veteran accuse Wade of being crazy.

"So I'm crazy," the old man said. "Well, it took 'em seventy years to prove it on me; but they got you in twenty!"

P. D. had a fight with a man of some local influence soon after he returned home. P. D. was arrested, confined in jail ten days, then brought in handcuffs to Lenwood. The Ordinary signed the commitment order without a hearing.

This veteran was confined on the Violent Ward forty days, leaving the building once for examination. Two attendants told me he was entirely sane and coöperative from the day of his arrival.

I first knew P. D. after he was on parole. He was a pleasant man of twenty-five, good-looking, with no NP characteristics whatever.

During his five months confinement P. D. suffered a gum infection after an extraction and had influenza and pneumonia.

His wife offered to sign for his release if he would first sign divorce papers. P. D. appealed to his brother, but the Manager said that only his wife could sign for his release. The Manager later reversed this decision when confronted with a copy of the court records, showing that the commitment was to the State Asylum.

Bennie was an epileptic, with a non-relative guardian. The guardian was the daughter of an attorney who derived a considerable income from the pensions of some twenty veterans. He evaded the statute, prohibiting one person having more than five guardianships, by having five guardianships, each, in the names of his daughter and two of his cronies.

Professional guardians receive five percent plus "expenses" for endorsing monthly pension checks and writing checks payable to the wife.

Bennie finally protested the large take from his pension and threatened legal action to have his wife appointed guardian.

The guardian petitioned Bennie's commitment to Lenwood. Bennie was then in the asylum, but had full parole.

Mr. Vaux Owen, the VA State Attorney, joined with the guardian's father in prosecuting the commitment. Bennie's attorney defeated the commitment, but Mr. Owen and the guardian's father fought the case through the State Court of Appeals.

The guardian, at this time, was residing in California. Returning after Bennie's death, she produced a will designating her as beneficiary. Fortunately, Bennie's wife produced a later will.

Peter was a robust athlete of pleasing personality, whose spirit and sense of humor had brought him through fifteen years of confinement.

"I was operating my own construction business," Peter told me,

"and was working too hard. I passed out one night and my wife and her doctor sent me here; doped, I think. These doctors said I was committed.

"Some big attendant tried pushing me about and I floored him. They sent me to Twelve and tried tying me up, packs and wringings-out. Finally I hollered for the calf rope and they let me loose. But it wasn't long before another attendant got rough and I beat him plenty. So they tied me up some more.

"Fifteen long years! Now I'm getting out. You know, these doctors are queer ducks. They refuse to discharge me; then send me to a soldiers home, where I can sign out the next day. Reckon they just want somebody to sign for me to clear their skirts. Doc Walton took a couple of parting shots at me when I came up for Staff. 'You liked to fight when you came here, didn't you?' he asked; and I told him about the two big attendants I beat up one morning before breakfast. 'We broke you of fighting, didn't we?' he asked. And I had to admit they did."

* * * * *

While confining sane men, the psychiatrist refuse admission to veterans who are in need of hospitalization. Five hundred Georgia veterans are in the Milledgeville State Asylum and many languish in county jails.

Occasionally a veteran effects his transfer from a state asylum to Lenwood by smuggling a letter to his Congressman.

Norman got his Congressman to arrange his transfer to Lenwood after two years in the Georgia State Asylum.

"I worked at the Bell Bomber Plant after my discharge," Norman told me. "One Saturday, when I went home to visit, the Sheriff picked me up at the bus station. After ten days in jail, without being allowed to phone anyone, I was committed.

"I had ground parole most of the time at Milledgeville and, outside of being locked up and not fed too good, I was treated all right.

"I've been here one year and the doctors want to let me out,

but my father is fighting my release. Dr. Walton says I can go if I'll get somebody to guarantee me a place to stay until I get a job. Why, a good equipment operator like me can get a job anywhere most any time."

Norman stayed at Lenwood another month, until a friend guaranteed his room and board. To prevent his father having him arrested at the front gate, Norman left Lenwood via the back fence. I helped him climb a large oak, then watched him crawl out on a limb extending over the fence.

Standing on the limb, Norman recited *Only God Can Make a Tree*, then dropped to the ground outside.

* * * * *

Alvin was a handsome young sailor from South Carolina, who was entirely sane and normal while at Lenwood.

"It began on board ship," Alvin related. "I was running a fever, and my mind was all twisted. One morning I hit a lieutenant when he cursed me. I was dishonorably discharged, thereby losing all GI rights. I was still sick when I got home, and my mind all mixed up. So my family had me committed to the State Asylum at Columbia.

"For two weeks they kept me in a cell in the jail. There was a small window high up and a peep-hole the size of a dollar in the iron door. Ever so often a single eye would appear at the peep-hole; but I had no way of knowing whose eye it was. I couldn't see out, as there were bars some two feet from the door.

"At the asylum I was put in another cell; a jack stall, they called it. It was bare, with no bed or cover or anything. Just a concrete floor! For three weeks I lay on the floor in a straight jacket; lapping my food from a tin plate like a dog. Once a week they took me out to the bathroom and cleaned me up. I was still running a fever and my mind was all wrong.

"Some way I got over the fever and my mind cleared. They took me out of the cell and let me stay in the bull pen—that's the open part of the ward. This was Taylor Three, the ward for

criminal insane. The attendants' favorite sport was making the patients fight, like boys pushing dogs at each other.

"The food was terrible, but I continued getting better. They transferred me to a better ward; then to an even better one. You would have thought it was an altogether different asylum. The ward was much cleaner, the food better, the attendants humane and we received some medical care. I slipped a letter out to my Congressman. And he had my discharge changed to an honorable one and got me transferred here.

"Understand, I'm not complaining," Alvin concluded. "I'm going home next week; and I know I'm lucky to be alive."

Walter had also been confined in the South Carolina State Asylum before coming to Lenwood. A man of common sense, but no formal education, he had lived a hard life.

"It were ten year ago," Walter told me. "I made me a good crop on my little farm. I worked hard; too hard. When I work I always go hard. I got sick, bad sick, and they sent me to the asylum. In two months I gained twenty pounds and weren't sick no more. Then I went back home and went hard after two more crops. I got sick again.

"That time my brother was there in the same ward. It was bad; me being sick and trying to look after him. He fought and they beat him. Once they broke his ribs and knocked out some teeth. Another time they broke his arm. Outside the doctor settin' his arm, I was the only one did anything for him.

"Finally they sent him to the worse ward and me to a good one. My Congressman got me sent here. I been all right since I came here. That were seven year ago and I guess I'll die right here. I ain't seen the old woman since the lawyer guy brought her here about my soldiers' bonus."

After my release and while investigating the cases of Walter and Alvin, I became interested in a South Carolina State Asylum inmate, who had been confined thirty years.

Charles was arrested and confined in the asylum on the com-

plaint of a man now deceased. The records show that the commitment "hearing" was held in Charles' absence and after his transfer to the asylum. His accuser admitted knowing nothing that would prove Charles insane, but quoted what others said about him. The inference was that he was insane and suicidal, but no proof was offered.

Charles' family, who lived in Georgia, was not notified, as the law does not require notification of out-of-state relatives.

Charles wrote to his brother, who then visited him. Charles was at that time on one of the better wards, was pleasant and agreeable, but had symptoms of a mild mental illness. The psychiatrists persuaded the brother that Charles was hopelessly insane and dangerous.

When I visited Charles he had been confined twenty-five years on Taylor Three, the ward for the criminal insane. I was conducted through three barred doors and into a barred-door cell. This was one of the better wards, where Charles had been brought for the visit.

It was obvious why visitors would not return to this asylum. A boy in the next cell cried and whimpered for his doll, while groans and curses came from another cell.

A number of inmates were meantime walking by the open cell door. One stopped and handed me a letter.

"We'll be put on a worse ward if they know we talk to a visitor," he hurriedly whispered. "So please don't say nothing; just mail my letter."

Calling the nurse, I got permission to visit with Charles on the asylum grounds.

Charles was neat and well-mannered, but sometimes vulgar in speech. I found his memory excellent; his mathematics and map reading, good.

"What makes you think you're insane?" I asked.

"Voices always talking to me," he said.

"Are they talking to you now?"

"Yes, all the time."

"What do they say?"

Charles laughed in embarrassment. "That's it—I don't know—it's all jumbled up."

"Whose voices are they?"

Charles hesitated and looked down in embarrassment.

I patted his shoulder. "Tell me."

Charles laughed. "Well, they're Negro women."

"Are they suggesting that you go to bed with them?"

"No, it's nothing like that—I just don't know—it's just lots of voices all the time—I don't know what they say."

"Did you ever have a desire to injure—to kill—anyone?"

"No, and I never did hurt anyone."

"Did you ever want to commit suicide? Would you ever have done that?"

Charles gazed at the nearby brick wall, then at one of the ward buildings. "Many's the day and night I've wanted to die—hoped I'd die—prayed to die. Suicide? Kill myself? No, that would be a sin."

I then said, "Tell me about the attendants on your ward."

Charles' answer explained why he is still on the ward for the criminal insane. "They're damn criminals!" he said in anger.

I later talked to the Manager about releasing Charles to his brother, who lived on a farm.

"The patient is dangerous," the Manager stated.

"Let's see his record," I suggested.

Charles' record showed only that he had been in several fights. However, he had fought in self-defense and had never seriously injured anyone.

"You ever tried to kill a man?" I asked the Manager.

"Yes," he said to my surprise, "yes, I tried to kill a man once."

"Charles had a clean record before he came to the asylum," I said, "and your records show nothing to indicate he's dangerous. Sure he's mentally ill. You and I would go nuts after twenty-five years on Taylor Three. The man was illegally committed, he is not dangerous and his brother wants to take him to the farm. Now you are over-crowded here and short of money. How about letting Charles go with his brother?"

"That will be up to the Staff," the Manager said.

"Let me go with him before the Staff," I suggested. "He will feel more at ease with a friend."

"The Staff will hear the case tomorrow morning," the Manager said. "As to your being there; that's against the rules. Staff hearings are confidential discussions by the psychiatrists."

An inmate stopped me as I was leaving the asylum. "Get Charles out of here if you can," he said, speaking out of the side of his mouth in prison fashion. "I was on Taylor Three with him last year—here, walk along like you didn't know me—not so close—they'd lock me up for talking to you. As I was saying, Charles was sick and nobody paid him any attention. The nurses and doctors don't bother about coming to that ward. He had badly ulcered legs and a high fever. They didn't even see that he was fed. I took him food and water. Did you notice his broken fingers? An attendant did that. The men on that ward never go outside, and they keep Charles in one of the cells. Trouble is that they can't break his spirit, and the attendants hate him for that. You see him all dressed up. Well, did you know he has worn just drawers for twenty years—even in winter. And the food ain't fit for a decent dog! But here comes an attendant; and I gotta go!"

The Staff ruled against Charles' release; and I then persuaded the family to bring legal action to have the commitment declared void. We retained an Atlanta attorney and one from Columbia. Both warned that it was a waste of time and money, as the courts would accept the recommendation of the asylum doctors.

Charles' brother and I visited the asylum the day before the court hearing and found Charles in a highly excited state and talking of various delusions.

I felt his pulse. "Over a hundred," I said, "and a schizophrenic should have a low pulse rate. He has no fever. Dope is the only answer. He's been here too long, seen too much, has too good a memory. We're licked; and you might as well tell the attorneys to have the case dismissed."

"What can I do to get my brother out of this place?" he asked.

"Kidnap him," I said.

It would have been a simple matter to have Charles crouch down on the floor of the car, then drive out the gate. Once on his

brother's farm, the South Carolina authorities would not try to get him back. We discussed the plan at length, but finally decided against this drastic action.

Had Charles been a murderer, serving time in prison, there would have been some hope of getting him out. But there is no parole board for asylum inmates.

Charles, who never harmed anyone or broke a law, is still imprisoned in a cell on the ward for the criminal insane. On his cell wall he marks the days and weeks and months and years. But all of his days are alike. Sunday is no different from Saturday and, in the gloom of his cell, daytime differs little from night.

Some veterans stayed at Lenwood of their own volition. These were ne'er-do-wells who would accept free food and shelter anywhere—even in an asylum—and men who used Lenwood to escape the law.

Derrick stayed at Lenwood to avoid prosecution on a manslaughter charge. "It was absolutely self-defense," he explained. "The man was advancing on me with a knife; so it was either me or him. But his folks are strong in the County and would probably send me up."

Guy came to Lenwood from a North Georgia county, where the Sheriff was rough on political opponents.

"The deputy came to arrest me for drunk and disorderly and fighting," Guy said. "I knew I'd get the book thrown at me anyway; so I proceeded to work that deputy over—and plenty! Dad rushed me down here and had some commitment papers fixed up. I'll stay about two months; then my wife will sign me out. We'll live in Florida, and won't ever go back home as long as that Sheriff is in office."

Calvin was an alcoholic attorney, who wintered at Lenwood. "Why it beats the 'Y' in every way!" he told me. "Don't cost a cent either! I even get my transportation home."

But for some reason the psychiatrists evicted Calvin, telling

him he would have to spend the rest of the winter at some other hospital.

Three days later Calvin applied for readmission.

"We can't take you back," the psychiatrist told him. "You're not that drunk."

On his way out Calvin stopped to speak to me. "They can't keep me out," he protested, obviously offended. "I'm coming back here tonight drunk as a fiddler's bitch!"

Calvin was drunk enough for admission when he returned that night, and the psychiatrists let him stay through the winter.

Ollie, an alcoholic from Atlanta, wore out his welcome by leaving the asylum several times before his formal release. The psychiatrists said he could not return unless committed. A few months later Ollie needed to sleep off another drunk, and the Ordinary committed him to Lenwood.

The psychiatrists then changed Ollie's diagnosis to dementia praecox and said they wanted him to stay several months for "treatment."

Ollie and his wife were displeased with this development, particularly when Ollie was exhibited at a psychiatric lecture.

"Exhibited me like some laboratory specimen!" Ollie told me. "Said alcoholism had developed into dementia praecox! At my age! It was all I could do to keep from calling the so-and-so's what they are. The wife's coming over Sunday—she's furious—and sign me out to go to dinner in town. Well, we'll eat dinner in Atlanta."

The Marshal had never in his life done a day's work. "Mister," he said to me, "I can't see why you wanta get outa here. Nuthin' to do 'n' plenty o' vittles 'n' a bed! 'At's all I wants!"

The Manager always pointed out the Marshal to visiting inspection groups. "See that patient over there," he would say. "Thinks he's a Federal Marshal. You see, we give these patients whatever it takes to make them happy. So we give him a cap and badge and call him the Marshal."

These men, who used Lenwood for their own purposes, robbed

sick veterans of hospital care, and each cost the taxpayer \$4,000 per year. Yet the psychiatrists gave them a generous welcome and seldom made one leave against his will.

* * * * *

The *Augusta Chronicle* of January 25, 1946, quoted the Manager from a speech made to the State Department of Veterans Service: "The efficacy of modern medicine's treatment of neuropsychiatric cases is demonstrated by the fact that the institution has an admission rate of 1800 a year—but only 1350 patients are at the institution at the present time."

This statement infers that Lenwood veterans were being cured of mental illness at the rate of eighteen hundred per year. However, the Record of Discharges and Admissions for the first three weeks of January gives a far different picture.

One hundred and seventy-five veterans left the asylum during this period.

Six were "discharged by death," seven escaped, six were transferred to other hospitals, and thirty-seven left "against medical advice"—the psychiatrists' way of stating that their families demanded their release. Sixty-nine received outright discharges—alcoholics, who left to go on another bender. Certainly these men were not benefited by their stay at the asylum.

The other fifty, twenty-seven percent of the total, were released on trial visit. They were diagnosed as NP cases, and no doubt some of them were benefited by the routine institutional life.

What was this "efficacy of modern medicine's treatment" as practiced at Lenwood?

The therapies were packs, water therapy and electric shock treatment.

Pack treatment, actually restraint, consists of immobilizing the patient by rolling him in wet sheets. Just how would this cure a sick mind?

The water therapy was alternate hot and cold water sprayed

under pressure against the patients. The "babies" and "sitters" were given this treatment on bath days.

There is no doubt that in many cases electric shock speeds recovery. With middle-age patients in good physical condition, the results are sometimes startling. However, it is quite possible that the damage occasioned exceeds the beneficial effect. At best, it is crude and drastic.

I questioned twenty veterans after they had been given shock: "Is your memory better or worse than before you took shock? Do you think faster or slower?" Each man replied that his memory was poorer, his thinking slower.

Of some dozen veterans I observed during the time they were taking shock, none showed any improvement. However, one developed blood-shot eyes, another was unconscious for twenty-four hours, an alert man entirely lost his mind for two weeks, and two men suffered fractured vertebrae.

One of the veterans with spinal fracture appealed to me for advice. The psychiatrists accused him of pretending and would not discontinue the shocks, although he was in considerable pain.

"Write the Manager," I advised. "Describe your pain and state you are certain it's a spinal fracture. Demand that shock be discontinued until X-rays are made. And wire your brother—I'll send the telegram—to get over here at once."

X-rays, made as a result of this letter, revealed two fractured vertebrae; and the veteran was released on his brother's demand.

Two young veterans were considered hopelessly insane after taking shock. Both later underwent prefrontal lobotomies—the "ice-pick" operation in which the connection between the thalamus and the frontal lobes of the brain are severed through holes drilled in the skull. One of these, a doctor, told me that electric shock was not the proper treatment for him; that it was ruining his mind. After the operation the doctor was viciously assaultive, the other veteran a drooling idiot.

The man who sat by me in the mess hall, eating everything within reach after pouring salt and coffee over it, had received shock treatment. Before taking shock he was tube fed, as he refused

to eat. There is no doubt that shock restored his appetite. However, he never again uttered an intelligent word.

In explaining shock to me, Dr. Miracola said: "It is somewhat like your car being stuck in a muddy rut, and you call a wrecker. He can get you out of that rut, but can't guarantee you won't slip right back into another."

George Wright Gray's *The Advancing Front of Medicine* describes electric shock treatment and its effects:

To receive electroshock the patient lies on a table, two pads of rubber faced with interwoven strips of thin copper are adjusted to his temples, and a minute current of electricity ranging in force from 70 to 100 volts is passed through his head for a fraction of a second. There follow periods of unconsciousness, spasm, severe convulsion, and deep coma during which the patient may look extremely blue. On awakening there is a twilight period of semiconsciousness, and when the patient finally "comes out of it" he is generally unable to recall any memory of the experience. . . .

The patient's body, particularly his nervous system, receives a stunning blow which jolts it out of its accustomed routine. Quite apart from the hazards of bone fracture and dislocation . . . there is some evidence that the brain cells are damaged and even destroyed by the shocks. . . . In some instances of shock therapy, it is reported that patients have continued to have convulsions after termination of the treatment, and thus the effect has apparently been to add epilepsy to the prior disorder. Certain tests have shown, moreover, that the electric pulsations of the brain acquire a disordered pattern following some of these treatments. . . .

Recently Dr. Stanley Cobb, psychiatrist in chief of the Massachusetts General Hospital, reviewed the results of various experiments with shock therapies. He described how several investigators had used animals, and following the treatments had examined the brains. Widespread degeneration of the ganglion cells of the brain had occurred. "Such evidence makes me believe," said Dr. Cobb, "that the therapeutic affect . . . may be due to the destruction of great numbers of nerve cells in the cerebral cortex. This destruction is irreparable. . . .

Electric shock treatment gives the psychiatrist something tangible to prescribe. It is quick and simple and inexpensive and almost anyone can flip the switch.

The VA psychiatrists gave a standard of fifteen shocks, regardless of the patient's condition. And they gave it to almost any

veteran upon the request of his wife, thus letting her prescribe this dangerous treatment.

There was no speech retraining for veterans recovering from partial strokes or head injuries; no therapeutic exercise for those with a partially paralyzed arm or leg. Lenwood had no physical medicine and rehabilitation program.

Although there are drugs that prevent epileptics from having seizures—thus permitting them to lead normal lives—those at Lenwood received no treatment of any kind.

December 14, 1945, an epileptic had a seizure in front of the mess hall. Dr. S. L. Hutchison was present, but did nothing whatever for the veteran. The man lay on the cold, wet ground twenty minutes until the ambulance arrived. You wondered why he was not carried by stretcher to the nearby Medical Ward; but there were no stretchers in the mess hall, or any of the Lenwood buildings.

Every mental patient I observed appeared to be in poor physical condition, and mental recovery closely followed physical recovery. But little was done at Lenwood to build the veterans back to physical well-being. Instead, the conditions and practices of the asylum tended to undermine their health. From overheated and unventilated buildings the veterans went outdoors, with inadequate protection against the cold and rain. This resulted in epidemics of colds, influenza and other respiratory illnesses, with little being done to prevent their spread.

Sick veterans could not lie down in the daytime, and only those with temperatures over a hundred were transferred to the Medical Ward. Temperatures were taken only when a veteran complained of being sick. The nurses often ignored physical complaints, and the parole veterans hid their illnesses. Many had slowly saved money over a period of years. If transferred to the Medical Ward this would be confiscated, to be doled back at the rate of two dollars per week. So they suffered in silence, rather than give up their money.

Nothing was done about glandular and hormone deficiencies, general medical care was neglected, ventilation and sanitation and

diet were forgotten; the psychiatrists dispensing confinement as a cure-all.

There is no justification for this malignant system. Unlike the impoverished state asylums, Lenwood has a generous operating budget and 850 well-paid employees. The attendants receive a top salary of \$3,400, the nurses \$4,500, the psychiatrists \$12,800.

The yearly cost per inmate is \$4,000; a reasonable cost for the proper care of the mentally ill. But it is an outrageous expenditure for the confinement of veterans, many of whom are sane.

Somehow we get the idea that psychiatrists talk the mentally ill back to sanity. However, the Lenwood psychiatrist does all of his talking at the first, and only, interview. Upon leaving any hospital, a patient needs advice about his proper care and treatment. Certainly one who has been mentally ill needs professional counsel. The relative also faces a difficult task. But the VA psychiatrist gives no advice at all. The veteran is not even given a physical examination prior to release.

Your soldier comes to Lenwood, stays three months and is reported as greatly improved. But confinement has been his only treatment—at best, regimented creature comforts. His assembly-line treatment includes a dose of salts, a mental diagnosis, then confinement until you decide you want him back home.

CONGRATULATIONS!

YOU ARE THE FIRST PERSON
TO LOOK THROUGH THIS BOOK SINCE

Fred Griffith,

XI

FREEDOM

I WAS LETTERING titles and authors' names on rebound books when Mrs. Parker came in and introduced a Miss Carrie Belle Perkins of the American Red Cross.

Miss Perkins, a tall, loose-jointed spinster, began talking before Mrs. Parker could get out of the room. "Mr. Wilkes, you see I came all the way over here from Atlanta to see how you're getting along—my, you are looking well—and to tell you that the Red Cross wants to help you."

Thinking that my prayers had finally been answered, I resisted the urge to dance the gangling woman around the room. Such behavior by an asylum inmate might be misunderstood. "That's the best news I've heard in six months," I said. "Have this chair and tell me about it."

Miss Perkins cautiously sat down and smoothed out a wrinkle in her skirt. "Well, what can we do for you?"

And I replied, "Well, what can you do for me? You spread out on that table samples of all the help you can give and, sight unseen, I'll take the works."

"But—well—you see, that's not the way we do these things. It's like this: how is your family getting along? And does your wife need to borrow some money? You know we all get short of cash at times."

I began to see it then. "Afraid I can't order any of that. And we might forget the little woman. She's doing very nicely, thank you, without any help. Now I need some money; need it bad."

"Well, now," she stammered, "w-e-ll, . . ."

"Miss Perkins," I said, and I was a little angry, "you're from the VA office, I judge, and you drove over here in a Government car and you get expenses for the trip. It's a nice ride and you possibly have friends here you will enjoy seeing and the change will do you

good. So—the trip is worthwhile, but let's not charge it up to helping veterans. The help these poor devils need and want is a way to get out of this hell-hole. Please don't look shocked. That's what it is. And if you can't help them get out, you might as well stay in Atlanta and shuffle your papers around."

Then I was sorry I had said it. Miss Perkins awkwardly got up from the chair and smoothed out a wrinkle in her skirt. She didn't say anything—just walked out sideways.

* * * * *

The talk of help and Atlanta reminded me that I needed an Atlanta attorney without delay. He would need to study my case and the law of insanity prior to my release.

Wondering if I could go to Atlanta without the psychiatrists learning of the trip, I requested a pass and five dollars, explaining that I needed some dental work.

An hour later the nurse began shouting my name. Mrs. Dayton was a cantankerous woman, who was working her last year before retiring. "Wilkes!" she called in her usual harsh tone. "Wilkes! You come here!"

Entering her office, I said, "Hello, Mrs. Dayton. Mind telling me your given name?"

Showing her surprise, the nurse replied, "Reckon not. It's Myrtle."

"M-m-m, a pretty name," I said. "Did you ever think how much you enjoy hearing it spoken? I say 'Myrtle,' and it's music to your ears. I say 'Mrs. Dayton,' and that's pleasing, too."

"What you getting at?" she wanted to know. "You trying to soft-soap me, or something?"

"Not at all," I assured her. "I was just thinking about names when you called. You know a man's name is to him the best sounding word in the world."

"You talking about the way I called you just now?"

"I didn't even notice that," I lied. "I was thinking about the men confined here; how they would enjoy being called Jim, Jerry

or whatever their names. That one thing would do them more good than all the therapies of Lenwood."

"I reckon so, but I'd never remember their names. I called you about your money. Sign here."

I signed a voucher for five dollars. "How about the magnesia? Dr. Vicary said I could have some."

Muttering to herself, Mrs. Dayton carelessly rinsed a medicine glass, filled it from a gallon jug and shoved it at me.

"That's not a sufficient dose," I protested. "Most of the magnesia has settled to the bottom of the jug."

"You ain't crazy; just hard to get along with! That's why you're here!" Mrs. Dayton filled a drinking glass, turned and sat down at her desk.

I took what I thought was the proper dose; then stood, waiting.

"Now what you want?" she demanded. "Can't you see I'm busy?"

"I'm waiting for my money."

Mrs. Dayton looked excitedly among the papers on her desk, then sprang from her chair. "I gave you the money!" she cried.

"You certainly did not," I protested. "I signed a receipt for five dollars and I want my money."

The nurse made a sudden dive at the waste basket and picked up the torn halves of an envelope. Then, with trembling hands she extracted a torn five dollar bill.

Carl stopped me as I left the nurse's office. "Tom, it's not worth it: all the argument about medicine. You'll learn, like the rest of us, that it's better to buy your own or do without."

"I'm listening," I said.

"She puts up a squawk like that every time she has to give a man medicine," Carl continued. "So we buy our own. Two of us have an occasional ulcer attack and keep a box of baking soda hid in the clothing room. . . . Now don't start telling me it's bad for my stomach. I know that, but it's not near as bad as that nurse."

Thinking of Carl's advice as I rode the bus to town, I decided to keep a bottle of milk of magnesia hidden with his baking soda.

I was fortunate in getting round-trip plane reservations to At-

lanta for the following day; leaving Augusta at eight A.M. and returning that night at nine. "Tom Warren is the name," I told the clerk.

I awoke the next morning when the night attendant turned on the ward lights. "All right, you guys!" he shouted. "All right! Time to git up!"

Thinking of my trip I looked out the window, wondering about the weather. Outside there was only darkness which, at six-thirty, meant stormy weather.

"You know what!" a veteran called. "That jug-head turned those lights on an hour early! All he does is sit on his bottom all night, then turn the lights on; and he can't do that right."

Dressing hurriedly, I went downstairs. The attendant was standing under the wall clock, waiting for the day attendant to relieve him. He was a Violent Ward attendant, working temporarily on our ward.

"What's the time?" I asked.

The attendant looked at the clock. "Forty minutes after six."

"Check your watch," I said.

He took out his watch, looked at it carefully, then at the clock. "Like I told you, it's forty minutes past six."

"What time did you turn on our lights?" I asked. Now I was sure he would notice it was dark and that none of the other wards were lighted.

"Six-thirty," he said impatiently, "like I'm supposed to."

"Just to be sure, check your watch and the clock again."

Again he looked at his watch, then at the clock. "Like I told you, I turned them lights on at six-thirty. It's now forty minutes after six. You trying to mix me up?"

I then began as I would with a child. "Let's start over again. Look carefully at the clock. Is it before or after six?"

The attendant looked at the clock. "It's after six—no it ain't!" Slowly his face lighted with understanding. "Hell! I turned them lights on too early!"

The pass I left at the guardhouse explained that I had a dental appointment. It did not confine me to any geographical area, speci-

fying only that I must return by ten o'clock. However, I knew that the psychiatrists would revoke my pass privilege if they learned of my trip to Atlanta.

I rode the bus a mile toward downtown Augusta; then took a cab back past Lenwood to the airport.

The stewardess checked her list and gave me a welcome smile. "Glad to have you with us, Mr. Warren."

I took a seat by an Army captain, who was looking out the window. The DC-3 taxied to the runway, climbed and circled over the asylum.

The captain turned from the window. "Tom Wilkes!" he exclaimed, banging me on the shoulder. He was a friend from Columbus, who also knew Camille. However, I had not seen him in two years and felt certain he did not know about my confinement.

We talked of Army experiences and mutual friends until we sighted the Atlanta Airport. It was only a fifty minute flight.

"I'd like to ask a favor," I said. "Camille thinks I'm traveling in South Carolina. Well, I am; but I've got a date in Atlanta with a good-looking blonde. So please say nothing about seeing me."

"Date with a blonde! Traveling in South Carolina!" the Captain roared, pounding me on the back until the stewardess gave us a reproving look. "Trust me, Tom. If I see anybody it's been years since I saw you."

From the Piedmont Hotel I called Henry Brandt.

"Tom, it's good to hear your voice!" he said. "I was reading your report on the Augusta Auditorium. Are you here in Atlanta? . . . Well, get on up here to the office and we'll go to the Piedmont for lunch."

"I'm in the lobby of the Piedmont now," I said. "I've got to stay out of sight. Camille might learn I'm in Atlanta and have me arrested. You meet me here."

That lunch with Henry Brandt is one of my most cherished memories. It was his friendship—his belief in my sanity—the warmth in his greeting—his genuine gladness in being with me.

Henry said he had forwarded my first letter, with his own report on me, to his brother, a medical doctor in New York. Based

on Henry's factual report, Dr. Brandt replied that since I had never previously manifested any NP symptoms, he would venture the opinion that I was not psychotic.

Listening to Henry, I wondered why psychiatrists refuse to avail themselves of factual reports from former employers and business associates.

Henry wanted to know why the psychiatrists refused to release me when I was sane, and I tried to explain that mine was not an isolated case.

The charge of insanity confers a sub-human status. The psychiatrists look upon the accused without any feeling of fellow humanity, and friends and relatives forget him as being dead. The courts deny him all Constitutional rights, deprive him of freedom and property and consider his testimony incompetent.

Henry left and I began trying to decide on an attorney. My status being somewhat that of a fugitive from prison, I was afraid any friend I might call would notify Camille of my presence in Atlanta. Then an asylum inmate is not a desirable legal client. He seldom has any money, his property being controlled by a guardian who is opposed to his release.

I first called a newspaper reporter I had talked with twice from Augusta, and he referred me to the legal firm that represents his paper. I then talked with the senior member of this firm, who said he did not know an attorney to recommend for such a case.

Prior to the war I was employed as engineer and purchasing agent with the Capital City Utility Company. Mr. Culver, the President, had neglected to help me fight the commitment—his letter explaining that he had been out of the city at the time. Now I decided to risk calling him.

Mr. Culver evidenced surprise—embarrassment—something else I could not define. We exchanged the usual pleasantries; then I asked him to recommend an attorney and he named one I knew.

"He's capable," I replied, "but not a good trial lawyer. I want a man who can plead a case and who likes a tough fight."

Mr. Culver then recommended a Mr. Farrell, and I thanked him and started to hang up.

"Where are you going when you get out?" Mr. Culver asked.

"To Atlanta, of course," I stated, "to work for you if you still need a good engineer."

"H-m-m," Mr. Culver said, "Camille said you are going to South Carolina."

I laughed. "That's all news to me, Mr. Culver. Just don't believe all you hear about Tom Wilkes. Well . . . thanks. See you in a couple of months."

I phoned Mr. Farrell and he said he would see me at once and I walked around to his office.

"Knew your brother, Harry," Mr. Farrell told me. "Served with him in the 82nd Division during World War I. Your case interests me and I would like to do what I can to help you. My retainer fee is two hundred dollars."

I gave Mr. Farrell a typed summary of my case, with the understanding that he would file a sanity plea the day of my release and a divorce petition the day I was declared sane.

At the courthouse he learned that the Fulton County Ordinary had appointed Camille guardian of person and property, without a hearing of any kind. Her petition, alleging that I had no property except household, was supported by Mr. Vaux Owen's statement that I was an incompetent veteran.

In declaring me incompetent, the VA assumed the prerogative of a court of law. The VA has authority to decide whether a veteran is mentally ill, but the matter of competence is a legal one.

Mr. Owen accompanied Camille in my car on two trips from Atlanta to Augusta; then arranged for her to draw \$36 of my retirement pay as reimbursement for this travel. He also approved payment to her of \$138 per month of my retirement pay, as a sort of bonus, while she paid all of her expenses from my checking account.

The VA Attorney was charged with the duty of protecting the veteran's interests; yet he opposed my habeas corpus writ and prosecuted my commitment as though I were a public enemy. Then, when the psychiatrists wanted to release me, he ruled that Uncle George could not sign for my release over my wife's ob-

jection. Coöperating wholeheartedly with Camille, Mr. Owen had not even treated me civilly.

En route to Augusta that night I found myself wondering why.

* * * * *

Monday, December 24th, my morning mail included a letter from Camille.

"Tell Dr. Vicary I said to let you phone me Christmas morning," she wrote. "Mother and Dad will be here and I would like to talk with you."

Without mentioning the letter, I requested permission to phone my wife Christmas morning. Dr. Vicary referred me to Camille's letter forbidding my phoning her.

"Any news of my case?" I asked.

"I'm working on it to get you out of the hospital," Dr. Vicary said.

"I can't see that there's any work to it," I replied. "It's only a matter of the Staff discharging a normal man. They gave me an unwarranted mental diagnosis and have deprived me of my liberty for six months. As a result I've lost my wife and property."

"We're on a spot about your case," he said. "There's a legal point involved."

"A legal point!" I exclaimed. "You can't tell me, like you do most of the veterans, that my wife had me committed. Dr. Tighe, Dr. Miracola and Vaux Owen fixed me up in your own little court. Furthermore, Dr. Tighe refused to let me phone anyone to get help."

"There's nothing I can do on your case. Your wife won't sign for a trial visit, and the Staff won't grant a discharge to a veteran with an NP diagnosis."

"Dr. Vicary, I understand that's the policy of the hospital, but there's no rule to that effect."

"I don't see why you insist on a discharge."

"You mean the Staff would let me go on trial visit with my wife after she has written such letters about me? Would you put me on a spot like that?"

"We certainly would if she would sign."

"But you know she won't sign."

"We can bring pressure on her."

"Not on that wife of mine!" I exclaimed. "Dr. Walton tried that! But we're only talking in circles. How about a pass today and another five dollars? I've got to have another tooth filled."

Each week I was allowed three dollars of my funds, and one all-day pass. I usually took my regular pass on Saturday; then pretended some emergency that warranted another pass and additional funds. This was the eighth pass I had requested for dental work, and I had one small cavity as proof of my need. I had to make an engineering inspection for Henry Brandt, but the psychiatrists would not grant a pass for that purpose.

"Wilkes," Dr. Vicary said, "I have fully as many teeth in my mouth as you, but I don't have one filled each week."

"Surely you don't blame me because my teeth decay," I protested.

"The hospital has a dentist," he said. "Why don't you go to him?"

"He's too nervous," I replied. "He'll pull a tooth, but just try to get him to fill one."

"You shouldn't talk about the dentist like that," Dr. Vicary protested. "Oh, well, I'll give you the pass and five dollars."

At Lenwood I had observed Independence Day, V-J Day, Labor Day, Armistice Day and Thanksgiving; and each of these had been merely another day of confinement. But as Christmas approached I thought it might be different. The Recreation Department received fruit and candy in large quantities, and free Christmas cards for all. The halls and day-rooms were decorated with smilax and paper streamers.

Smilax, a vine with lustrous green leaves, grows in the creeks and branches near Augusta and is much in demand for Christmas decorations.

We had more smilax than was needed, and I decided to take some to Sylvia and two other Augusta friends. Returning to the

ward with a bundle of vines, I saw a large cluster of mistletoe in an elm near our ward.

Carl stopped me as I was changing to work clothes. "Now what are you up to? . . . Don't try to deny it! By that twinkle in your eyes I know you're up to some devilment."

"I'm going to climb that big elm and get some mistletoe," I said.

Carl showed his alarm. "Tom, they'll send you to Twelve if they catch you up a tree! You can't do things like that!"

Taking Carl's arm, I led him to the bulletin board. "There are fifty-four rules there. Keep off the grass! Don't spit on the floor! You'll lose your parole if you do this or that or the other. But you don't see a rule against climbing a tree. They forgot that one, so here I go."

Carl and several other veterans watched from the windows. I broke off the mistletoe and dropped it, thinking with amusement of the conversation I would have with Dr. Walton if he should happen by.

Dressed in my best, I then walked to the gate, carrying a cake, mistletoe and the bundle of smilax.

The guard took my pass, then looked critically at the box and vines. "Where's your package permits?" he demanded.

"My what?" I said. "There's a cake in that box, which should not require a permit; and certainly I don't need one for the vines."

"You can't take 'em out without a permit," he stated. "That's the rules!"

"To hell with rules! Understand, I don't blame you; but I'm fed up with absurd rules." I threw the box on his desk. "I'm not going through the time and red tape to get a permit. You keep the cake. I couldn't enjoy eating it in here!"

The guard slowly shook his head. "Take your cake with you, Wilkes, but leave the vines."

I was glad he had not mentioned the mistletoe. "Now that's ridiculous. The vines are neither private nor Federal property. They came from the woods and the Recreation Director said I could have them. Anyway, you can't call a bundle of vines a package."

The guard scratched his head and cursed. "Get 'em outa here! Get 'em out! But get a permit next time."

That afternoon, when I carried Sylvia her Christmas present, I complied with all regulations. The nurse gave me a package permit, without knowing the contents of the package, and I gave the blank permit to the guard.

Tuesday, December 25th. Christmas in an asylum! *Merry Christmas! Merry Christmas!* Elks and Legionnaires brought fruit, nuts and candy. A few men received gifts and cards from home. The Clergyman delivered a drab sermon to a captive congregation. A man in a beard and red suit passed out gifts in an institutional manner. There were no Christmas carols—no smiles or happy greetings. Each lonesome man waited his turn in a straggling line, took a box of candy from the asylum Santa—who stood by a stern Dr. Walton—tucked it under his arm and followed other dejected men back to his place of confinement.

Merry Christmas and a Happy New Year!

Camille had corresponded regularly since my commitment, but the letters did not sound at all like Camille. Studying them carefully, I found pessimism and fear and anxiety. Even her writing, punctuation and sentence structure had undergone a change.

She frequently wrote of the Bible and her prayers. "You mentioned that you do not like the services there. Would you like for me to send you a Bible? I do not see how anyone lives without one. Faith and hope are the only two things that keep people going."

And her closing paragraphs?

"Good night, Dear, and may God watch over you and keep you as I pray for Him to do each morning and night. Know too that I love you. You were such a good husband to me and I never forget it."

"You are a dear and I love you so. You are first in my thoughts always and God bless you for always."

"Write to me and know that my prayers are for you and my love is yours too, Dear Heart."

"Just rest in peace each day and know I am the same wife you had for twelve years. God bless you."

Camille's letter of the week after Christmas called for particular study.

I think of you every minute and dreamed of you last night. Sometimes I wonder how I work, I have you on my mind so much.

Please know that anything you need and want I will find a way to get it. You know very well that you have been first in my life since I met you and your needs and wants are always considered first. I only wish that you did not have any other idea; but you do and have told Uncle George so. It is not true though. You will live to see that I am still closer to you than any other person, relative or otherwise, whom you have ever known. Remember, Dear Heart, we lived together so closely for twelve years. Why should I mistreat you now? It is not logical for you to entertain such thoughts.

I want you out any time they say you are well or even well enough to look after yourself. They can do this through discharge or release. They are doctors, Dear Heart, and the responsibility is theirs. No one, not me or them, is holding you there or keeping you from your freedom. It has been and is your illness.

Nobody could want you well more than I. As for settling anything else about us—the time to do that is when you are well and we have a fair chance. I love you very much and so want you to be well again.

Remember, Dear, I have always told you the sole truth and have your welfare at heart more than anyone knows.

Wondering about Camille's purpose in writing this letter, and thinking that I might possibly persuade her to agree to my release, I phoned her—without getting permission—to come to Augusta.

"Tom," Camille sobbed, and I remembered I had never before heard her cry, "I've received reports that you're having dates with girls."

"So what?" I asked in exasperation. "Did you think you had buried me?"

"You shouldn't talk to me like that," she cried. "I was telling Estelle I can't live here if you're in Atlanta and not living with me."

Now what? I wondered. "Camille," I said, "for your own sake you must coöperate with me. I'll then throw the entire blame on the psychiatrists. I want to talk this thing over with you. You come over here early tomorrow."

"But I can't get there," Camille pleaded. "You know I wrecked the car. It turned over completely two times."

"Cut the stalling!" I said. "You can come by train, bus or plane. I'll expect you bright and early!"

I would never have asked Camille to visit me, had I known about the letter she wrote my brother-in-law the day I was in Atlanta.

Inasmuch as you have not been able to come by I am going to state a few facts and meaning no ill will towards anyone: Tom, Uncle George, you or any other relative.

I had hoped that my situation would ease to some extent as my first serious trouble started January, 1945, and I feel I lived a *life-time* and more in 1945.

I do feel a great deal of harm has been done at the hospital and to me by Uncle George's meddling. If only he had tried intelligently to find out the facts—things would be different.

I will let you decide if you think I at any time became a panicky woman.

January 24, 1945, Tom was ordered to a psychiatrist by his commanding officer. I will not relate here any of the peculiarities noticed by me or them. Every day from January 24th—June 5th I spent every minute permissible with Tom. I saw his illness come on and end on May 10th by having an acute violent attack. I will not describe it, as if anyone has ever witnessed one—they would not want to recall it. From January to June, I followed Tom to four different hospitals doing everything possible. When he was in his acute attack the Army, feeling that Tom's persecution complex being so odd—(that of feeling the Army doctors and hospitals had it in for him and were doing things unjustly) to satisfy me, they flew in the third best psychiatrist in the U. S. He came to me with *witnesses* and told me Tom was one of the most seriously ill men mentally he had seen in many years—that he could not promise me Tom could get well, that he tho't that he would be much better at times, but that he could certainly promise me that the attacks would recur. I did not stop at that. While Tom was at his worst, I had the two best civilian doctors in Austin come and during their entire stay, Tom sat up and talked about *sex perversion*. He talked incessantly day and night for 31 days—the length of the attack. Those 2 doctors told me he was insane and must be hospitalized.

I might add the hospital knew nothing of these doctors' visit as I took them in unnoticed. I then stayed with Tom in that condition from 10 A.M. to 8 P.M. every day for 25 days. I begged him to eat when he was flushing everything down the commode saying the doctors were poisoning him. The doctors told me that Tom could hurt me before the guard could get to me—but I stayed anyway. I have never received such kindness as I did from that medical staff.

I was even asked to sit in on 2 different board meetings when Tom's case was discussed by the *General* down and I can assure you Tom and I received undue consideration. Tom got things due to my asking that not one other psychotic received. On June 1st, I collapsed due to no sleep and being unable to retain anything on my stomach. So the doctors begged me to come home—said I had taken more shock and strain than any relative they had ever dealt with. I wired my sister and she drove me home. I stayed in bed eight weeks at home until I was called to Augusta to a writ of habeas corpus hearing. I never even was called so what was said I do not know. I do know the Judge heard enough to know Tom would have to have hospitalization. As you know—after that the hospital wrote me that Tom's condition was such that he would have to be committed as by law they cannot hold any patient if they demand to get out. As Uncle George and Tom are telling that nothing is wrong with him and that there was no need for him to be committed—that is certainly not the opinion of three outstanding hospital staffs and two of the best outside doctors possible. Randolph, I do not intend to relate one thing Tom did then nor now, but I can assure you he is a dementia praecox paranoid patient. All the things he tells Uncle George about the Army are not true—they are his delusions and he will probably always have them—and I can say more: I *know* that this illness has been coming on for three years.

What any of you say or think about me does not bother me nor my family one bit. What I went through for one year I would not go through again.

Uncle George and several people including his son sent a petition to the hospital saying Tom was sane and demanded his release. Then in November, Uncle George again wrote the hospital and wanted to get responsibility away from me.

There are a *few facts* that should be faced. Veterans' hospitals discharge psychotics sooner than any other hospitals—so if Tom were well—he would be discharged whether anyone objected or not.

The second fact is—Tom perhaps, so the hospital says, is subdued enough at the present time—to be in the *custody of very responsible relatives* on a *trial visit* if those relatives would sign a statement relieving the hospital of all responsibility, be responsible for all his acts and be sure

to rush him back to the hospital when necessary. They have told me every time I go that if they were I they would get a divorce and just let the relatives see if they could handle the situation.

I have sent the hospital written notice that at any time they feel Tom is well or even well enough to look after himself—they are welcome to release him—so if Uncle George would just behave and not act like a fool—there would not have been so much trouble.

I can assure you that neither the Army nor the veterans hospital are holding him for any of the reasons he says—they have done nothing to him—only his illness keeps him there.

You have children with Wilkes blood in them. How you feel about Tom being out and maybe getting put in jail and committed again by a lunacy commission I do not know— If you are in with Uncle George on all of this—that is all right—too. My friends, family, doctors and preacher know all that I have tried to do and nothing Tom ever does in or out of a hospital can ever embarrass me again. I saw things that I will never tell. I have none of that blood and was a perfect wife against great odds for years and what anyone, including Tom, thinks or says now does not matter one iota. Uncle George showed a letter that I wrote, here in the Chief Attorney's office. He folded the letter down to one line and tried to make things look ugly for me, but he did not succeed. The lawyer only sees how much more I have to contend with.

So Randolph, that is part of a horrible story told on a few pages—things that happened for 365 days or more.

What any of you do to get Tom released, I do not care. I cannot live with him and I will show you why when you see me. I am not keeping him there—he will be discharged when those doctors think he is well. I will not be responsible nor will I help to get him back when an attack comes on. That will be up to the relatives who say he is all right.

His *memory* certainly is not all right. He has the keener intellect than ever, but he certainly is paranoid.

I hold nothing against anyone, but I do think to watch a husband go insane, assume the responsibility that I did at four hospitals—attend a habeas corpus, a commitment trial—turn over in my car twice upon returning from Augusta—then have Uncle George slander and talk as he is doing—I do think I have done remarkably well. I have asked nothing of any of his people and received not even kind words—when I can show you no other *decent* girl would have stayed with Tom as long as I did.

Please do not show this letter to Uncle George as he tells Tom everything you tell him and in his condition he misinterprets everything.

These are the facts—a few of them. Whether anyone accepts them does not matter. Things are *what* they are—not what they *seem* to be.

After breakfast, and while awaiting Camille's arrival, I played a round of Lenwood golf. There were no ground rules or score cards, and each man played his shots as he pleased. I had a mashie and putter, as did one of my friends—we did not say "opponent"—while another played all shots with a putter.

It was a beautiful day, and I thought of my many blessings. There was Sylvia, Uncle George, Henry Brandt, my friends in Augusta and at the asylum, my partial freedom, the prospects of an early release, and my good health.

The abnormal asylum life and the tension occasioned by my extended fight had caused constant stomach discomfort, but I had escaped an acute ulcer attack. In common with most of the veterans, I had a cold all winter and influenza once. To avoid confinement on the sick ward I did not report my illness, although for several days I had fever.

Now, with my general health better than at any time during my confinement, I stepped in a hole and re-injured my back. I had warned Uncle George that if I suffered any serious illness or injury I would go AWOL and enter a hospital in some other city. Now I was not sure what I should do. I thought that with a sacro-iliac belt support and a couple of hours rest each day I would be all right.

Returning to the ward I gave my watch, ring, money and diary to Carl. (This was customary on our ward to prevent the confiscation of personal possessions when transferred to the Medical Ward.) Then, in crucial pain, I limped over to see the psychiatrist who was on week-end duty.

"Dr. Feinburg," I said, "I injured my back again."

"Injured your back again." I thought he looked pleased.

"I want a sacro-iliac belt support," I said. "It pains me so I can hardly stand it."

"There's no belt in the dispensary," he said simply.

"Then how about taping my back?" I asked. "That will give some support."

"I'll have to admit I don't know how."

"Hell, Doctor," I protested, "I've got to have something done for my back! Is there anyone at this place can tape it?"

"I doubt it," he said. "The Physical Training Director, possibly, but he's off duty."

"Then how about crutches for a few days?"

"If your injury is so bad you require crutches I must confine you on the Medical Ward." Dr. Feinburg looked at me with a twisted smile. "Is it that bad, Wilkes?"

"No!" I said emphatically. "May I have a cane and lie down a couple of hours each day?"

Dr. Feinburg shook his head and I turned and limped out.

Why was I refused examination and treatment? If I were a psychologist I would explain to you the mind of the sadist. I only know that none of the psychiatrists evidenced any sympathy for a veteran with a painful and serious back injury.

At the scrap dump in the rear of the maintenance shop I found a half-inch pipe, the correct length and threaded on one end. By adding a pipe tee I improvised a cane. I walked around and practiced sitting down and getting up until I could move without too much pain. I did not want Camille to know I was crippled.

I was still walking like a feeble old man when Carl called from the ward that Camille was coming to the ward from the Administration Building.

Swinging my cane with a jaunty air and biting my lip in pain, I walked back to the ward, trying to analyze my feelings about Camille. It would be good to see her, although I did not love her at all. I was sure of that. My love for Camille had died completely. I thought of the many lonesome Sundays when I had hoped she would visit me. Now I only wondered if I could find some way to persuade her to agree to my release. She was my jailer and I had to find some way to win her over.

We sat on a bench near the ward: two antagonists, sparring with small talk, while each tried to gauge the other. Somehow it seemed that two women were sitting there with me. One was the Camille I had loved; the other a vicious woman who was sometimes frightening. And they changed back and forth in a maddening way. I would be talking to the Camille I had loved, laughing and joking as we used to do, when before my very eyes she would change into a woman I did not know and could not understand.

At noon I suggested lunch in Augusta.

Camille's eyes shifted to her handbag, then back to me. "Tom, I just couldn't! I have an appointment with Dr. Walton. You just go ahead to the mess hall and I'll eat something at the canteen. I do wish that I could have lunch with you though. I really do!"

I was relieved that Camille had refused my invitation, as I was afraid to leave the hospital with her. The psychiatrist had absolutely nothing against me, and I wanted to keep the record that way. I told myself this was preposterous, yet had to admit that I experienced a feeling of danger when she was near.

We resumed our discussion after lunch, seated on the same bench.

"Camille," I said firmly, "for your own good, listen carefully. There's never been the slightest reason for my being in an asylum. I'm not going to stay here and when I get out I'm going to expose the whole rotten deal. If you'll only cooperate in my release, I'll throw the entire blame on the psychiatrists. You made a solemn vow of love and honor till death do us part. Now I'm in this hell-hole, and you're fighting to keep me here. You must not kick a man when he's down, even if some screwball psychiatrist does say he's insane. I won't pretend to forgive, but I will try to think that Captain Busse misled you. Now, I want you to either sign for my release or write the Manager you're through with me as a husband."

Camille looked over toward the airport in serious thought, then turned to me. "I'll agree to your leaving here when the doctors give me a written statement that you have totally and permanently recovered."

"That's a shrewd statement," I remarked. "You know, of course, that no hospital would give such a statement about any man. Why, that's a lifetime guarantee!"

"My attorney told me your only way out is by habeas corpus," Camille fumed. "And he said the courts will believe the psychiatrists over any evidence you might have. So, if you're planning another court fight, just go right ahead. It's been thrown out twice, and they'll do it again!"

Leaving me to think this over, Camille went to the office of the Clinical Director.

An attendant later told me about her talk with Dr. Walton. They first argued about who was responsible for my commitment. Then Dr. Walton told her she should sign me out on a trial visit.

"Let me tell you a thing or two!" Camille said. "I'm not a psychiatrist; only the wife of a veteran who's in a mental hospital. Now I want my husband back home just as soon as he's well, or even well enough to look after himself. But it's not up to me to decide when he's well and I'm not going to sign anything. If he's well why don't you let him go, instead of worrying me?" Camille shook her finger in Dr. Walton's face. "But I'm his guardian and what I say goes! If you just dare let that uncle of his sign him out, I'll see that you lose your job!"

When Camille returned, I persuaded her to go with me to Dr. Miracola's office.

"Doctor," I said, "I want you to answer a couple of questions in my wife's presence. Didn't you say that you can't see where there's anything at all wrong with me?"

"That's right," he replied. "I've never found anything wrong with you physically or otherwise."

"Have you known me to do or say anything that would indicate mental illness?"

"No," Dr. Miracola said, "I have not."

Camille made that loose-wrist motion. It said, "So what?" She said to me, "You wait outside. I want to talk to the Doctor."

I was sitting on a bench in front of the ward when Camille joined me a few minutes later. "Tom," she asked, "do you miss having someone to sleep with every night?"

"Certainly!" I said emphatically. "You know me that well, Camille."

"They tell me you're going with two girls in Augusta." Camille laughed unnaturally and put her hands to her hair. "You making any time with them?"

"Now Camille," I said in mock seriousness, "you know I wouldn't do anything like that. I'm a married man."

"Huh," Camille said, "they tell me you're thinking of marrying one of them."

"Oh, no!" I assured her. "As the country boy told the Staff, I'm not *that* crazy!"

What she then said I am not going to tell you. It was not nice. The arrival of the taxi interrupted her tirade. The driver closed the door and drove toward the entrance gate, with Camille looking straight ahead.

* * * * *

Monday, January 7th, Uncle George came to Lenwood to make a final demand on Dr. Walton.

"Tom," he said, "it's criminal: their confining you when they know you're sane. But what can I do? We're trapped between these screwy doctors and that VA Attorney. Why, Vaux Owen did his best to persuade me you're insane. He did convince Allen."—a cousin—"Said Allen saw you on one of your good days; that you're 'sane at times—off at others.' Tell me: why does he work hand and glove with your wife to keep you confined?"

Uncle George asked Dr. Walton, "Doesn't Tom spend two days a week in Augusta, and isn't he doing some important engineering work?"

"Y-e-s," Dr. Walton hesitantly agreed.

"Do you have him shadowed to see what he does?"

"No," Dr. Walton admitted.

"Dr. Walton," Uncle George said, and I know he was angry, "do you mean to tell me that a man who's capable of making a living in Augusta is not capable of living on the farm with his uncle?"

"But he demands that we discharge him as sane and competent," Dr. Walton complained. "It's against our policy to do that! Then his wife won't agree to a trial visit; and she's the guardian."

"Hell-and-damnation, man!" Uncle George shouted. "You've had a sane man locked up six months—and you know it! Now you listen to me! If he's not out in two days I'll take the case to Washington. I'll get action there!"

Uncle George had repeatedly written the Manager, asking why I was not released, trying to get a written commitment as to my alleged mental condition.

The Manager always wrote evasive replies, like the one Uncle George received under date of January 8.

In reply to your letter may we advise that the medical Staff does not believe that Mr. Wilkes has improved sufficiently to be given a discharge. Efforts are being made to arrange for a trial visit for him and it is hoped this can be arranged in the near future.

But two days later the Manager wrote Congressman John S. Gibson, who was then working to effect my release.

In the acute phase of his illness the patient was quite threatening, so much that the wife became quite fearful of him. This fear has not lessened in spite of considerable improvement in his condition. At the present time he is in very good condition, enjoys the freedom of the grounds, and has weekly passes into the city. He has not been troublesome or difficult to manage since coming to this hospital.

The wife has been contacted in reference to a trial visit, but so far does not agree to it, even though the visit would be in the custody of relatives. She was in this office a few weeks ago, and at that time stated emphatically that she could not consent to his release unless the Medical Staff furnished her a certificate that he had fully and permanently recovered. This type of statement could not be given, because a patient suffering from mental disorders often shows considerable variation in condition from time to time.

If the wife, who is also guardian, will agree, we will be only too glad to arrange for a trial visit with responsible relatives.

John Gibson, of Douglas, Georgia, is a forthright man of high principles. One of our first Congressmen to fight Communism, he was later defeated for reëlection because he spent too much time talking against Communistic infiltration—at a time when the public was unaware of this grave danger.

Congressman Gibson wrote the VA State Attorney in righteous anger:

I want to state to you emphatically in the beginning that I am not going to permit that hospital or any other veterans' hospital to be used as a prison for the detention of husbands whose wives for some reason want to get rid of them.

I have letters from Mr. Wilkes which indicate that his mind is perfectly normal.

It is admitted by the Medical Staff that Mr. Wilkes is in very good condition, enjoys the freedom of the grounds and has weekly passes into the city. It is admitted further that the only reason why this young man is not given a trial visit with responsible relatives is the objection of his wife.

It is past ridiculous to me to think of holding one who came back from the battle fronts and make a maniac out of him just because his wife wants to get rid of him, and will not consent for him to have a trial visit—not with her, but with his relatives, who are among the best citizens of my district, and who are fully responsible in every sense of the word.

I hope it will not be necessary for me to take this before our committee and have a special investigation made of this case, but if some means are not found to release this young man immediately I assure you that such sub-committee will be appointed and the investigation will proceed forthwith.

I say again that I cannot conceive of any such treatment being accorded one who has gone through what this young man has gone through.

Monday, February 25th, I received a letter from Congressman Gibson, enclosing a letter from the VA Chief Solicitor in Washington.

The question of whether the veteran is eligible for a trial visit is, as you know, for the determination of the Manager of the hospital. Certain of the veteran's relatives desire that he be placed on trial visit, while it is indicated that the wife-guardian opposes such action.

The Chief Attorney at Atlanta, Georgia, has been instructed that from a legal standpoint if the medical authorities at the hospital consider that the veteran's condition renders him eligible for a trial visit, and a responsible relative will assume responsibility for him, the veteran may be released for this purpose, notwithstanding the wife-guardian's position. Further, if the Staff considers the veteran eligible for discharge, a court order should be obtained in view of the wife's attitude.

Friday, March 1st, I appeared before the Staff.

Dr. Vicary: How do you feel?

Mr. Wilkes: Fine, sir.

Dr. Vicary: How is your back?

Mr. Wilkes: It's better, but still painful.

Dr. Vicary: Do you agree not to molest your wife when you leave here?

Mr. Wilkes: I will not even go in the same house with her. As to the idea that she has any physical fear of me—she is no more afraid of me than you are. The Manager wrote Congressman Gibson about me, stating, "In the acute phase of his illness he became quite threatening; and the wife became fearful of him." I have made no threats.

Dr. Vicary: Do you contemplate a divorce?

Mr. Wilkes: I see no other reasonable solution.

Dr. Vicary: I understand that you have a friend at the Georgia Kaolin Company, near Macon, who needs an engineer. Would you accept this position?

Mr. Wilkes: I know nothing about this. I will look around before accepting any position. Engineers are in high demand. I must take a position soon, as my wife has all of my funds.

Dr. Vicary: We're trying to get you out of the hospital by arranging a trial visit with your relatives. Will you be agreeable to that?

Mr. Wilkes: You'll have to give me all the details before I will answer that question. I believe you gentlemen are familiar with my situation. You've seen copies of my wife's letters, and you know her feelings. She told you she would never agree to a trial visit, under any circumstances. If she did agree she would probably return me to this hospital within thirty days, as she is at the present time unpredictable.

Dr. Vicary: Then you refuse a trial visit?

Mr. Wilkes: I don't know whether I'm in a position to refuse. But I think such an arrangement would be impossible and intolerable. I am, and have been, competent and normal by any tests that can be given. I demand my discharge as sane and competent. You gentlemen are psychiatrists; and a part of your duty is, I believe, to discharge normal patients.

Dr. Walton: We're trying to get you out of the hospital, and you're throwing a monkey wrench into our plans!

Mr. Wilkes: I don't think I'm throwing a monkey wrench into your plans. Such is not my intention. If I accepted a trial visit I would have no legal status until you mailed me my discharge. I could hold no important engineering position. I am competent and I fail to see where the signature of a nervous woman on a piece of

paper would help the situation. I've now been here eight months, and deserve a discharge as sane and competent.

Dr. Gancher: You know that if you accepted a trial visit you'd receive a discharge in three to six months. Had you rather spend three to six months more *here*?

Mr. Wilkes: I don't think you gentlemen would hold me that long.

Dr. Gancher: We've held you for *eight* months, haven't we?

Mr. Wilkes: Yes! *You have held me for eight months.*

Dr. Vicary: Will you accept a trial visit with your uncle signing responsibility?

Mr. Wilkes: May I preface my answer by a remark?

Dr. Vicary: Yes.

Mr. Wilkes: I again request my discharge. If the Staff will not grant me a discharge, I will accept a trial visit with my uncle signing responsibility.

Dr. Walton: Are there any other conditions you wish to attach to your answer?

Mr. Wilkes: I do not intend attaching any conditions to my answer. I will repeat my statement. I again request a discharge. I will accept a trial visit with my uncle signing responsibility.

Dr. Vicary: You object to our requirement that your uncle come to Augusta for you?

Mr. Wilkes: I do! You possibly have some reason for such a requirement, but I can think of none. It will be a hard trip for my uncle. He'll lose a day from his work, and this is his busy season. It will cost me twenty-five dollars, as I'll repay him for all expenses.

Dr. Vicary: But you will repay him if we insist on his coming to Augusta.

Mr. Wilkes: I will.

Dr. Feinburg: (He shifted a little in his chair and gave me a twisted smile.) Can you get to your uncle's home without crutches?

Mr. Wilkes: Yes.

Dr. Walton: Are there any more questions—thank you—that will be all.

Dr. Vicary told me the Staff had approved the trial visit, and that he had forwarded standard responsibility papers to my uncle for

signature, but that I would have to stay at the hospital two more weeks.

Outraged at this latest injustice, I asked Dr. Vicary's permission, then went to Dr. Walton's office.

"Who said you could come here to my office?" Dr. Walton demanded.

"Dr. Vicary, sir," I replied. "I'd like to discuss the matter of the delay in my release."

Turning to his secretary, Dr. Walton said, "Get Vicary on the phone." Then a pause. "Vicary, this patient, Wilkes, is here. Said you sent him. . . . What? . . . I don't care what copy of what letter he has! Maybe our Washington office sent out that letter. Then for all I know the letter may be a forgery. We don't act on copies of letters! We take our orders on such cases from Atlanta. They haven't said to release the patient. Another thing: don't you send another patient to me without first getting my permission! I won't have it!" Dr. Walton crashed the receiver down, then stared two feet to the left of my eyes. "You go back to your ward!" he ordered.

"Not until you talk to me," I stated. "Washington has approved my release. So has the Staff. I request you to phone the State office and get their ruling."

"I'm in no position to tell the State office to get on the job. The ruling will come through in due time; that is, if the information you've given us is true."

"Dr. Walton, the letter I have from your Washington office is dated the 22nd, and this is the 28th. During this 'due time' you're holding a man who should be out."

"You refused a trial visit!" Dr. Walton retorted.

"I've never refused a trial visit," I said emphatically.

"I phrased my question so that your answer was a refusal," he insisted.

"That is not true!" I said. "I told the Staff I would not answer the question unless I was given the details of the proposal. I ask you again: why can't I leave right now?"

"That's our business!" he snapped.

"It's also my business, as I'm the man you're confining," I replied. "Why can't I leave?"

"There are a few administrative details." The psychiatrist gripped the arms of his chair and stared at his desk, his face livid.

"Dr. Walton," I repeated, "when can I leave?"

Dr. Walton exploded, "You can't leave too soon to suit me!"

* * * * *

Camille's letters to the VA were responsible for the delay. In one letter she stated that members of my family had returned from mental hospitals and committed murder; in another, that Uncle George was physically and mentally incompetent and financially irresponsible; in a third—well, I will not tell you what she wrote.

The Hospital Manager wrote the VA Attorney that, according to his information, "everything is all right as far as his uncle is concerned." Congressman Gibson wrote that Uncle George was responsible "in every sense of the word."

The VA Attorney wrote the Manager, quoting information he said he had received: that my uncle and two cousins were not financially able to "care for me"; that one cousin lived in a "two-room" house; and that Uncle George's three sons and their families lived with him.

So my confinement was continued, while a social worker made an investigation.

Arriving in South Georgia, she drove through original long-leaf pines to the "two-room" house. Finding it a remodeled civil-war home, the social worker abruptly left and drove to Uncle George's farm and launched her investigation.

"Where are the children?" she wanted to know.

Utterly astonished, she wrote in her report that one son was in prep school; one, who lived nearby, was in the lumber business; while the third, a Georgia Tech graduate, was in the Navy.

Her investigation ended, the social worker asked, "Don't you think Mr. Wilkes has improved greatly since coming to Lenwood?"

"I do not," Uncle George replied. "There has never been anything wrong with Tom Wilkes."

"Then why do you think the Army doctors locked him up?" she wanted to know.

"There are only two possibilities," Uncle George said. "He was discharged from the Army and could have come home. Then he was confined in a mental ward. They either, at first, turned loose a dangerous man, or later they locked up a normal man. I say they locked up a normal man."

In my dreams I was Manager of Lenwood—a Lenwood of kind words and consideration, normalcy and freedom. The Staff members were mental doctors, the new nurses and attendants untainted by asylum experience. Two-thirds of the inmates were gone: some to their homes, others to soldiers homes, and many to private families who were boarding them in the normalcy of home life. Sylvia and I were reading some of the many letters I had received from these happy men, and . . .

Then Carl was shaking me. "You gotta get up, Tom. Your Uncle George will be here soon."

It was the morning of *Thursday, March 14, 1946*, and I was ready to leave when Uncle George arrived. Several of the fellows brought my luggage to the car, while I said my goodbyes.

Uncle George did not talk with any of the psychiatrists or sign any kind of receipt. I just gave a pass to the guard at the gate.

We rode down the hill towards Route One, and I looked back and shuddered. Nine months of my life had been wasted in that half-way station to the grave.

* * * * *

"But since Tom Wilkes left Lenwood," you may protest, "the VA hospitals have been vastly improved."

This may be true concerning the VA medical hospitals, which were in a shocking state of decadence until staff members of private hospitals began serving as consultants.

But the VA cannot employ capable psychiatrists. Those available are no better than the ones they have, and the medical school graduates who enter psychiatry are misfits. Their psychiatric knowl-

edge is based on a Freudian theory of childhood frustrations which ignores everything above the belt. They were taught by men who think of confinement as treatment.

So the Veterans Administration shuffled their psychiatrists among the several mental hospitals, and made a "reorganization."

At Lenwood, some 300 additional personnel have been employed; including an assistant clergyman, a Rehabilitation Director and two psychologists. There is a training program for nurses and attendants, and yearly physical examinations for the employees of the Department of Medicine and Surgery. Other employees are given yearly X-ray examinations for tuberculosis. The Occupational Therapy program has been improved under a new Director, and the Canteen is excellent. Staff members of the Medical College of Georgia serve as consultants, and additional dentists have been employed.

Although some of these changes are encouraging, the veterans at Lenwood—under Dr. Tighe's management—still receive dreary confinement as treatment.

And the death rate continues shockingly high. With an average of 1235 inmates in 1951, 120 were "discharged by death."

Can nothing be done about the wretched asylum conditions? The answer is "No!" as long as the VA psychiatrists are in charge, and the same old gang in Washington controls the Veterans Administration.

Since my release I have waged a continuous fight to bring about improvements at Lenwood, only to find on every side a discouraging lack of interest in our forgotten veterans.

A president of the Georgia Association for Mental Health welcomed me into her home and expressed appreciation for my interest in the mental health movement. She explained that the association has monthly meetings, and considers the broad aspects of mental health.

Giving her my manuscript, I asked that the association advise me how I could best effect improvements at Lenwood and revision of the State statutes concerning commitments.

Ten days later the president phoned that she had read the manuscript, as had the association's psychiatric consultant.

I said I would drive out to her home at once to get the manuscript and discuss her recommendations.

Stopping in front of her home, I saw the president and her husband standing in their doorway, effectually blocking my entrance. The nervous president stood slightly behind her frightened husband, who held out the manuscript.

The president began talking as I got out of the car. "Our association deals with the broad aspects of mental health; not individual cases. Dr. Sheinman—right here in Atlanta—is one of the very best psychiatrists. I talked with him, and he agreed to give you professional guidance at no cost."

Taking the manuscript, I watched them back into the house and close the door; then peer from behind a window curtain as I drove away.

I tried, without success, to gain a hearing before a Senate Committee investigating conditions in VA hospitals. I also retained a Washington attorney.

I found it impossible to get any action through the Veterans Administration, as the Washington supervisory personnel are the men under whose direction the asylum policies were established. They are, with few exceptions, inefficient bureaucrats, interested primarily in their salaries and jealous of their authority. To admit that conditions are unsatisfactory would be tantamount to self-condemnation.

An American Legion official said, "Sure, I know conditions at Lenwood and in the Georgia VA office are deplorable, and that the VA here is not operated for the benefit of our veterans. But I've got to deal with these men as long as they are in office."

Thus Lenwood continues! A psychiatric prison! A place of futility and stupidity!

The "treatment" is the acid test of a man's mental stability. If that doesn't break him, nothing can!

XII

I AM SANE

A MAN faces a difficult period of adjustment after a stay in prison. Coming from a mental prison he has the added problem of rebuilding his reputation of sanity.

I left Lenwood Asylum a bankrupt man; my only possession being an unshaken belief in Tom Wilkes. During my confinement I had lost my health, my property, my friends and the woman I loved. I had also lost that most precious possession—my good name.

Thus handicapped, I had to clear myself legally, reestablish myself professionally, rebuild my relations with friends and relatives and remake my personal life.

I thought that my attorney would handle all of my legal problems and that I would return to my old position with the Capital City Utility Company.

There remained the primary problem of rebuilding my reputation of sanity. Knowing that this would require several years, I determined to live my life just as I would if I had not been accused of insanity. I had a product to sell. That product was Tom Wilkes. Therefore, I would show Tom Wilkes to the best possible advantage. On the negative side I would avoid all show of temper, use of alcohol and restless and irritable habits. On the positive side I would often visit my friends, attend church, concerts, sports events and other public gatherings. People must see this product I had to sell. Accepting the situation as a challenge, I welcomed the opportunity of proving my sanity.

Some relatives put me through hours of questioning. "Why would the Army doctors lock you up if you were all right?" they asked. "Why didn't you write us sooner?" . . . "Why didn't you appeal the commitment?" . . . "Why wouldn't the VA doctors release you?"

Uncle George's wife, Aunt Laura, welcomed me into her home

with a warmth that was unmistakable. And I knew she had never been in doubt.

Grandmother cried, "Tom, they didn't fool me one minute. You were crazy when you married that girl. That's when you should have been put away!"

Uncle George accompanied me on my first two visits with Aunt Cora, who still considered me dangerous. This was a crushing blow, as she had been a mother to me after the death of my parents. Laughing and joking in my usual manner, I soon put her at ease, but I could never recapture that close feeling a man has for a loved one. Standing by her grave a short time later, I felt that my confinement had been the cause of her death.

Although my visits with friends and relatives were often trying, I enjoyed to the fullest my vacation with Uncle George. Then, after two weeks of fishing, I returned to Atlanta.

I first went to see Mr. Culver, President of Capital City Utility Company. Although he had refused to help me when I was confined, I reasoned that he would welcome me back, now that he knew I was sane.

I later learned that Camille had numerous conferences with Mr. Culver and one of the Company directors, and received from them legal advice concerning my case.

The engineer, who had taken over my duties when I entered the Army, was in Mr. Culver's office during the interview. Mr. Culver, who knew me as a capable man of action, believed I had made threats on his life.

"Tom," he asked bluntly, "which of your brothers committed murder?"

"I believe you have that story slightly twisted," I replied. "My brother, Don, was murdered."

"H-m-m," he said. "Tom, why would those doctors keep you confined if you weren't insane?"

"I would have to write a book to answer that," I said. "Even then it might not be clear. You're an attorney. Why are innocent men convicted and sane ones committed to asylums?"

"You haven't been discharged from the asylum," he said abruptly. "How do you know you won't be sent back?"

"Pick up that phone and call Vaux Owen," I retorted. "He will gladly give you all information against me."

Mr. Culver reached for the phone and, without looking up the number, dialed the VA office. He and Mr. Owen talked at length. He placed the receiver back in the cradle and turned to me. "Tom, why didn't you and Camille have any children?"

"What a question!" I exclaimed. "You're as bad as the psychiatrists. Frankly, I loved Camille very much, but I could never picture her as a mother."

"Did you have an operation so you couldn't have children?"

I felt a deep anger, but carefully kept it from my voice. "Now the picture begins to take form. You've heard my family described as 'Tobacco Road,' with the explanation that for that reason I did not want children. Mr. Culver, I'm proud of my ancestors! They were good, substantial people: farmers, business and professional men. As to the operation—well, I never knew that circumcision could make a man sterile!"

"H-m-m," Mr. Culver began, "did you . . ."

I got up to leave. "Mr. Culver, we're getting nowhere with such talk. Here's my written application for the position I held when I entered the Army. Now it's only necessary for you to reply to my letter."

Throughout our conference Mr. Culver had kept his right hand on the open drawer of his desk. He now closed the drawer and said abruptly, "Come to work May 1st."

You may think I was foolish to work under Mr. Culver. But I was determined to reestablish myself in Atlanta, regardless of all obstacles. It is far easier, after a term of imprisonment, for a man to go where he is unknown, but to me that seems an admission of guilt. So I worked one year with the Capital City Utility Company, under conditions that were always trying.

"Still think I'm crazy?" I asked when I resigned.

Mr. Culver grinned. "Yeah—like a fox!"

A man's employer, his wife and his church should stand by him in all of his troubles. Yet it seems that the charge of insanity revokes even the privilege of worship. The congregation of my

church had prayed weekly for my "recovery." However, other than the Henry Brandts, none of them called on me after my return, and my name was never reëntered on the Sunday School class roll.

One Sunday morning my telephone rang.

"Hello," I said. "Tom Wilkes speaking."

I had received many anonymous calls from women who were driven by curiosity to call the "dangerous Tom Wilkes"; but none as brutally frank as this one.

"Mr. Wilkes," I thought I recognized a woman of my church—"we just wanted to know if you're as crazy as your wife says you are."

Prior to my release the minister had phoned Henry Brandt. "What should I do to help poor little Mrs. Wilkes? She's terribly upset! Called me last night at one o'clock."

So I made an appointment with the minister shortly after my return to Atlanta and called on him in his study. The minister showed fright and embarrassment and tried to apologize—for what he did not state.

I attended this church several months before having my membership transferred, but the members never welcomed me back.

The monstrous stories of my insanity were fixed in the minds of the minister and my fellow worshipers.

* * * * *

Immediately after my release I petitioned the Fulton County Ordinary to restore my property and adjudge me sane. Camille filed a response, questioning my sanity and petitioning that my attorney be appointed guardian to relieve her.

Professional courtesy would require my attorney's prior approval of this unusual petition; which would indicate that my attorney joined hers in anticipating an adverse decision.

I did not like the appearance of things at all.

Going to Mr. Farrell's office I told him to make immediate arrangements to take depositions of the Richmond County Ordinary, the VA State Attorney, the Augusta attorney who deserted me in

court, the Sanity Commissioners, six psychiatrists, two nurses, four VA attendants and three Army hospital attendants.

This testimony was essential to clear me of the charge of insanity, for use in this book and for my contemplated damage suit for false imprisonment. The testimony of the nurses and attendants would also assure factual testimony from the psychiatrists.

"That will be expensive," Mr. Farrell argued. "We might get you declared sane without this testimony. In the event of an adverse decision we can then take the depositions for use in an appeal to Superior Court."

"This hearing is as important as a murder trial," I said. "I want all possible evidence."

Having a layman's knowledge of psychiatry, I prepared all questions, and advised my attorney about questioning the psychiatrists.

Insanity is a state or condition of mind, evidenced by extreme departure from the individual's normal in actions and speech. And it can be proven just as other facts are proven.

The psychiatrist cannot see, hear or touch the mind, or by some omniscient power determine its condition. Yet he usually testifies as though this were true. Where other witnesses must substantiate their expert testimony, that of the psychiatrist is accepted as inviolate.

"Don't let them get away with this!" I told Mr. Farrell. "And watch for hearsay! They like to quote what others say about a man. Finally, make each psychiatrist answer this question: *Of your own knowledge, what has he done or said that would indicate mental illness?*"

We decided to go to Augusta the following week and to take the testimony of Dr. Franklin Gessford Ebaugh by interrogatory. I prepared a list of questions, which Mr. Farrell forwarded to a court commissioner in Denver, Colorado.

Dr. Ebaugh testified that he was Professor of Psychiatry at the University of Colorado Medical School and Director of the Colorado Psychiatric Hospital, and that in 1945 he was Psychiatric Consultant of the Eighth Service Command.

Q.—Do you recall a visit to Swift Regional Hospital on or about

May 11, 1945, for the purpose of interviewing Captain Thomas G. E. Wilkes?

A.—Yes, I do. I don't know whether it was for the purpose of interviewing him or not.

Q.—Did you ask him the usual family and personal history questions and also ask him to tell you of his Army hospitalization?

A.—Yes.

Q.—Were his answers logical and intelligent?

A.—I considered him psychotic at the time, giving evidence of manic-depressive psychosis, manic type.

Q.—Did Mrs. Wilkes tell you of her husband's conduct at Swift Hospital?

A.—Yes.

Q.—Did she tell you of his conduct in civilian life?

A.—I believe so.

Q.—Did she tell you of his conduct as a child?

A.—I believe so, but I don't recall.

Q.—Of your own knowledge, what did he do or say that would prove he was not sane and normal?

A.—Was overtalkative and excited and felt abused and persecuted and had impaired judgment.

Q.—Of your own knowledge, did Captain Wilkes do or say anything that would prove he might do bodily harm to himself or another?

A.—Do not recall. Had many complaints and investigations made by the Inspector General on basis of appeals to Senator George.

Monday, April 8th, I returned to Lenwood Asylum, only three weeks after my release.

The man seated in the Manager's office stared in amazement when a secretary called my name. Then the Court Commissioner introduced him as one of Camille's attorneys, and I tried to imagine what manner of man he had expected.

When Mr. Farrell arrived, the psychiatrists had assembled around their table as though they intended holding another Staff hearing.

"Is it all right if the witnesses all remain in the room during

the questioning?" Mr. Farrell asked. He and the other attorney were showing the effect of being inside an asylum. A man feels trapped, unsure of himself.

"Absolutely not!" I took the chair from which Dr. Walton had so often questioned me. "Clear the room; then conduct the questioning as you would in court. Question Dr. Miracola first." †

Dr. Miracola twisted about in his chair and pulled at his tie, as he was questioned by Mr. Farrell.

Q.—Dr. Miracola, what is your profession?

A.—I am a physician.

Q.—Are you a psychiatrist?

A.—Well, I work as a psychiatrist here.

Q.—What opportunity have you had to examine Mr. Wilkes to make up your mind as to his mental condition?

A.—I interviewed him before I—When a man comes in, he is first brought to Staff—I have to work up his case. I see him now; I see him ten days later; then three days later. When I am completely ready for him, then I bring the whole thing to Staff, and then the diagnosis.

Q.—For what period of time would you say you observed him, yourself?

A.—Well, it isn't personal contacts that I observe him. But he was under my observation while he was on the Ground-privilege Ward.

Q.—From your examination of Mr. Wilkes during this time that you diagnosed his case, in your opinion, was he insane or not?

A.—Well, we do not use the word insane here. We use the word psychotic.* That's our standard: psychotic.

Q.—Now, what is his condition now as to whether he is or is not psychotic?

A.—I would consider the patient psychotic, but competent.

Q.—Well, now, what do you mean by psychotic?

A.—By psychotic we mean that his mental condition—it's—in other words, it's about the same thing as insane, but we don't—in this hospital we use the word psychotic.

† This testimony is on file in the Fulton County Superior Court and Court of Ordinary.

* See Appendix for definition.

Q.—Did you personally diagnose Mr. Wilkes as having dementia praecox, paranoid type?

A.—Yes, I did.

Q.—What are the characteristics of a person suffering from dementia praecox, paranoid type?

A.—Of paranoid type, is one who has delusions that people are against him, or might have an idea that he was mistreated; that he wasn't getting a square deal; that people were ganging up on him; in other words, are trying to do him harm in some way. Of course it's varied—it's a varied—the symptoms are varied, but they have to get an idea that someone is trying to do them something wrong or to do something wrong to them.

Q.—Dementia praecox is something that occurs very early in life, isn't it?

A.—That's right.

Q.—And not in a man around forty?

A.—Well, it's not always the rule.

Q.—Is it true that if Mr. Wilkes had not demanded his release he would not have been committed?

A.—That's right.

Q.—Approximately how long did he testify at that hearing?

A.—Well, Mr. Wilkes was—The time was very short. In other words he asked a few questions, himself. That was the main thing—asked us a few questions as to why we made our decision, or certain questions that he wanted answered directly by some of the doctors.

Q.—Were there any questions asked him at all at the commitment hearing that you recall?

A.—Just a few.

Q.—How did he answer those questions?

A.—Well, he gave his—what he—I mean he answered the questions. And he felt—there were certain questions asked to give an answer. And he explained the charges against him.

Q.—At that time did you see any basis for committing him under the State law as an insane person?

A.—Well, at that time he had been here just a short time, and we felt that he was psychotic and incompetent; and felt that he should

—that he should not be discharged, because our procedure is to give a man a trial visit. We felt as if—he asked for a discharge. And we felt that he needed further hospitalization at the time.

Q.—Did you hear any testimony of any witnesses before the Ordinary as to Mr. Wilkes at that time being insane?

A.—Yes. His wife's statements, and also what she had shown, or spoke about, to the Judge, or Ordinary, about his behavior, according to her, while at the hospital; and the letters she had received from him were not of a normal mental—were not of a person who would have a normal mind.

Q.—Is that the only testimony that you heard at that hearing that gave you that impression?

A.—That's right. And the Army records.

Q.—But not anything that Mr. Wilkes had done at all since he had been at Lenwood?

A.—That's right.

Q.—Whether or not those doctors made them correctly or not, of course you don't know?

A.—I would say that the records are authentic as far as I know. Unless they had some reason to put false ideas in there, I would say they are authentic records.

Q.—Have you heard him make personal threats to do personal injury to anybody?

A.—No, I haven't.

Q.—Has he made any statements to you that you knew, of your own knowledge, were delusions?

A.—No.

Q.—At any time have you seen Mr. Wilkes when he was melancholy or absorbed?

A.—No.

Q.—Now, in conversations with Mr. Wilkes, on what subjects have you and he talked?

A.—Well, most of the time he would ask me on what—how I based my diagnosis and I would explain to him that his Army records, plus observations on the Receiving Ward, plus letters that we had on hand. We spoke about his trial visit and so forth and so on; discharges; discussed his wife; discussed his past; but mainly

on his adjustment in the hospital. He coöperated with the rules and regulations, did not violate any rule privileges. He was a gentleman at all times; had no complaints whatsoever from the ward.

Q.—Do you think that Mr. Wilkes' intellect, from your observation of him, has been affected in any way?

A.—No.

Q.—Do you remember Mr. Wilkes asking you at his commitment hearing, "Have you at any time known me to do or say anything that was not normal?", and your answer was "No"?

A.—Probably. As far as his contact with me, he was within a normal range of mind.

The psychiatrist had been highly excited during the questioning. Now, as he left the room, he was biting his nails. It was only a few weeks later that Dr. Miracola resigned.

* * * * *

Dr. Tighe appeared confident and composed as he testified; occasionally glancing contemptuously at me.

Q.—Did you state at his commitment hearing that he had been insane, in your estimation, twelve to fifteen years?

A.—I believe that his condition has existed for a long period of time. Whether I stated that definitely, I couldn't recall at this time.

Q.—Well, what kind of basis would you have for such a statement as that, covering a period of twelve to fifteen years?

A.—From the history as obtained.

Q.—The legal definition of insanity is bereft of all reason. Did you think Mr. Wilkes was, under the legal definition, bereft of all reason?

A.—Yes, sir. I so testified at the court hearing.

Q.—What do you mean by bereft of all reason, Doctor?

A.—Bereft of all reason is an imbecile, an idiot; but that is not psychosis; that is not insanity in itself.

Q.—Well, did you think at that time that he was an imbecile?

A.—No.

Q.—Well, did you think at that time that he was insane?

A.—Yes.

Q.—All right. Now will you state what you based your opinion on?

A.—On his conduct, his judgment, his full history.

Q.—Have you ever seen Mr. Wilkes do anything, yourself, that indicated to you that he was bereft of all reason?

A.—That's a very difficult question to answer; taking it down to an individual. We had—I have admitted some several hundred patients to the ward since Mr. Wilkes, and it would be very difficult to recall the individual traits of each.

Q.—Were you his Ward Surgeon for any time?

A.—For about two months.

Q.—Dr. Tighe, do you recall anything at this time that he did or said that could be used as a basis of diagnosis of insanity?

A.—I would have to have access to the record.

Q.—Dr. Tighe, the question is whether you recall anything in your memory. Certainly you know whether you remember anything or not.

A.—Oh, I can remember some things: his lack of adaptation to the hospital. He was arrogant; demanding various drugs for treatment.

Q.—What was he demanding about?

A.—Well, he had to have milk of magnesia, I remember, and it had to be a specific type. I think it had to be Phillips.

Q.—Is that the drug you referred to?

A.—It's a medicine.

Q.—In what way was he arrogant? What do you mean by that?

A.—In his attitude toward those about him; the nurse; arrogant in his attitude about taking a detail.

Q.—What nurse was he arrogant to?

A.—That I couldn't tell you. I would have to have access to the record.

Q.—Do you recall any times that his emotions were not stable?

A.—His attitude in asking things of a physician were a bit out of line.

Q.—While he was locked up on your ward he was rather demanding, wasn't he?

A.—Yes, sir.

Q.—Do you think that's unusual for a man to want his freedom, want his rights, demand them?

A.—It is not unusual for a man to demand his rights. But are his rights to demand medication other than those that the hospital supplies, which have been approved by the American Counsel of Drugs?

Q.—Did he live as normal life as possible while locked up in a mental ward?

A.—You will have to qualify the ward.

Q.—Your ward.

A.—Yes, he adjusted very well.

Q.—Do you recall anything that is a matter of record that Mr. Wilkes has done since he has been here that indicates that he is abnormal?

A.—Well, the only thing I can think of offhand was Mr. Wilkes' attitude at one or two Staff conferences, when his—when he refused to accept a trial visit; would accept only discharge. And I think it was three Staffs before he agreed to accept a trial visit.

Q.—And did he give you any reason for not wanting to accept a trial visit and for wanting a discharge?

A.—I think, as I recall, he wished to be discharged and cleared as competent.

Q.—And, in your judgment, in your opinion, that was just poor judgment?

A.—Poor judgment.

Q.—Because the hospital doesn't grant things that way; they have to go through a trial visit, isn't that right?

A.—Yes, sir.

Q.—Was that the only thing you saw that was abnormal?

A.—Yes, it is the only thing I recall at this time.

Q.—So, on the basis of those things you gave him a diagnosis of dementia praecox at the commitment hearing? Is that right?

A.—Yes.

Q.—Do you recall any question that was asked Mr. Wilkes to which he did not give an intelligent answer?

A.—No.

Q.—Did he ask any questions at the commitment hearing that you thought were not competent questions?

A.—No, sir.

Q.—The questions he asked in following your answers were logical questions, following your answers, weren't they?

A.—That's right.

Q.—Did you talk to him quite a bit?

A.—Oh, yes.

Q.—In his conversations with you, do you recall anything that he said or did in those conversations that indicated to you that he was not normal?

A.—Not in conversations; no.

Q.—Did he make written and oral demands for his release from the hospital?

A.—Yes, sir.

Q.—What was the earliest demand he made?

A.—I would have to look in the record to see that; June 24, 1945.

Q.—Was that the day he entered the hospital, Dr. Tighe?

A.—June 24th, yes.

Q.—Is that a logical, well-written letter, Dr. Tighe?

A.—The letter of June 24, 1945, is coherent and relevant.

Q.—How many pages is that letter, Doctor?

A.—Eleven written sheets.

Q.—Is there anything in that letter you have just read that would indicate mental illness?

A.—No.

Q.—Do you recall that at the board hearing he outlined from memory this same letter and the information contained in this letter?

A.—I couldn't swear to that, but knowing him in our conversations, I presume he did.

Q.—Do you think that Mr. Wilkes has a keen intellect?

A.—I do.

Q.—Doctor, the history you received was either from his wife or letters that she produced?

A.—That's right.

Q.—That is what you refer to when you say history?

A.—And the Army records.

Q.—Was he questioned about these charges that his wife made against him, threats and so forth, and given a chance to answer the charges?

A.—These are not considered charges. It was purely information in reference to the—his case.

Q.—Was he questioned about these statements she made?

A.—He may have been, but not to my knowledge.

Q.—Did you have any proof that the reports he made about Army doctors and Army hospitals were not true?

A.—I have no proof whatever of either.

Q.—Did the Staff decide to give him electric shock treatment?

A.—The record is not in the folder, so I can't answer that.

Q.—In your memory, did they decide it?

A.—I believe they thought it might be a good thing, but he was improving and hence, when improvement is being shown electric shock treatment is not given.

Q.—Do you recall any conversations with him about these electric shock treatments?

A.—I believe I do. I believe we talked about them.

Q.—Have you seen patients given electric shock treatments?

A.—Yes.

Q.—Are their arms, legs and body strapped to the table?

A.—Yes, the patient is restrained.

Q.—About five men are used to hold the patient when the current is turned on?

A.—I don't know how many men are used. There are several attendants at hand so that the convulsion does not throw them or injure them.

Q.—Have you had cases at the hospital where the back was fractured from these treatments?

A.—Yes.

Q.—Or other injuries sometimes sustained?

A.—Yes.

Q.—Will they probably cause death if the heart is weak?

A.—Electric shock may cause death if the heart is sound, as well as weak.

Q.—What is your definition of insanity? *

A.—Am I qualified as an expert?

Q.—I don't know.

At this point the attorney asked questions to qualify the psychiatrist as an expert. Dr. Tighe stated that he held an M.D. degree; that he had practiced psychiatry thirty years; that psychiatry includes the treatment of diseases of the mind; and that he had treated thousands of mental patients.

Mr. Farrell then repeated his question: "Doctor, based on your qualification as an expert in psychiatry, what is your definition of insanity?"

Dr. Tighe was so angry that he had entirely lost control of himself. Using his hands in emphasis, he replied: "Insanity is a person whose conduct, reactions and judgment are such as to make him sort of apart from the environment in which he lives; makes him conspicuous. If this condition exists over an extended period of time, I think roughly that's it."

* * * * *

Dr. S. L. Hutchison entered the room, cleared his throat and gave me a semblance of a smile. His appearance and manner were suggestive of a mediocre country doctor. Where the other psychiatrists were well acquainted with me, Dr. Hutchison knew me only from my many appearances before the Staff.

Q.—Dr. Hutchison, do you consider Mr. Wilkes a normal man in every respect mentally?

A.—No, I really believe that Mr. Wilkes is psychotic.

Q.—What do you mean by psychotic?

A.—The word psychotic means that a man—if a man is considered psychotic it means that his actions have deviated from the normal over a prolonged period of time. My idea of insanity—what I un-

* See Appendix for definition.

derstand about the definition of insanity, is whether or not a person knows right from wrong.

Q.—Psychotic is merely a degree of variation from the normal, isn't it?

A.—That's the medical term. Yes, that's the medical term.

Q.—And it might be a slight or an extreme variation from the normal?

A.—Well, that's—yes.

Q.—From what you considered normal?

A.—Yes.

Q.—Have you seen or heard Mr. Wilkes do anything that indicated to you that he should not be released from the hospital on trial visit?

A.—Well, Mr. Wilkes has shown some poor judgment at times. For instance, he made numerous telephone calls that possibly could have been taken care of by letter. As far as overt acts—anything like that—I saw none of that.

Q.—Whenever questions were asked him, did he answer them intelligently, in your opinion?

A.—I think so.

Q.—From the standpoint of the legal definition of the word "incompetent" do you consider him a competent individual?

A.—Well, I believe he would be able to handle his own affairs. I don't believe anyone would be able to take undue advantage of him.

* * * * *

Dr. William H. Vicary testified with an open frankness that was surprising after hearing the other psychiatrists. He was completely relaxed, spoke in a pleasant voice, and truthfully answered every question propounded.

Q.—Do you remember the reason Mr. Wilkes gave you for not wanting a trial visit?

A.—I believe that his principal objection was that he felt that his wife, as guardian, could have him returned to the hospital.

Furthermore, I believe that Mr. Wilkes, feeling that he was suffering from no mental illness, felt that an outright discharge from the hospital would be more indicative of either a complete recovery or an error in the diagnosis.

Q.—Did you see anything abnormal, if Mr. Wilkes was a normal person, in his wanting a complete discharge, or his reason for not wanting a trial visit?

A.—I see nothing abnormal in it, except the fact that he was bucking a well-established custom and precedent which I, as Ward Surgeon, could not overrule.

Q.—Mr. Wilkes resented being kept in Lenwood Hospital, didn't he; I mean in his conversations with you?

A.—I believe he resented his hospitalization. I don't believe he ever expressed any resentment against individuals.

Q.—Do you remember telling Mr. Wilkes, about December 12th, that in your opinion the only chance he had of getting out was by habeas corpus? Do you recall that conversation with him?

A.—I believe I possibly might have said that at one time. I believe, at that time—of course he may not agree with this—but I believe at that time he did not desire a trial visit. And it's the policy of this hospital to—I don't know as I would say policy as much as it is the custom of this hospital—to release our veterans on trial visits rather than discharge them outright. There are exceptions to this, notably the alcoholics.

Q.—Did you ever see Mr. Wilkes do anything that indicated to you that he was not of sound mind?

A.—I believe that Mr. Wilkes, while he was under my care, did demonstrate a rather rigid personality, but he did not demonstrate any true evidence of a psychosis while he was in Building Eleven.

Q.—He might be rigid in personality and never have been psychotic at all, couldn't he?

A.—That is correct.

Q.—Dr. Vicary, what do you mean by rigid personality?

A.—I mean unbending, inflexible; a personality that is more or less self-centered. Interviews, reasoning, counseling, suggestions: whatever I could offer to Mr. Wilkes he refused to accept—my advice on many occasions.

Q.—Doctor, for instance, I have never been adjudged incompetent. If I were put in the hospital for incompetency, and insisted on being discharged, would that be evidence to you of the fact that I had dementia praecox of a paranoid type?

A.—Not *per se*, but with other contributory factors, it would indicate to me that that would be a good possibility for further investigation and, added with other—many other—things, might lead to that diagnosis.

Q.—It might also demonstrate that I had a pretty hard head, mightn't it?

A.—That's correct.

Dr. Vicary had incurred Dr. Walton's anger by pleading for my discharge. Now, shortly after testifying that I was sane, Dr. Vicary was dismissed. He was, however, reinstated at another VA hospital.

* * * * *

The nurses and attendants were good witnesses, answering all questions emphatically. Their testimony in general followed that of Mr. Barnett.

Q.—Have you ever seen Mr. Wilkes do or say anything that indicated to you that he was not a normal man of a normal mind?

A.—No, sir.

Q.—While he has been here in the hospital, what is your opinion of his mental condition from your contacts with him?

A.—Well, I never could see where there was—so far as mentally concerned—I never could see that there was anything wrong with him in that at all.

Q.—Was he well liked by attendants and other patients?

A.—Absolutely!

Q.—And in your opinion is he capable of handling his own affairs?

A.—Yes, sirree!

Q.—Mr. Barnett, do you remember hearing one of the attendants state that he thought that Mr. Wilkes was an FBI investigator?

A.—Well, I heard—I won't state that I heard Mr. Hayes say that or not, but Ball and myself finally figured that he was.

After Mr. Barnett left the room, Camille's attorney turned to me. "Are you some kind of investigator?" he asked in all seriousness.

* * * * *

A friend who had helped in my fight for freedom testified: "I visited Thomas Wilkes some time after his commitment. The principal subject of discussion was his release; Tom outlining what he wanted done, and we agreeing to follow his instructions. He evidenced a thorough knowledge of the hospital policies and procedures regarding release and the legal steps available. He gave us his diary covering several weeks and discussed his predicament in his usual calm and businesslike manner. His uncle and I then made a verbal demand to Dr. Walton that Tom be released. Dr. Walton tried to persuade us that Tom was mentally ill, but was at a loss when we demanded proof."

Uncle George testified: "I visited my nephew, Thomas Wilkes, four times at Lenwood Veterans Administration Hospital from September through December, and on each visit I found him his natural self I have known for forty years. On or about October 1st, I went to Atlanta at Tom's request to ascertain whether his wife had been appointed his guardian. He said that his wife refused to answer this question and that the Staff refused to tell him. I showed Mr. Vaux Owen the paragraph in the letter, dated July 2nd, from Tom's wife, in which she wrote, 'To me he is now dead, except he writes and his letters keep me from getting well.' And I told him that I thought this showed conclusively that she had lost all interest in him, as we all know we cannot deal with the dead. Mr. Owen read from some book that I assume was the Veterans Administration Regulations, 'The wife shall be guardian unless proven incompetent.' He later made the following statement: 'It's like I told Wilkes at his commitment in Augusta:

'You were a free man when they gave you your discharge; and, if you had gotten in your automobile and driven on to Atlanta, you would have saved yourself all this trouble.' Instead, he went back into the hospital and raised a row with one of the doctors.'

"Mr. Owen gave me no helpful information or encouragement; and it was my impression that my interest in my nephew's case was objectionable to him. In all of my dealings with the Veterans Administration doctors and Attorney it was evident that they were well pleased with Tom's wife as guardian, her actions and her treatment of her husband, and that they disapproved of my inquiries and interest."

* * * * *

With obvious nervousness, Mr. Vaux Owen testified that he first learned of my case when two prominent attorneys phoned him in my wife's behalf; that he acted as my wife's attorney in my commitment and her appointment as guardian; and that the Veterans Administration still rated me one hundred percent mentally incompetent.

Q.—Did Mrs. Wilkes go to Augusta at the time of the commitment proceedings?

A.—Yes, she did.

Q.—Did she go in response to a request from you or anyone?

A.—Well, I suppose that I requested that she go because she was a witness in the case; to give the facts in the case.

Q.—What did Mrs. Wilkes say to you, Mr. Owen, at that time, relative to Mr. Wilkes?

A.—She told me—she saw me on a number of different occasions and she told me about the experiences she had had in Texas while he was in the Army; about their married life—how long they had been married. I can't remember the details of all the conversations that took place between me and Mrs. Wilkes. Her conversation with me, in substance, was that she hated to go to Augusta—she had rather not go—she didn't want to be in the court proceedings; that she had been of the opinion for a long time that her husband

was not right; that it was only reluctantly and after careful study of his case and reports made to her by doctors, that she finally reached the conclusion that he was insane; that she did feel that he was insane; that she would be afraid to have him come home. She didn't want to go to Augusta to testify, but she thought that it was necessary in the interest of her husband. And she went.

Q.—Mr. Wilkes accuses you of saying something to him about: "You wouldn't be in this fix if you hadn't been bucking Army brass." I want you to state whether or not you made any such statement.

A.—Not as stated. I questioned Mr. Wilkes at the commitment trial about his situation in Texas at the time he was picked up on the parking lot and I asked him a question substantially this way: "Mr. Wilkes, if you had left the hospital after you had been considered by the Board, you were free then to come back to Atlanta, and you wouldn't have had any trouble at all, if you had left the hospital; isn't that true?" And he said it was true; that he was free to have left. Then I asked him if it wasn't bad judgment to have gone back and gotten into the trouble that he got into.

Commenting on Mr. Owen's evident anger, a spectator asked, "Why did that man fight you all the way, when he's supposed to protect the veterans' interests?"

My VA file throws some light on this question, showing that other VA officials were aware of Mr. Owen's feelings toward me. A memorandum, dated September 19, 1945, records a conversation between Mr. Owen and the Hospital Manager, the event being a luncheon in honor of General Omar Bradley. On this notable occasion Mr. Owen inquired about developments in my case. The Manager stated that the Staff had granted me parole, but that he kept me in confinement by overruling the Staff.

Dr. Witten took no part in Staff decisions, his duties being strictly administrative. And he dared not even question Dr. Walton's decisions. My parole had been denied because I criticized the Staff for my unwarranted confinement; the Ward Psychiatrist advising me of the unfavorable decision immediately after the hearing.

Another memorandum records a conference between a friend of

mine and Mr. Ivan F. Parrigan, Mr. Owen's legal assistant. This friend protested that I had money, bonds and property. Incidentally, Mr. Owen made no investigation as to what property I owned; then arranged for my wife to be bonded at one-tenth the legally required amount. Mr. Parrigan suggested that my friend should go to Augusta to see me. However, in writing the memorandum, he reported that he assured her about the psychiatrists and the courts and that "I had not been framed."

In this file are alleged copies of letters from my wife to the Hospital Manager, libeling members of my family. Accepting without question all charges against me, Mr. Vaux Owen placed in my permanent file unsigned copies of these scurrilous letters. Available to me only through court order, this file is freely accessible to the hundreds of VA employees.

The guardianship file has a memorandum to the effect that Mr. Owen prepared for Camille the "Qualification For Guardianship" form and told her what to say when she appeared before the Ordinary to be appointed.

The instructions for making the "Field Examination Request and Report" are "Ascertain the kind and value of both real and personal property owned by the ward and submit with report an itemized statement of such property." This form in my file shows "No property except household," although I had advised Mr. Owen that I had considerable property.

In addition to advising and helping Camille, Mr. Owen and his assistant attorneys spent a total of ten man-days in court, fighting me and as observers in the hearings against Camille.

* * * * *

In my attorney's absence I questioned—in the room where I was committed—the Ordinary, the Sanity Commissioners and the attorney who dropped my habeas corpus case when my check bounced.

I had been warned that a judge is not questioned about his judicial actions; that it was unprecedented for a layman—inconceivable for an asylum inmate—to cross-examine him.

However, the Ordinary answered all of my questions in a co-operative manner.

Q.—Did you appoint the Sanity Commission that committed Thomas G. E. Wilkes as an insane person in August, 1945?

A.—I did. I received a petition for the commitment of Thomas G. E. Wilkes to the Veterans Administration Hospital at Augusta, which was signed by Mrs. Camille W. Wilkes. It was sent to me with a letter of transmission, dated July 30, 1945, from Vaux Owen, Chief Attorney of the Veterans Administration in Atlanta.

Q.—Was the petition for commitment amended the day of the hearing?

A.—The original petition was amended by adding the following: "By adding to the first paragraph of said petition the following language, to wit: 'The veteran is now within the limits of Richmond County, Georgia, and subject to the jurisdiction of this Court.'" I might state that the amendment was filed in response to a suggestion contained in my letter of July 31, 1945, to Mr. Vaux Owen, the material paragraph being as follows: "The petition fails to allege facts showing jurisdiction in this Court. It should state either that Mr. Wilkes is a resident of this County or is present in this County."

Q.—Was I served a copy of that amendment?

A.—No.

Q.—Was I in the room at the time my wife testified?

A.—My recollection is that you were not.

Q.—Do you remember anything about the nature of my wife's testimony?

A.—In a general way I do. She testified as to your acts and conduct.

Q.—Why would I not be allowed to hear her testimony against me?

A.—She requested that she be permitted to testify to the Commission without your presence.

Q.—In this hearing were there any spectators present?

A.—I do not think so.

Q.—And the door of the courtroom was closed, is that right?

A.—It was practically closed. . . .

Q.—By the Georgia laws, what is necessary to prove about a person's mental condition in order to legally commit him?"

A.—The law is that a person must be an insane person or a lunatic or of unsound mind before they can be committed to an institution. . . .

Q.—Did any one of the Commissioners ask me a single question?

A.—I am unable to answer that.

Q.—Was I given any kind of physical examination by the Commissioners?

A.—No.

Q.—From your memory, not basing your statement as an expert, but as layman, did you observe anything during that hearing as to my actions or words that would indicate that I wasn't an absolutely normal man of stable emotions?

A.—I do not think that I am competent to answer that question or that it is a proper question for me.

Q.—Well, I will put it this way: what I am trying to get at, as a layman, if you see a man insane or hear him talking in a way that would make you think that he was insane or doing acts that were abnormal, you might think he was insane. You and I can only go by what we see and hear a person do and say. What I am asking you is, did you see or hear me do anything or say anything that would make you think, as an individual, that there was anything wrong with me mentally?

A.—You certainly did not commit any acts of violence to indicate an abnormal mind. There were certain things in your testimony which indicated to me that you were a little abnormal either from a nervous strain or from some peculiarities.

Q.—What were those?

A.—I am not a psychiatrist and have preferred not to answer a question on that subject. I had never seen you before, was only present for an hour or so and don't think that I am competent to give an opinion on that subject.

Q.—Do you recall anything definite that made you form any opinion that I was nervous?

A.—It would be hard to specify any particular thing; it was just more the general tenor of your acts and conversation.

Q.—Do you notice any difference in me now and then, from your memory?

A.—I think your demeanor now is calmer than it was then.

Q.—You agree, though, that I had some reason at that time to be a little less calm—being locked up?

A.—Well, that's natural.

The Coroner's Physician stated that it was the testimony of my wife and the Army hospital records that caused him to vote for my commitment.

The County Attorney testified in a straightforward manner: "I remember in the beginning I was somewhat reluctant about adjudging you as an incompetent; and I listened to the evidence and the medical testimony—whatever it was—and I was assured that you needed treatment. And the facts and circumstances were such that I reached the conclusion that you were incompetent at that time. You made a rather favorable impression on me, and I was a sort of 'doubting Thomas.' I remember that much of the transaction and I know there was some testimony submitted, and it finally culminated in my going along with the two physicians."

The ex-mayor seemed outraged at having a former asylum inmate question him.

Q.—Did I answer all questions in an intelligent and logical manner?

A.—No.

Q.—What questions did I not answer?

A.—Oh, I don't remember them questions now.

Q.—You don't remember?

A.—No, I do not. Because if you had answered them intelligently, and as composed as you are right now, why, it would have been a different proposition. You wouldn't have went to the insanity institution.

Q.—Do you recall any of the Commissioners asking me any questions?

A.—Mr. Wilkes, I am going to try to set you straight, as near as I possibly can. You didn't bother with us much, but you worked on those hospital doctors; you asked them a whole lot of questions. I would like to state though, that there is a decided change in this man's demeanor and appearance and everything to what it was when he was tried over on this charge.

Q.—Will you go into details as to what those changes are?

A.—Yes, you seem to be more quiet; quieter than you were. And you had every appearance then of being mentally defective, awfully hurt, or mad as the devil.

Q.—Did you see any evidence at the time that I was violently insane?

A.—I didn't see that you was violently insane; but I did try to express it just now as to what I thought your condition was.

Q.—Were you in 1945 a member of the Cracker Party?

A.—If I had ever been a member of the Cracker Party I have always been an independent. I would like to ask you a question. What effect would that have; if I had been a member of the Cracker Party, a Mason or a member of the Baptist Church; can you tell me?

Q.—If all members of the Commission were Party members it could indicate an unfair decision.

A.—No! That wouldn't have no effect on me. If I had been President of the Cracker Party or had a black satchel, that wouldn't have had a damn bit of effect on me.

The Augusta attorney testified with obvious anger and contempt.

Mr. Wilkes: Did you receive a check from me for \$100?

Mr. Carver: I went to the hospital, myself, is my recollection and I told you at the time that if you hadn't been legally committed that I would bring a habeas corpus proceeding, but that I would like to communicate with your family before the hearing of those proceedings. I told you that I wasn't practicing law for the fun of it and that my fee would be \$100 and that if you didn't have the money to tell me. And you told me you had the money in the bank and we got a check, from my recollection, at the

hospital and you changed it to some bank in Atlanta and I told you at the time that— You said that the check was good and I told you if the check wasn't good that I wasn't going through with the proceedings, and I deposited the check and set the date of the hearing far enough ahead for that check to clear and the check did not clear, so I did not attend the hearing.

Mr. Wilkes: So, after the check bounced back, you then didn't appear at the hearing?

Mr. Carver: I told you at the time I wasn't going to do it if it did.

Mr. Wilkes: Did Mr. Goldberg talk to you twice from the courthouse on the day of the hearing by telephone?

Mr. Carver: I don't remember. I told him that I wasn't going and I told him he didn't have any business going, but he went.

Mr. Wilkes: Did my wife pay to you or to Mr. Goldberg anything on that check that bounced back?

Mr. Carver: She certainly hasn't paid me. If Mr. Goldberg collected and hasn't given me part of it, I would kill him.

Mr. Wilkes: Were you in 1945 a member of the Cracker Party?

Mr. Short (Camille's attorney): I would like to object to that kind of testimony. I don't think it is important. It is not an issue in this case.

Mr. Wilkes: We agreed to let objections be ruled on later. Did the witness answer the question?

The Court Commissioner: Yes, sir.

Mr. Wilkes: What was his answer?

The Commissioner: He said, "It's none of your damn business!"

Dr. Walton appeared for questioning, but asked to be excused, stating that he had just returned to duty after a near-fatal heart attack. "My condition is such that testifying in this case would endanger my life," he stated.

"Dr. Walton," I said, "remember the many times, thirteen I believe, that you questioned me? You never considered my feelings at all, or asked me whether I felt like being questioned. And

you were never even polite to a veteran who was in your power. Now, you, who have never shown mercy to any man, come to me begging for mercy."

Dr. Walton had evidenced an angry contempt when I began talking. As I continued, he looked about the room in the manner of a trapped animal. Now he was staring at the floor.

"Dr. Walton," I continued, "my case probably brought on your near-fatal heart attack. That being true, my questioning you would probably cause your death. However, your testimony is essential to my case."

Pausing, I looked from Camille's attorney to the Court Commissioner. They were looking from me to the very sick man; looking as though they were afraid to say a word. Later the Court Commissioner told me he was thinking: "He's going to kill the Doctor by making him testify; and there's not a thing I can do to prevent it."

I turned back to the psychiatrist. "Dr. Walton," I said, pausing for effect, "you are excused from testifying."

Slowly, without lifting his head, Dr. Walton stumbled out the door.

* * * * *

Tuesday, April 16th. The Fulton County Ordinary was on the bench when Uncle George and I entered the Court.

Without any preliminaries the opposing attorneys conferred with the Judge. Camille's attorneys tendered a legal paper, withdrawing her objection and entering an agreement that I be adjudged sane.

"Then I will sign an order restoring him to sanity," the Judge announced.

"Hell and damnation!" Uncle George whispered. "Tom, you haven't even been identified to the Judge. For all he knows you may be a raving maniac."

Scowling at Uncle George, the Ordinary signed the order; the stroke of his pen restoring my Constitutional rights.

That same day I filed a petition for divorce, charging that Camille knowingly and wrongfully kept me confined in a mental hospital.

I also wrote the Hospital Manager, enclosing a copy of the court order and demanding my discharge.

Strange men: these disciples of Freud! Where they had confined me because *others* said I was insane, they now discharged me because of a sanity order based on *their own testimony*.

XIII

THE EVIDENCE

*Where are the evidence
that do accuse me?*

—*Shakespeare*

THROUGHOUT my psychiatric imprisonment I challenged the psychiatrists to recall a single thing I had done or said that was proof of mental illness.

"The record," they said, "the *entire history*;" inferring that my records contained many grave charges.

I wondered who made the charges and of what dreadful deeds they accused me.

What did the Swift Regional Hospital records allege as justification of my confinement? What vicious charges had Captain Busse made to warrant my transfer to the VA asylum? And what had the VA psychiatrists put in their records to justify confining a sane man?

Soon after my release I obtained photostatic copies of all pertinent records—records that, in cases like mine, usually remain buried in the files.

Carefully studying these reports and records, I was shocked at the bungling stupidity of the men who wrote them.

The Proceedings of the Retiring Board of Swift Regional Hospital show evidence of gross and crude alterations; obviously made in an attempt to refute my sworn statement and to portray me as suffering from anxiety state.

Three pages have bold, regular typing; all other pages dim typing. A line of dim typing has been added at the top of two pages to tie them into the preceding ones.

Two pages have been added at the front of the proceedings;

page (5) showing that the original number (3) has been crossed out and the page re-numbered as (5).

I gave my diary of this hearing to Camille, and she gave it to Captain Busse. He put it in my file—only a psychiatrist would understand why—where it is now a part of the official records. My diary records the first part of the hearing:

No part of the hearing had the dignity warranted. Sometimes the President presided; at other times the Recorder. The hearing was closed to spectators, except the newly appointed Board from Bowie Regional Hospital. The President denied my request that my wife be admitted.

The Board refused me permission to examine the case record, although the Medical Witness read from it at length. Paragraph five of the orders directing me to appear before the Board gave me permission to examine all medical and administrative records.

Recorder: Do you object to any member of the Board?

Captain Wilkes: I do. The Lieutenant Colonel on the left of the President.

Recorder: Will you give the reason for your objection?

Captain Wilkes: The Colonel was senior member of the Disposition Board before which I appeared five of May. He reprimanded me for not saluting. I was in blood-covered pajamas and robe, and the members of the Board were in lounging positions.

Lt. Col. —: I did not mean to reprimand the Captain.

Captain Wilkes: Sir, I consider the Colonel severely reprimanded me and that he is prejudiced against me, and I request that he be removed from the Board.

(The Board was closed; the Board was again opened, and the Colonel was excused.)

* * * * *

The official version reports the following:

Recorder: Captain Wilkes, have you been afforded an opportunity to examine the military record and medical history of your case, which I now propose to place before the Board?

Capt. Wilkes: I examined all records to come before the Board.

Recorder: Do you care to see these records that are being presented to the Board, Captain Wilkes?

Capt. Wilkes: I would like to glance through them later; yes, sir.

Recorder: Now?

Capt. Wilkes: Later will be all right.

Recorder: Captain, I bring to your attention that these records are available now. This is your opportunity to look at them.

Capt. Wilkes: Yes, sir. I will get them.

(*Capt. Wilkes obtains records, examines them and returns them.*)

Recorder: Are you satisfied, Captain, that those are the records that you have seen previously?

Capt. Wilkes: Yes, sir.

The orders appointing the Board, cited in paragraph 1, page 1, were then read, and the Officer appearing before the Board was asked if he had any objections to offer to any member present; to which he replied in the affirmative.

Recorder: State your objection, please.

Capt. Wilkes: The Colonel here, I believe, was on the Retiring Board. Is that right, sir?

Recorder: On the Disposition Board?

Capt. Wilkes: I don't remember the name, sir.

Recorder: Lieutenant Colonel Curtis.

Capt. Wilkes: I object to the Colonel.

Recorder: What is your cause for objection to Lt. Col. Curtis being present as a member of the Army Retiring Board?

Capt. Wilkes: Sir, I reported to the Retiring Board in a pair of pajamas.

Recorder: To the Retiring Board?

Capt. Wilkes: I beg your pardon, to the Disposition Board in a robe and not in uniform. It didn't appear to me to be a formal board. I didn't salute when I entered. The Colonel accused—a reprimand—gave me a reprimand for not saluting. I am afraid the Colonel might be prejudiced.

Recorder: Do you have anything further to say in this case, Capt. Wilkes?

Capt. Wilkes: No, sir.

President: Does Lt. Col. Curtis have anything to say?

Lt. Col. Curtis: I simply told the Officer before this Retiring Board when he appeared before the Hospital Disposition Board that it was customary for both officers and enlisted men to salute the Board.

Capt. Wilkes: Sir, I do have something else to say. Major Christian yesterday in this proceeding, in these forms, he has a statement there that since the twenty-third I have been lacking in military courtesy. I give that as one of the things, as one of the evidences, that he was talking about, that my failure to do that showed a lacking in military courtesy. That was yesterday at twelve o'clock.

Recorder: No further questions from the Recorder.

President: The Board will go into closed session to consider the objection.

(Board in closed session; reconvened; and President made the announcement) †

The Board, in closed session, and upon unanimous vote of the members, sustains the objection. Colonel Curtis will withdraw.

The Medical Witnesses were Major Bergein M. Overholt and Major Robert K. Dixon. Major Overholt, as Chief Medical Witness, was spokesman; Major Dixon occasionally stating that he concurred.

Nothing whatever was offered in support of the ulcer diagnosis, but Major Overholt gave rambling and contradictory testimony for two hours to prove I was neurotic.

Occasionally I would ask: "Does that report say anything about anxiety state since childhood?" Major Overholt would then read at length from one of the clinical reports; and I would request the President to instruct him to answer "Yes" or "No."

Refusing to read the findings of the Barkeley NP Board, he angrily tore the report from the file. This report, which stated "No neuropsychiatric symptoms," has since disappeared.

Under my questioning Major Overholt lost all control.

"Just a moment, Major," the President reprimanded. "Try to use care in your language. This is not a court. This is a board."

After the Medical Witnesses were excused I read a written, sworn statement to the Board.

I have studied the reports and records of my case to be presented to the Retiring Board. The following errors and discrepancies exist:

Diagnosis No. 1 is "Anxiety state, moderate; patient showed predisposition in civilian life by recurrent periods of anxiety, inadequate physical and psychical reserve; precipitated in service by the external stress thereof." I have made no statement to anyone that could possibly lead to this diagnosis, and have never experienced such a condition. At Barkeley the NP Board ruled that my nervous system was normal. The Chief of Medicine advised me that I would go before the Retiring Board on the basis of the Barkeley diagnosis. The Barkeley diagnosis did not include anxiety state.

Under *Course in Hospital* the following statement appears: "He showed

† This line—in much blacker type—is crowded into the space between paragraphs.

no neuropsychiatric manifestations; however, after informing the patient that no evidence of ulcer had been found by X-ray examinations here, he showed a return of his anxiety manifestations by questioning the professional integrity of staff members who had examined him, a disregard for hospital regulations and for common military courtesy."

Major Christian said to me, "You have never had an ulcer." Neither he nor Major Dixon would explain this diagnosis or tell me the status or proposed disposition of my case.

I then proceeded to establish my own case. This was not anxiety, but a determined effort to protect my health. Prior to 2 April I had no reason to doubt the professional integrity of any medical officer.

Yesterday I asked Major Christian to explain the events referred to in his statement that I had shown a disregard for hospital regulations and military courtesy. He could recall only the following instances:

1. I left the hospital Saturday afternoon without a pass, after I had waited an hour for Major Christian. I advised all parties concerned where I was going and when I would return.
2. On 5 May I did not salute the senior member of the Disposition Board.
3. On 6 May I did not salute the Hospital Commanding Officer upon leaving his office. His slowness and casualness in returning my salute when I entered his office convinced me that he did not wish to be saluted.

The only hospital regulations I have broken are absurdities. I have always observed the rules of courtesy in military, as well as in civilian, life.

Back injury is not listed on report of physical examination. The diagnosis made at the Regional Hospital, Camp Barkeley, was "sprain" and "severe." I was placed in traction on boards for 48 hours and was a bed patient for two weeks.

I take exception to the line of duty of ulcer as "No, EPTAD." It is my opinion that I did not have an ulcer before entering the service. Furthermore, I cannot see how this hospital can rule that I had an ulcer before entering the service, when I had to get outside proof that I had one in 1945.

My diary shows that after I read my sworn statement, "One member of the Board asked me one unimportant question, not connected with the sworn statement."

The official transcript reports the following proceedings after the reading of this statement.

Recorder: Does the Board have any questions at this time?

Board Member: Captain Wilkes, when you consulted this doctor in Austin, did he tell you that you had had an ulcer this year?

Capt. Wilkes: No, sir. He did not set a date. I have a copy of his diagnosis here.

Board Member: He said you had an old ulcer?

Capt. Wilkes: He did not say anything about the date of the ulcer.

Board Member: Did he or did he not say it was an old ulcer?

Capt. Wilkes: He did not say anything about an old ulcer. It is quite a lengthy report. I gave that in a few words. I may be off in my description of it.

Board Member: How did the medical records show that you had what you believed to be ulcers back in 1938? Didn't you tell some officer that you had had trouble then?

Capt. Wilkes: I told all officers that I interviewed about symptoms of stomach trouble and gave the dates about that time. That was that—the Medical Witness covered that. Yes, sir, I have. It is also in my sworn statement, sir, and part of the case record.

President: No further questions from the Board.

Recorder: In answer to his, Captain Wilkes', question as to why, as to noting a discrepancy on his form 63, WD AGO, Report of Medical Witnesses, in the absence of the diagnosis of strain, sacroiliac, left, acute, moderate, that he mentions, which was made at Camp Berkeley, Texas. It would be necessary to recall the Medical Witnesses back to answer that question. Shall we recall the Medical Witness, Major Overholt?

(Officer before the Board indicated no desire to recall Medical Witness.) †

President: Captain, do you have any symptoms from your back?

Capt. Wilkes: No, sir, the only thing that bothers me now is that I have to be very careful in sitting—sit straight. Any kind of strain on it bothers me, but so long as I sit straight or walk and don't move or jump quick, nothing bothers me. I believe you will find that covered in Major Breck's report, and in the civilian doctor's report. I didn't ask him for it. It is full of technical language, and I don't know what it all means. Major Breck indicated in conference with me—I asked if I would have to be burdened with that back six or eight months, and he said, "longer than that, particularly in lifting in this direction"—(demonstrating upward motion of both arms)—and I . . .

President: You are satisfied with Major Breck's opinion?

Capt. Wilkes: You mean as to what I should do to care for it?

President: You got a satisfactory answer?

Capt. Wilkes: You mean as to caring for it or his diagnosis?

President: Both.

Capt. Wilkes: I have never seen his diagnosis, sir.

† The official transcript has several summaries of testimony, which is conclusive evidence of alterations. A reporter would have transcribed what was said.

President: You consulted him regarding your back?

Capt. Wilkes: Yes, sir, but he told me I would have to get the details through the Ward Surgeon.

President: He examined you and gave you professional advice?

Capt. Wilkes: Very clearly and very thoroughly, but I do not know his diagnosis. I probably would not understand it if he told me.

President: All right, no further questions.

Recorder: In view of the balance of Captain Wilkes' statement concerning merely administrative and common courtesy and discipline, which does not concern this Board, I have no further questions.

(The transcript shows that the Board then went into closed session; then open session and announced its recommendation of retirement with the diagnoses as submitted.)

* * * * *

Reopening of the Army Retiring Board in the Case of:
CAPTAIN THOMAS G. E. WILKES, CE, AUS
O-193294

The President, Army Retiring Board, in view of the additional evidence obtained in the case of Captain THOMAS G. E. WILKES, CE, subsequently to the meeting of the Army Retiring Board on 7 May 1945 had ordered this case reopened for consideration and recommendation in the case.

The Army Retiring Board in this case was reopened at 1400 CWT, 14 May 1945, to reconsider the case of Captain THOMAS G. E. WILKES, O-193294, CE.

The Board Members present at the original convening of this case were present with the exception of Lt. Col. Wickliffe R. Curtis, O-256182, MC, who was objected to in the former meeting by the officer before the Board.

The original Medical Witnesses, Major Bergein M. Overholt, O-1696500, MC, and Major Robert K. Dixon, O-502327, MC, were introduced and all members of the Board, the Recorder, the Reporter and Medical Witnesses were reminded that they were still under oath in this case.

Captain THOMAS G. E. WILKES, CE., was not present as he had been transferred to McCloskey General Hospital for further observation and treatment pursuant to verbal orders of the Commanding Officer of Camp Swift, Texas, which were concurred in by the Medical Director and the Psychiatric Consultant from Headquarters, 8SvC, Dallas, Texas.

Recorder: Major Overholt, do you have further additional testimony which you would like to present?

Maj. Overholt: I have a statement which I think would be additional testimony:

SWORN STATEMENT OF MAJOR BERGEIN M. OVERHOLT, O-1696500, MC, AND MAJOR ROBERT K. DIXON, O-502327, MC, IN THE CASE OF CAPTAIN THOMAS G. E. WILKES, O-193294, CE.

On 10 May 1945, Captain Thomas G. E. Wilkes, O-193294, CE, began to exhibit manifestations of a hypomanic state,* which had not previously been present. He became more aggressive, made exacting demands, and showed rather sudden and abrupt impairment of judgment over his previous actions. His impairment of judgment went so far that there was absolute failure to recognize the usual relationships of military life. Unreliability was also evidenced in his actions and statements, such as, "I feel fine," and "I have never felt as good as this in the past ten years." His actions revealed that he was not amenable to any orders and that the usual customs of military life meant absolutely nothing to him. He was then readmitted to the Regional Hospital, Camp Swift, and seen again by the Chief of the Psychiatric Section, Lt. Col. Dowell, who felt that Captain Wilkes manifested a hypomanic type of reaction, which was confirmed by Colonel Ebaugh, the Service Command Psychiatric Consultant.

In view of these findings, it is believed that Captain Thomas G. E. Wilkes, CE, should be transferred to a psychiatric center for further observation.

Recorder: Does the Board have any questions?

President: No further questions.

Recorder: The Recorder rests the case upon the evidence.

President: If there is no further evidence to be presented, the Board will go into closed session.

The Board was closed for deliberation and having further considered the case, confirms the action of the Commanding Officer, Camp Swift, Texas,† in transferring Captain THOMAS G. E. WILKES, CE, O-193294, Army of the United States, to McCloskey General Hospital, Temple, Texas, for further observation and treatment.

A man's manner of speaking and choice of words are as individual as his voice and appearance. My statements are logical, fac-

* See Appendix for definitions.

† The Post Commanding Officer has no jurisdiction over a Regional Hospital; the hospital being under separate command and authorized to issue its own orders. My arrest and transfer were ordered by Colonel Aubrey K. Brown, the Hospital Commanding Officer.

tual and concise, as evidenced by my sworn statement and my diary. But some of the questions and statements attributed to me indicate a timid and uncertain man. The Medical Witness described me as "an individual who is somewhat confused."

Assuming that I was mentally ill, these hesitant statements would indicate a mental depression. But the Medical Witnesses swore that I was in a hypomanic state. As proof they offered my statement that I felt well; had never felt better in ten years.

* * * * *

Eleven days after my arrival at McCloskey General Hospital, Captain Busse wrote a lengthy report of my case and, although I remained there another month, he added nothing to his neuropsychiatric findings.

The report is an interesting example of psychiatric verbosity and monotonous repetition, with an abandoned use of innuendoes and superlatives.

NEUROPSYCHIATRIC REPORT
MCCLOSKEY GENERAL HOSPITAL
TEMPLE, TEXAS
25 May 1945

Name Wilkes, Thomas G. E. Grade Captain Ward 33-A

HISTORY OF THE PRESENT ILLNESS: Patient was received as a transfer from the Regional Hospital at Camp Swift, Texas, on 13 May 1945. The patient had been released from the Regional Hospital at Camp Swift on 9 May 1945 to begin his terminal leave awaiting retirement, but because of his bizarre, aggressive, antagonistic behavior, it was necessary to rehospitalize him and the patient was transferred to McCloskey General Hospital with a diagnosis of psychosis, manic-depressive, manic type. He was presented to the Retiring Board with the diagnosis of anxiety state, moderate, and a diagnosis of chronic duodenal ulcer. Retirement was recommended. Secondary diagnoses which were not part of the retirement procedure were: nephrolithiasis, right, mild; and strain, acute, sacroiliac area, left, moderate.

However, following his retirement a marked change in the patient's

behavior was noted and he was immediately re-hospitalized. The wife of the patient states that for approximately seven days prior to definite evidence of psychosis, she noticed that he was overtalkative and had paranoid ideas which were very unusual.

ATTITUDE AND GENERAL BEHAVIOR: Since admission to this hospital the patient has continued to be extremely overactive and overtalkative. He is aggressive and self-assertive and demanding. He constantly complains and misinterprets the actions and statements of the hospital personnel in a very paranoid way, so that he feels that he is being grossly mistreated and discriminated against. When interviewed his general appearance is good, but he has many peculiar mannerisms which are associated with his increased psychomotor activity. When first interviewed, the patient opened the interview by stating, "This hospital has absolutely no jurisdiction over me. I am no longer a member of the Army and you can't keep me here. I can go wherever I damn please. I have a copy of Special Orders 111, dated 8 May 1945, and on 9 May 1945, I ceased to be a member of the Army. Did you notice that they didn't date it on or about, as it should be and as all orders are written, but they dated it exactly on the 9th of May, 1945? They sure were trying to railroad me."

Throughout the interview the patient talked almost continually in an antagonistic, aggressive tone, accompanied by many peculiar facial expressions. Patient often opens his eyes widely and stares at the interviewer in a peculiar fashion. He constantly moves about in his chair, often sitting with his feet on the chair with his knees touching his chest.

When he first assumed this position, he remarked, "I sat this way when I talked with General Hart and if it is good enough for him it is good enough for you. I told the old General that I liked to sit that way and that was the way I was going to sit."† It was also noted throughout the interview that there were peculiar jerking movements of the face and head, and that he continued to smoke cigarettes in a chain fashion.

STREAM OF MENTAL ACTIVITY: When the patient was first asked to give an account of his illness, he was very antagonistic, and said that he would not do any such thing, and that if I wanted to know anything about his complaints, I could read the chart; that he would not add anything to that and that he would not answer any questions. However, without urging, the patient later gave a detailed full account of his complaints and the events leading up to his hospitalization and transfer to McCloskey General Hospital.

† My statement was: "Please pardon my sitting this way, but my back bothers me less in this position."

Then Captain Busse said, "It shows disrespect for you to sit like that when talking to your doctor."

And I retorted, "I sat like this when General Hart interviewed me, and he did not object."

Patient insists that he was mistreated and discriminated against while at Camp Swift Regional Hospital, and when asked why he thought they treated him in such a manner, he replied, "I guess the CO didn't like the way I smiled." The patient's thoughts are completely dominated by his feelings of persecution and hostility and he gives in minute detail the events of his hospitalization, and interprets everything in a paranoid manner. The patient insists that the Boards he appeared before while at Camp Swift were illegal and had no jurisdiction and had no legal basis. He says that none of the witnesses were sworn in and he says that the witnesses did not know him. The patient says that on 8 May 1945, he appeared before a Board and was retired from the Army, but on 9 May 1945, he was told to appear before another board which he describes as grossly irregular. He says that he merely informed the Board that he had nothing to discuss with them and left. The patient states that on 10 May 1945, he was put under arrest and put in the hospital, and he claims that his charge was trespassing.

ORIENTATION: The patient is well orientated to time, place and person. His general knowledge was not tested as he is to have a Wechsler-Bellevue Examination. However, his memory for recent and remote events is apparently excellent, although his interpretation is distorted by a marked paranoid trend in his thought process.

EMOTIONAL REACTION: The patient's mood fluctuates from inappropriateness to euphoria,* to excited anger, and there is often a marked discrepancy between the patient's emotional expression and his content of thought. At times he speaks of his mistreatment in a laughing manner; at times he becomes extremely hostile. He insists, however, that he is unhappy and that the only thing that will help him is to be allowed to go home. Patient denies any thought of suicide.

CONTENT OF THOUGHT: Throughout the interview, the patient continually expresses many feelings of persecution and hostility toward the medical personnel at Camp Swift and at this hospital. He says that he has not been adequately treated in any hospital and he repeatedly makes the statement that he is going to have a Congressional investigation of the situation at the Camp Swift Regional Hospital. Although there is a very severe definite paranoid trend present, there is no evidence of hallucinations.* There is also a grandiose trend present and he makes such statements as, "Colonel Ebaugh told me he could play golf, so I invited him to go with me and play some golf. I haven't played golf for 15 years, but I know I can hit a ball farther and straighter than any man in the United States." He also said, "You know that young chap you had examine me today, he was testing my reflexes and asked me to squeeze his fingers. He will regret that request because I have a stronger grip than any man in

* See Appendix for definition.

the hospital and I ruined his fingers." Also, "My wife and I are the best bridge players in the world. I sure would like to get that Major Christian in a bridge game and I would show him who is the smartest."

At the present time the patient insists that he has no gastric complaints, but he has been placed on an ulcer diet and is being given milk between meals. Patient is apparently satisfied with his treatment. Although this information was not directly elicited from the patient, the patient's wife volunteers these facts. She says that the patient often speaks about events and persons that she has no knowledge of whatsoever, and he apparently assumes that she knows all about these things. She says that he is extremely afraid that people are trying to injure him and constantly makes remarks that "They are trying to get something on me." She says that very recently he told her that they had a secret dictaphone installed in his room in order to record everything he said to her and to other people. On the night of 14 May 1945, the patient handed his wife a letter which was written in code, which he had made up. She says she was unable to decipher the letter, but he did tell her that the "ph" meant phenobarbital, "mo" meant money and "ma" meant magazines. Also in this letter he told her to go to Austin and not to trust anyone. She is at a loss as to why he wanted her to go to Austin.

MENTAL SUMMARY AND PROGRESS: On admission to this hospital, the patient was extremely overtalkative and overactive. When interviewed he expressed many feelings of persecution and hostility toward the personnel of this hospital, but more so toward the personnel of the Regional Hospital at Camp Swift. He was threatening and demanding, insisting that he was being illegally held and that there was nothing mentally wrong with him. When interviewed, this officer repeatedly makes such statements as "This hospital has absolutely no jurisdiction over me, I can go wherever I damn please." There is a definite grandiosity in his thought process and he makes such statements as, "I haven't played golf for fifteen years but I know I can hit a ball farther and straighter than any man in the United States," and "I have a stronger grip than any man in this hospital."

Although during his hospitalization the patient has shown some improvement, his attitude has continued to be self-assertive and demanding and he constantly finds fault with everything. He sleeps very little and he has written numerous letters of extreme length, giving many details and expressing many bizarre thoughts. No evidence that this patient is hallucinating has been uncovered. He is orientated as to time, place and person, and although his memory seems to be very good, it is distorted by the extreme paranoid as well as grandiose thoughts.

The patient was presented to the NP Board with the following findings:

Diagnoses:

1. Psychosis, manic-depressive, manic type; manifested by extreme acceleration of thought process, with overtalkativeness and overactivity, hos-

tility and resentment, feelings of persecution, with a grandiose trend. Definite psychotic symptoms appeared on or about 10 May 1945.

2. Duodenum, ulcer of, chronic, cause undetermined.

3. Nephrolithiasis, right, mild, cause undetermined.

INSIGHT AND JUDGMENT: The patient insists that he is not sick. He says, "I am perfectly well, both mentally and physically." He insists that he should be allowed to leave this hospital to go home "so I can receive the proper diet to prevent a recurrence of ulcer troubles." This patient apparently has no self-understanding. He cannot properly evaluate his faults or successes; his judgment is definitely impaired; insight is lacking and his plans for the future are without logical basis.

SUMMARY AND CONCLUSION: Since admission to this hospital, the patient has demonstrated a definite increase in his thought process and physical overactivity. There is a very marked paranoid trend, as well as a grandiose trend present, but there is no evidence of hallucinations. This patient's increased psychomotor activity along with the other psychotic manifestations, in my opinion, are consistent with a manic type of psychosis.

(Signed) Ewald W. Busse

EWALD W. BUSSE, *Captain, MC.*

In writing the report, Captain Busse ignored his one factual record. Individual behavior charts were posted daily by the ward nurses, indicating each soldier's condition according to fifty-three behavior characteristics.

Comparison of my chart with the report is startling. He wrote, "He sleeps very little," but the chart does not show insomnia for a single day.

"Since admission to this hospital the patient has demonstrated a definite increase in his thought process and physical overactivity," Captain Busse reported. "He is extremely overactive." The chart indicates that I was hyperactive only two days, and industrious only three days; this occurring after the report was written.

He accused me of having "peculiar mannerisms and peculiar facial expressions. He opens his eyes wide and stares at the interviewer in a peculiar fashion. He sits in odd positions." The chart has no entries under "Manneristic."

He wrote, "He was threatening . . . He constantly complains. . . . He constantly finds fault with everything." The chart shows only five days of complaints, and these dates are in June.

The behavior chart shows I was cheerful twenty-four days, smiling seventeen days and sociable twenty-three days; but Captain Busse alleged that I was completely dominated by thoughts of persecution.

The day after Captain Busse made the write-up of my case the Neuropsychiatric Board rubber-stamped his findings, recommending my transfer to a Veterans Administration mental hospital. This was only two weeks after my arrival at the hospital and four weeks before I would be transferred.

However, it was necessary for another Army Retiring Board to hear my case. Captain Busse prepared two unusual statements, alleging that my mental condition was such that my appearance before the Board would endanger my health and retard my recovery. My wife signed one such statement, while the other was signed by Colonel Randall, Captain Busse and Major Leslie G. Tennes, the psychologist.

Why did they plan this secret hearing? Could a man's health be injured by his appearance before a board of officers? The board might at least have a look at the man.

Army Regulations hold that "An officer summoned before an Army Retiring Board is entitled to appear before the board, with counsel, if desired, either civilian or military or both. . . . But unless the officer has been duly notified and fails to appear, or has expressly waived in writing his right to appear, the board will not proceed in his absence."

My demand for a civilian counsel had been denied, and Major Tennes appointed to represent me. Major Tennes advised the Board that I neither desired additional counsel, nor to be retired from the Army. "The medical officers have declared him incompetent," he stated in explanation. "It is their considered opinion that his condition is permanent."

Captain Busse and Lieutenant Alec Skolnick, being duly sworn as medical witnesses, testified that I was insane. Only an Army medical board would have accepted their pre-agreed, chorused, statements.

Captain Busse presented the case to the Board and answered all questions.

Occasionally the Recorder would ask, "Lieutenant Skolnick, do you concur in these statements?"

And Lieutenant Skolnick would reply. "I do."

To justify my absence Captain Busse stated: "At the present time Captain Wilkes continues to be overactive and overtalkative. He continues to have marked paranoid feelings and thoughts, and it is felt that if he should appear at the Retiring Board these symptoms would be aggravated and his illness indefinitely prolonged."

Accepting this lame excuse for my non-appearance, the Board approved my transfer to a Veterans Administration mental hospital.

* * * * *

At the time of my transfer to Lenwood VA Mental Hospital, my file bulged with reports and accusations in support of the mental diagnosis. But it also included the Neuropsychiatric Behavior Chart and my letters and diary, which indicated I was sane.

Ignoring everything favorable, Dr. Miracola appropriated all of these accusations and many from Camille's letters, then added a few of his own.

Veterans Administration Facility
Augusta, Georgia

STAFF FINDINGS AND CONCLUSIONS
and
REPORT OF NEUROPSYCHIATRIC EXAMINATION

NAME: WILKES, Thomas G. E.,	R-18,772	Married
AGE: 40	COLOR: White	OCCUPATION: Civil Engineer
ENLISTED: 4-29-42		DISCHARGED: 6-24-45.

PRESENT ILLNESS: The patient was admitted to the Station Hospital, at Camp Bowie, Texas, on January 26, 1945, because of gastric pains. He was given a diagnosis of psychoneurosis, unqualified, and on February 17, 1945, was transferred to the Regional Hospital at Camp Barkeley, Texas. Findings there revealed duodenal ulcer. According to a neuropsychiatric consultant, the patient did not show a definite picture of psychoneurosis.

He was given a diagnosis of ulcer, peptic, of duodenum and on April 7, 1945, was transferred to the Regional Hospital at Camp Swift, Texas. At that hospital the diagnosis of duodenal ulcer was confirmed and he was presented to the Retirement Board with diagnoses of anxiety state, moderate and chronic duodenal ulcer. His retirement was recommended by the Board.

Following his retirement, however, a marked change in the patient's behavior was noted and he was immediately re-hospitalized. He was given a diagnosis of psychosis, manic-depressive; also ulcer, chronic, cause undetermined; nephrolithiasis, right, mild, cause undetermined; strain, acute, sacro-iliac area, left, moderate.

On May 13, 1945, the patient was transferred to the McCloskey General Hospital in Temple, Texas. On admission the patient was extremely overtalkative and overactive and when interviewed, he expressed many feelings of hostility toward the personnel of the hospital but more toward the personnel of the Regional Hospital at Camp Swift, Texas. He was threatening and demanding and insisted that he was being held illegally and that there was nothing mentally wrong with him. He repeatedly made such statements as "this hospital has absolutely no jurisdiction over me. I can go whenever I damn please."

There was definite grandiosity in his thought process and he made such statements as: "I haven't played golf for fifteen years, but I know I can hit a ball farther and straighter than any man in the United States," and "I have a stronger grip than any man in this hospital." During his hospitalization, he claimed that his food was not properly cooked and was not served hot. He was extremely hostile toward the hospital personnel and was often very demanding.

During one of his interviews, the patient stated that as soon as he was granted leave, he intended to start flying around the country at the expense of the Army in Army planes. He stated that he intended to contact the responsible officers who were selling excess Army material and that he would sell this material in the cities where the plane landed. He had an idea that his Army uniform would help him sell these things and would give him an inside on where to get the material. He stated that he believed that he would make at least \$20,000.00 the first two months.

On the ward he kept telling other patients that they were being unjustly held and mistreated, and that they should be allowed to go home. He would tell the nurses and Red Cross workers many bizarre stories which were involved with sexual perversion of some type. The following is an example of a story he told to a Red Cross worker: *Here, in crude detail, was related a sexual deviate incident that allegedly occurred at McCloskey General Hospital.* However, during his hospitalization, the patient showed some improvement. His attitude continued to be self-

assertive and demanding and he constantly found fault with everything. He slept very little and continued to write numerous letters of extreme length, giving many details and expressing many bizarre thoughts. No evidence of hallucinations were uncovered. He was oriented as to time, place and person, and although his memory seemed to be very good it was distorted by extreme paranoid as well as grandiose thoughts. On June 24, 1945, he was transferred to this facility.

NEUROLOGICAL EXAMINATION: Cranial nerves are intact; pupils are round and equal, react to light and accommodation. Reflexes: biceps, triceps, knee and ankle jerks are present and normal. Abdominals and cremasterics are normal. No ankle clonus. No Romberg, Babinski. Co-ordination tests, finger to nose, heel to knee, are normal. Speech and gait are normal.

MENTAL EXAMINATION: Upon admission the patient was polite and agreeable, but talkative and immediately wanted to register a protest against his confinement here. He wanted to know the rules for the patients in this hospital and expressed his willingness to cooperate and wanted to let it be known that he wanted an immediate release from here.

During his hospitalization, the patient mingles freely with others to a point where he irritates them. He often makes requests and is demanding both in writing and verbally. He does not like to take part in activities and often refuses to attend movies and dances. During interviews, however, he is very pleasant, congenial and cooperative.

He is orientated in all spheres and is in good contact. His memory for remote and recent events is good. His thought content is coherent and relevant. He denies hallucinations and states that he has never had any.

He is circumstantial when giving an account of his hospitalization in the Army. He is paranoid in regards to the way he was treated in the Army hospital. He stated that many of the doctors were not qualified—one physician was a textbook doctor and was not able to make a diagnosis of an ulcer when the symptoms were as atypical as his were. He expressed an idea that the doctor in charge of the X-ray Department was not experienced enough for X-ray work. He stated that one doctor who treated him finished his internship and didn't know too much.

He states that he can't see why he was placed in a mental ward and why he was given a diagnosis of manic-depressive psychosis when he never had manic or depressed episodes. He says that while at McCloskey General Hospital he wasn't give a thorough enough examination to base a psychiatric diagnosis on. He claims errors were made in diagnosing his condition in the Army hospital. He states that he feels in perfect condition, his ulcer does not bother him and his back is not giving him any trouble. He claims that he instructed patients so that they could get a CDD by telling

them what to do and say; many of them got their discharges. He also saved a certain soldier from being court-martialed. He believes that there is nothing wrong with his mind and he should not be held in this hospital any longer. His insight into his condition is impaired. His judgment is also impaired.

Patient has an idea that his wife is keeping a diary which gives in full detail what he has gone through, with names and dates, etc. This is either a delusion on his part or a belief through statements made by his wife that she is doing so. The wife has contacted the hospital and says that she is afraid of him and fully realizes that he is paranoid and was actually worse prior to being transferred here. In a letter she states that her husband writes to her for letters written in code packed in empty cigarette packs. She mentions that on one occasion he telephoned her sister, called and told her that the hospital was holding him because he knew so much on the Army doctors.

She states that he wants to keep his Army uniform on, so as to be able to fly over the country and make contacts and that he wants to go in business with Henry Kaiser and make \$15,000 the first month. He also wrote her to buy \$3,000 worth of stocks but to look for customers first. She writes that her husband has sent out numerous checks which have caused her much trouble. She states in her letter that after she left McCloskey General Hospital on June 5, he sent wires collect every day just as greetings. In another letter he wrote to her to save his Army coats as he would need them in the winter and in the same letter wrote to have his straw hat blocked. In her letter she also writes that her husband wrote to Walt Disney asking for eight of the original drawings of "Snow White and the Seven Dwarfs," and to send them C.O.D. During an interview when the patient was asked regarding his future plans, his reply was that he planned to do considerable traveling by plane after he leaves here. He says that he is going to wear his uniform so that he may be able to travel free of charge. He stated that he expected to buy excess Army material and sell it at a large profit. He believed that his uniform would help him make contacts with the right people, so that he could purchase this excess material.

The patient believes that a neuropsychiatric diagnosis will hinder his getting a position as an engineer and lessen his chance of becoming a State Engineer. He states that since there is so much at stake in being given an NP diagnosis, he wants a civilian lawyer to represent him when he is presented before the Medical Staff. His insight into his condition is impaired. He believes that there is nothing wrong with his mind and that he should not be held in this hospital any longer. His judgment is also impaired.

SUMMARY: Patient is a 40 year old white male. Birth and early developments were normal. He had enuresis * as a child. No other neuropathic traits are, however, noted. He went into active duty on April 29, 1942, as captain. In December, 1943, he had a recurrence of gastric symptoms. In the fall of 1944 he had another recurrence and in January, 1945, was hospitalized at the Station Hospital at Camp Bowie, Texas. He was given a diagnosis of duodenal ulcer. He was transferred to the Regional Hospital at Camp Barkeley and later was transferred to the Regional Hospital at Camp Swift. He went before the Retirement Board and a medical discharge was recommended with a diagnosis of ulcer, duodenal, and anxiety state.

While waiting for his retirement to become effective, the patient began to show a marked change in his behavior. He was re-hospitalized and then transferred to the McCloskey General Hospital. There the patient was overtalkative and overactive. He revealed many feelings of persecution and hostility toward the personnel of the hospital, more toward the personnel of the Regional Hospital at Camp Swift. He was threatening and demanding, insisting that he was being illegally held and that there was nothing wrong with him. He was somewhat grandiose and wrote many letters giving details and expressing many bizarre thoughts. During his hospitalization he showed some improvement but was self-assertive and fault-finding and demanding. He would tell nurses and Red Cross workers many bizarre stories which were involved with sexual perversion of some type. He was given a diagnosis of manic-depressive psychosis, manic type, and on June 24, 1945, was transferred here.

In this facility the patient has been demanding both in writing and verbally. He believes that he should not be held in this type of hospital. He is paranoid in regards to the treatment he received while in the Army hospital and states that many of the physicians were not qualified. He does not like to take part in ward activities and often refuses to attend movies and dances. He is boastful about the way he helped patients and other personnel in the Army hospital, and how he helped a soldier from being court-martialed. He has no physical complaints and states that he feels fine. He expects to take advantage of his uniform when he leaves here by traveling by plane free of charge and to purchase excess Army material and sell it at a profit. His insight into his condition is impaired. His judgment is also impaired. Physical and neurological examinations are essentially negative.

This case was presented to the Staff July 9, 1945, and the following diagnoses were concurred in:

- DIAGNOSES:**
1. 0396 Dementia praecox, paranoid type.
 2. 1724 Ulcer, peptic, duodenal.
 3. 0207 Nephrolithiasis, asymptomatic.

* See Appendix for definition.

It is the opinion of the Staff that this patient is incompetent with complete social and economic inadaptability, requiring supervision.

* * * * *

Among the thousands of words the psychiatrists wrote about me, there is no description of the man.

Shouldn't they have made a character and personality study? *What does he look like? What manner of man is he?*

What is his background? Education? Experience?

Is he artistic and literary? Mechanical and scientific?

What are his hobbies? His handiwork skills?

How does he occupy himself in the ward? Does he read? Write? Play games?

How does he get along with the asylum personnel and the other inmates?

Does he have a normal appetite? Does he sleep well?

Is he robust or weakly? Graceful or clumsy?

Are his features strong or weak?

Is he neat in his appearance and dress?

Is he despondent? Cheerful? Composed? Ill at ease?

Has he initiative? A sense of humor?

Is he truthful? Honest? Conscientious?

What is his IQ? What was his previous IQ?

Is he talkative? Reticent?

Is he intelligent in his conversation? Logical in his reasoning?

Such an analysis is required for the logical evaluation of any man. And had the psychiatrists considered Tom Wilkes mentally ill, they should have made such a study.

Their many psychiatric reports—if true—fail to prove him insane—or even neurotic.

In the *Georgia Tech Blue Print* they could have found a true diagnosis:

"The greatest fault is to be conscious of none. An eccentric fellow with a temperament, Tom is a thoroughbred in the full sense of the word and one whom to know is to like."

XIV

WHO WAS CRAZY?

THERE WAS a continual pressure from many sources to effect a settlement of my explosive case. I was again "bucking"; this time the powerful VA and the Georgia court procedure concerning the alleged insane.

Judges dislike any disturbance of the *status quo*; and the orders of commitment and guardianship appointment—like many of our court judgments—were based entirely on precedent. If I should succeed in having them declared unconstitutional, I would set a precedent under which many others would be voided. Then there was a growing suspicion that I was carrying out some well-conceived plan that might engulf those involved in my false imprisonment.

Realizing the extent of my opposition, I spent many weary night hours studying the applicable statutes and court decisions and preparing my case.

There was first a hearing before the Fulton County Ordinary on Camille's guardianship return.

The final return charged me with all expenditures for commitment and guardianship and Camille's fight against my restoration to sanity. There was also a five percent fee to Camille for being guardian and \$300 attorney's fees.

Camille's expenditures prior to her appointment as guardian were shown as only \$200 per month. After her appointment her expenditures increased to \$550 per month, \$350 being in cash withdrawals. Incidentally, at this time she was drawing a salary. Even after my release from the asylum, Camille kept \$138 per month of my retirement pay, paying to me only \$40.

Camille admitted that while I was in the Army she made substantial withdrawals from my account, depositing it in her name; but said she later deposited to the account several hundred dollars

more than she withdrew. However, the records show that two of these deposits were later withdrawn, and one made the week after she advertised in the *Atlanta Journal* to sell my clothing.

After the hearing, the Ordinary called the attorneys into his chambers; then Mr. Farrell returned with a proposal for settlement by which I would get the car and half of the remaining cash.

"I'm not interested in a settlement," I told Mr. Farrell. "Take what you can get; then appeal!"

Disallowing each and every one of my objections, the Ordinary approved Camille's return as submitted, ruling that she keep all property in her possession and pay to herself an additional \$600. I recovered some of my clothing and personal possessions and my insurance policies.

I appealed, asking that the appeal be heard with my divorce petition.

A Superior Court judge signed an order directing me to pay Camille's attorneys' fees in the divorce action. At this time I had only \$500 and was barred by court order from borrowing on my insurance; while Camille had cash assets of \$7,000.

Camille's attorneys then hailed me into Court, asking for additional fees.

Angered at their action, I personally argued the case in Superior Court. The Judge ruled in their favor and found me in contempt of Court because I had then paid only half of the other fees.

* * * * *

Wednesday, March 12, 1947. I sat down with Mr. Farrell at a large table in front of the jury box. Camille and her attorneys then entered and, to my surprise, sat down across the table. I wondered why court procedure does not specify separate tables for legal opponents.

"Hello, Camille," I said.

Camille did not speak. Instead, she began whispered conversations with her attorneys.

The Bailiff rapped for order and we stood up and the Judge

entered. A handsome man of dignity, his long black robe made him seem the personification of justice.

Mr. Farrell explained that the twenty-four men seated together were our jury panel; and that each side would make six strikes, leaving twelve for the jury.

The jury selection was made in a careless manner. As his name was called, each man stood up, announced his residence address and business. If neither counsel objected to him, he entered the jury box. I was surprised that the attorneys did not question them at all.

Having made no previous study of the jury lists, we made our strikes somewhat in the dark. However, I felt pleased with the final selection: nine business and professional men, a carpenter and two clerks.

In his opening address, Mr. Farrell outlined the case of Tom Wilkes, who was confined in an asylum when sane, while his wife took over his property and opposed his release. He explained that I was asking for divorce on the grounds of desertion and cruel treatment; the return of my property; and the voiding of the orders of the two lower courts.

Mr. Kellog then addressed the jury: "Mr. Short and I are attorneys for Mrs. Camille Wilkes. We propose to show you that Mrs. Wilkes was a good wife to her husband during their entire married life; that she stuck by him when he was ill and did for him all that was humanly possible, and had his interest at heart in all of her actions, and that everything she did was on the advice of the Veterans Administration doctors; that Mrs. Wilkes was legally appointed guardian after her husband had been committed as an insane person; that she handled all of his property according to law; and that she has made a full accounting of all funds and property and has returned to Mr. Wilkes all of his property; that the day he was declared sane Mr. Wilkes filed a divorce petition; and that the untrue charges he made have caused her mental pain and suffering and injured her health. We will ask you to grant Mrs. Wilkes a divorce and award her a reasonable monthly alimony."

Mr. Farrell then began quoting court decisions in support of our attack on the commitment and guardianship orders.

"The judgments of the lower courts cannot be attacked in this Court," the Judge announced with finality.

This was a last-minute reversal of his written order of the previous week. The records show that the Judge signed an order disallowing my petition to attack the orders; however, the order is dated one week after the jury hearing.

The Veterans Administration had served on my attorney a copy of a petition to intervene against me, stating that the VA was a party to the commitment and guardianship orders. Possibly the VA State Attorney had a premonition that we would not be permitted to attack these controversial orders, as the petition was never filed with the Court.

Now, with no time for preparation, we had to change our plan of attack; the case having become little more than an action for divorce.

As plaintiff I was the first witness. We offered my letters and diary from the VA files as evidence of my sanity while confined. Certainly they are the best possible proof of my mental condition. Furthermore, there is nothing in the law to bar their admission.

The opposing counsel objected on the grounds that an insane man might write sane letters; supporting his argument by quoting a newspaper story of an insane man who composed good music.

After hearing the attorney's unusual argument—actually hearsay testimony—the Judge ruled my letters and diary inadmissible.

Camille later tendered in evidence letters from me, letters and reports of others who were not present in court, postcard receipts from the VA hospital and a list of those present at my commitment. Although my name headed this list, Camille testified that, on giving it to her, I said, "That is the list of people who committed me. I am going to get them, too."

The rules of court procedure prohibit the questioning of a witness by more than one attorney. Without this safeguard a number of attorneys could exhaust any witness. However, I was on the stand four long hours, and Camille's attorneys both questioned me at length.

"Didn't you get up at five o'clock every morning for the purpose of studying how to *kill doctors?*"

"Didn't you start for the hospital one morning with an open

knife on the seat of your car," the attorney shouted, his arm raised as if stabbing with a knife, "and say you would *kill* one of the doctors?"

"And you went back in there and *railed* at the doctors and demonstrated a highly inflamed attitude that caused you to be put under arrest?"

"Have you ever seen *any* doctors at *any* time during your entire hospitalization that you believed qualified to diagnose you properly?"

"In other words, you believe, from your testimony, that you have been through some *six* or *eight* Army hospitals and Veterans Administration hospitals and you have been diagnosed by psychiatrists—in fact, *dementia praecox* sufferer—and everybody that has had anything to do with your case is *all wrong* where they stated that you were psychoneurotic in any way?"

"Don't you sort of believe that the Army and *everybody else* tried to *frame* you?"

"For a period of four or five days while in one of those hospitals didn't you take the food they served you and flush it down the toilet because you were afraid they would *poison* you?"

"At any time when your wife visited you did you turn over to her any writing—your *obituary* or *epitaph* to go on a *tombstone*—and request her to go home and give your clothes away because you didn't think it would be a good idea to have the clothes of a *dead man* around the house?"

"How about this girl friend that you *typed* with and that you *dictated* to over in Augusta at some apartment? Who is that girl friend, and did *you* pay the rent on that apartment?"

"One of these items you object to is \$275 paid to my law firm as attorney's fees by you. Wasn't that required by *order of Court* in the divorce action in which it is understood that the husband *has* to pay the attorney's fees?"

The attorneys were actually testifying.

In response to a question as to the basis for my objection to Camille's expenditures, I replied: "I object to those items on the grounds that she abandoned me as a wife on or about June 1, 1945, through no fault of mine; that by abandoning me she gave

up any right of support; that I was required to furnish none of her necessities after she abandoned me; and that after an irregular appointment as guardian, she took over my property and paid it to herself."

Camille had testified that she paid half of the cost of our furniture and every car we bought and every vacation we took, bought all of her clothes, and that twice I took her savings and lost them on the market. Yet she admitted having cash assets of \$7,000. On cross-examination I gave her entire earnings as \$6,500; then began repeating her testimony as to what had happened to her earnings.

At this point the Judge interrupted: "I believe it would be better if this witness would just answer questions."

Then, when Camille took the stand, the Judge made no effort to keep her within the bounds of reason; and her attorneys were unable to control her flights of fantasy.

"What difference in conduct did your husband demonstrate when you visited him at the hospital?"

"Well, I was staying in town, and the biggest thing I noticed in him, he didn't want people to approach him; didn't want to get around any doctors. And the second thing: he started telling me *sex* stories which I would rather not tell unless the Court *asks* me to. He told me sex stories which I cannot believe, because he said he had *done* things in his lifetime, and I tried not to believe any of them, but that they were imaginary."

"After he got to Swift Hospital when did you see him?"

"Week ends. I noticed that he wanted to talk all the time. His movements were fast. He would run over red lights and wouldn't stop at stop signs; in fact he refused to observe any stop signs on the Post at all."

"Did he at any time ever ask you to do anything about his medicine?"

"Yes, sir. I would like to tell what led up to it. On Monday morning, I think May 7th, he had told the doctors that if he *died* that night, or rather he wished he would that night, one way or the other. And the doctors told me the reason they did not let him go they saw a *violent attack* coming on. It comes on in at-

tacks; and they saw it coming, and they would rather I did not do anything to help the condition, and they would be held responsible if they did; and they would rather not let him go and something happen, and they would be held responsible; and they said they couldn't very well let him go, and they had rather not. On Tuesday afternoon, May 8th . . ."

"Was he under guard at that hospital?" Mr. Short asked in an attempt to gain control of his witness.

"Not right then. He insisted that he had information on the doctors that would *ruin* them. I believed every word he said! He had *letters* typed and he had *affidavits* typed, and I had about \$25 typing done—things he wrote about the conditions. He said it was the only thing to do. I believed everything he told me about them, until I later saw him in the psychopathic ward. I did *everything* he asked me to."

"Did he go into the psychopathic ward voluntarily?" the attorney asked, following—since he could not control—Camille's line of thought.

"No, he did not," Camille replied; then went on with her story: "May 8th or 9th he stayed at the hospital all day. He didn't come back to see me until about night and when he came he was moving so fast he almost came *running* instead of walking, and he talked in the *loudest* tone of voice I had ever heard. I *knew* something was happening. I didn't know the attacks come on that way. I noticed in smoking, the cigarettes burned down to his *lips* and he didn't seem to notice it. He said certain doctors were afraid of him. He told them they were lying all these weeks. He said, 'I could hit one of them in the jugular vein and *kill* him!' that he told one of them that. I thought it a very queer idea that he told me that. That night he came in to go to bed and he left a *knife* open on the dresser. He told me that afternoon I must be sure to lock the door; that the doctors would come to search his room. He said they would just read that information he had on the hospital doctors. He had been writing *day and night*. He said all this was on his case against the doctors."

"Did the doctors advise you to visit him while he was in the psychopathic ward?"

"They had allowed me to visit him at regular visiting hours up until that time. They let him come and *live* with me as his wife—and the entire time they had never known *what* happened—I do not know—all I know is that they arrested him."

"What did he say to you while you visited him in the psychopathic ward?"

"Well, that morning when he—he called me at eleven that he was under arrest, and he was *screaming*, and he told me to put plans *one, two, three* and *four* into effect, and I didn't know what he meant. I did call the Inspector General of the Service Command, and Colonel Hale from the Inspector General's office came the next morning."

"What did the doctors tell you about visiting him in the ward?" Mr. Short repeated, encouraging Camille to give hearsay.

"Well, I couldn't visit him," Camille said. "They only let me see him ten minutes when I went up there in the afternoon. They brought him out with a guard and by that time he was *screaming* all the time. He talked so loud I just didn't know what was happening. He still talked intelligently about some things, but others he didn't. He felt under the table and asked if I didn't feel the *mikes* they put there to listen to our conversation; but of course there were none. He didn't find any, but still asked if I didn't see the *look-out* looking at us; that they were listening to everything we said. He handed me some things: *four* little red *pills* wrapped in a paper napkin, and said, 'They are trying to drive me crazy,' and wanted me to take them and have a chemist analyze them. He wanted me to go home and get off the Post."

"He was transferred to McCloskey?"

"The day he was locked up I sent a wire to Senator George; wired him that my husband was a patient, and to give me any help he could; that the doctors had not given me any diagnosis. I understood why later; I didn't at the time. I went back that night—that night I went to one of the colonels and asked permission to talk to him—*sane* or *insane*. He said he couldn't give me permission; that he would go to the night officer. He did, and came to see me at the Guest House that night. I hadn't been in bed for *three nights*; I walked the floor there. He came and told me that

under no condition could he consent to that unless I assumed full responsibility. The people at the Guest House told me that I had better ask some advice before I did anything.

"Did you ask anyone's advice?"

"I did; I went to a man on the Post who had been my husband's friend."

"Who was he?"

"I can't think of his name. He was an officer that Tom had talked to at the time he was sent to a psychiatrist back in January; and I went to this Colonel. He told me, first, before I did anything, I should wire my Senator. So I wired, and he wired back, 'Please investigate the case of Thomas Wilkes.' Then the hospital sent for General Hart, who was the chief medical man, and Colonel Ebaugh, who was the best psychiatrist they felt they had. Since Tom had said what he did, I wouldn't listen to the doctors. I felt everything they told me were lies. I felt they had done him wrong. And when they brought the doctors in, Colonel Ebaugh came. I had *four generals* and *two colonels*, and they told me I could bring in *all* the private psychiatrists, but that I couldn't take him off the Post."

"When he was transferred to McCloskey, how did he go?"

"He went in an ambulance with a psychiatrist, a nurse, a driver, two sergeants and two attendants."

"How did you go?"

"I drove the car right back of the ambulance. I left right after them—after an interview with *all* the doctors of the hospital."

The attorney was trying to prove that Camille did not desert me. "When was it that you quit following your husband?" he asked.

"The day that he was moved to McCloskey General Hospital was May 13th, and I still—the doctors—I had seen *all*. The doctors let me see every report then to prove there was something wrong with my husband. I felt all the records were wrong. They let me in Sunday before he was transferred, and I read *every* record they had. They said that was something *unknown*: to let a wife see any of the records. But they did; they wanted *me* to see them."

"When did you stop following your husband?" the attorney repeated.

Camille was determined to tell her story in her own manner. "When he was transferred May 13th I still wanted some diagnosis on him. I sent for a civilian psychiatrist of Austin."

"Who was he?"

"Doctor David Wade, of Austin, Texas. Four days later he came and went in the hospital with me. I took my *own* responsibility and my own *financial* responsibility. We went in and they brought Tom out with a *guard*. He handed me a note in code."

"Who handed you a note?"

"My husband. I didn't know what it was: *MO, MA, DHP*, many other things. I asked him what was he giving me those things for; what did he want me to do with it. '*MO*,' he said, and '*DHP*,' and I didn't understand that. So then, as soon as he handed me that, he started talking about some *sex perversion* going on in the hospital."

"Had you talked with the civilian doctor any?"

"He told me I could never *live* with him again."

"Did he say any more about him?" the attorney asked, encouraging further hearsay.

"He called it manic-depressive; and what's more he felt he had a paranoid tendency that is *homicidal*."

"What was it that stopped you from following him?" the attorney asked, still trying to show that she did not desert me.

"For *twenty days* then, from the 13th to about May 28th, I went *every day* from *nine to nine* and stayed with him."

"Which ward?"

"Ward Thirty-three. The next man was *violent* and under guard."

"You visited him there?"

"I did; against *all* the doctors' orders—I went just the same. He said he had not *eaten* in about five days and he was afraid it would cause some physical disorder and, since I was there, would I try to see that he ate."

"Did you notice any change taking place in him?"

"I certainly *did!* I have already told you that when I first saw him in the hospital that he had not eaten *anything*. The doctors told me he *must* eat. The second day I was there he was holding up the orange and the milk; and I said, 'Tom, the milk is all right.' He said, 'They want to put me away! It is full of dope.' "

"When did you stop going to see your husband?" Mr. Short insisted.

"For *twenty days* I stayed in that ward which was next to the most *violent* in the hospital."

"What was it caused you to stop following him?" Mr. Short repeated, in exasperation.

"For *twenty days* then, from the 13th until May 28th, I went *every day* from *nine to nine* and stayed with him—against *all* the doctors' orders."

His face a bright red, Mr. Short was pacing back and forth in front of the jury, nervously twisting the papers he held in both hands. "*Tell me the circumstances under which you stopped following him from hospital to hospital!*" he pleaded.

"*All right!*" Camille said hysterically. "I had not *eaten* for days and had not *slept*. I was weak and didn't know what I was doing. I had seen him getting worse and *worse*—I mean for the last five days I was there. I collapsed at the hospital; the first three times that I saw him—the way he *talked!* I just couldn't understand why he talked that way. So I went outside and *collapsed* in the hall, and the *guards* took me away."

"You say the guards carried you off? When did you come back home, Mrs. Wilkes? Just take your time."

Camille suddenly burst into tears and ran from the courtroom. The court reporter and Camille's two attorneys rushed after her into the anteroom, as though they feared she might jump from a window. But Camille did not go far. Just inside the door, she paced back and forth in sight of the jury, sobbing hysterically. The attorneys and the court reporter hurried along with her, each offering his handkerchief.

Camille was entirely composed when she returned.

"I wish you would continue," her attorney said.

Camille continued: "Anyway, those three days were *plenty*, and I couldn't stand to see him ranting and raving and so on the fourth day I walked in and had an interview with the *General*. I had gone over the doctors' heads to see if I couldn't get them to do something. I had made an effort. They told me he would have to be transferred to the veterans hospital, that he could not go with me, and as far as they were concerned his case would be handled by that hospital."

"What happened the next two or three days?"

"I went to the General after that and found that he was going to be transferred. They had asked for him to be sent to Augusta and they would get him a place in there. The doctors wouldn't come out and tell me that. They hated to tell me because I had *fainted away* four times and they had to take me out, and they said they felt I hardly, or couldn't, take it in my *condition*. I think maybe I could have done it. After that they would let me—I went to see if they would let me take him outside in the back yard where there was a wire fence. I thought if he could have some sunshine it might make some *impression* on him. They wouldn't do that. After I had seen the Red Cross worker she came and told me it was *hopeless*. I went to see General Bethea, and told him they were taking my husband to Augusta, and asked him if he thought, if he felt it was at all possible, for my husband to be cured. I wanted to know, so he could go to the veterans hospital at Waco, Texas. I didn't want to ride off if there was any way I could do anything. I offered to stay and get a job.

"He told me he was sorry; that there were many reasons he could not grant my request. The first was that Washington wanted the men to go back to their home states; and the second place, the hospital did not feel there was any *chance* of recovery; and the third reason was that I could not stand it *mentally* or *physically*.

"That afternoon I went to Tom's room, and he was writing *furiously* at the table, and he said, 'I can't talk to you right now, but if you will wait I have three notes for you.' The first one, which is in the Army records—the first one said, 'Dear Camille, I want you to go home immediately. The Board is saying that I am *in-*

sane.' The other notes were an *epitaph* and an *obituary*. I couldn't even *talk* to him. I went to his doctor and he put Tom on the *suicidal* list. He *certainly* was a suicidal case."

"As a result of the obituary?" the attorney prompted.

"Absolute *evidence* was there. He had complete memory at times, but he could commit *suicide* and needed no weapons; and he told me I could go."

"When did you leave Texas to come back to Georgia?"

"After I got *those*. Five days later, the staff had *insisted* that I go home, and I wouldn't go. He was then *ordering* me to go home."

"Did you go home?"

"I did. I stayed about four days. I had my sister come. I asked, when my sister came, that she be allowed to go in and see Tom, so that when we came back home she would be able to tell his condition. But they would not allow this."

"Now, Mrs. Wilkes, when was the first time you visited your husband at Augusta?"

"I did not visit him until the day he was committed. You see, I was suffering from *nervous exhaustion*; so the doctor said I couldn't get out of bed."

"Will you explain your visit of October 13th and 14th?"

"On Saturday afternoon, October 13th, about five o'clock, I had a long-distance call from my husband, and he asked me if I would please come down there the next morning. So I got up at six o'clock and *flew* to Augusta and got there about nine o'clock. I visited with Tom all day and stayed out in the yard. I hadn't been there very long when he started talking to me *just* as he had in all the hospitals. He told me they had *telephone wires*, and *holes cut in the doors* and were listening to the conversation; and also had *mikes* in the room. He pointed over to the bank, saying that was where he had his *girl* the night before."

"Mrs. Wilkes, has Mr. Wilkes threatened you since his return to Atlanta?"

"He told me that if I blocked his right to be released as competent, he would see that I *suffered* the rest of my days—which he intended to do. And that there were three things *he* intended to do the rest of *his* life. The first was to see *me* suffer as much as *I* had

made *him* suffer; and the next was to put *me* in *jail*; and the next thing was to beat the Federal Government in every way he could."

"Mrs. Wilkes, what was the effect on you of your husband's threats that you indicate he made since he has been out?"

"I *immediately* went to your office."

"I mean, what was the physical effect?"

"I *am* afraid of *him* all the time!"

Under Mr. Farrell's cross-examination, Camille admitted giving the Army psychiatrist my diary after promising to take it to Washington, and writing reports of her visits with me.

Mr. Farrell then said: "I show you a paper, marked 'Observation, May 15th.' Is that in your handwriting?"

"It certainly is," Camille stated. "That is the day the private psychiatrist was there. Captain Busse told me that Tom wouldn't even allow one of *them* in his room."

Mr. Farrell then asked, "What did you mean when you wrote on May 15th, reporting on Mr. Wilkes, 'Still reasons perfectly; far better than anyone I know?'"

"That is right; he did."

"You say his reasoning was rational?"

"Yes, sir, and logical—probably more logical than ours."

It was Saturday noon when the Judge finally charged the jury. He had kept them overtime for two days; now was holding them through Saturday, which is usually a court holiday.

For three days they had heard contradictory testimony in what they considered just another divorce case. Tired and disgusted, they retired to the jury room.

In his charge to the jury the Judge stated that, although they found in my favor, they could award Camille alimony. This was in error, since one of my grounds was desertion and the Georgia Code specifies that a wife is entitled to no support after desertion.

One juror insisted that Camille receive alimony; and, since the antiquated Georgia statutes require unanimous agreement, this hung the jury. Then, in an attempt to reach a verdict, most of the other jurors agreed to the alimony award.

"There's much more to this case than was brought out!" a juror declared. "I'll never agree to making that man pay alimony!"

Wednesday, September 3rd, 1947. I signed an out-of-court property settlement, under which Camille retained all property in her possession. The Judge then granted me an uncontested divorce—eighteen months after my release from Lenwood.

Camille did not attend the hearing, but we happened to meet downtown a few days later.

With quickened pulse, I watched her approach. "Hello, Camille," I called.

Camille did not speak. She looked directly at me, then walked noticeably faster and disappeared in the noonday crowd.

Standing there on Peachtree Street, I reviewed the high points of my experience, giving thanks to the Almighty for seeing me safely through.

* * * * *

Now—in retrospect—considering the many persons who accused me of insanity and the many abnormal things they did and the many abnormal things they said,

Just who was crazy?

APPENDIX

PSYCHIATRIC DEFINITIONS

FROM

Blakiston's NEW GOULD MEDICAL DICTIONARY

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Published by

THE BLAKISTON COMPANY

Philadelphia - Toronto

1949

anxiety neurosis—*In psychoanalysis*, a psychoneurosis characterized by emotional instability, irritability, apprehension, and a sense of utter fatigue; caused by incomplete repression of emotional problems. It is associated with visceral phenomena such as tachycardia, palpitation, nausea, a sense of suffocation, diarrhea, tremors and perspiration. Also called *anxiety state*.

circumstantiality—*In psychiatry*, indulging in many irrelevant and unnecessary details when answering a simple question; usually observed in mania.

clang association—A symptom observed in the manic phase of manic-depressive psychosis in which resonant sounds bring to mind certain words or ideas.

delusion—A belief maintained in the face of incontrovertible evidence to the contrary.

ego—1. *In psychology*, the self, regarded as a succession of mental states, or as the consciousness of the existence of the self as distinct from other selves.

2. *In psychoanalytic theory*, that part of the personality in conscious contact with reality.

enuresis—Incontinence of urine.

euphoria—*In psychology*, the exaggerated sense of well-being.

folie à deux—A type of communicated psychosis involving two persons, one of whom has an essential psychosis. His control and influence over the other person is so potent that the latter will simulate or accept the elements of the psychosis without question. Similar supposed syndromes are also called *communicated insanity*, *double insanity*, *induced insanity*.

Freud, Sigmund—(*Austrian psychiatrist 1856–1939*) With Breuer, is credited with the discovery of the unconscious mind. Introduced psychoanalysis, for the treatment of neuroses. According to *Freud's theory*, hysteria is due to a post psychic trauma, usually of a sexual character, the reaction having been repressed at the time the trauma was received.

hallucination—A false sense perception; perception of objects which have no reality and sensations which have no external cause.

hypochondriasis—A chronic condition in which the patient is morbidly concerned with his own health, and believes himself suffering from grave bodily diseases; traceable to some long-standing intrapsychic conflict. In true hypochondriasis, the symptoms are focused upon one organ.

hypomania—A slight maniacal state, in which the patient is easily distracted and clang associations occur, but no marked behavior differences are present; a less intense form of mania.

id—(Greek *idios*, one's own) In *psychoanalysis*, the primitive, preformed psychic force in the unconscious, which is the source of the instinctive energy necessary for self-preservation and propagation.

insanity—1. Loose term for any mental disorder or derangement. See *psychosis*.

2. In *legal medicine*, a mental disorder of such severity that the individual is unable to manage his own affairs and fulfill his social duties or is dangerous to himself or others.

mania—1. Excessive enthusiasm or excitement; a violent desire or passion. Also called *acute mania*, *Bell's mania*.

2. A form of mental disorder marked by a sustained elevation of mood with exaggerated feelings of well-being, flight of ideas, delusions of greatness, and psychomotor overactivity. See manic-depressive *psychosis*.

melancholia, melancholy—A form of mental disorder characterized by extreme depression, fear, brooding, and painful delusions. All activity is usually inhibited, but a melancholic patient may show psychomotor overactivity (agitated depression) or he may have many depressive ideas that shift rapidly (depressive mania). When mild, a melancholic state is called retardation. When average it is called acute depression. When severe it may become stuporous depression.

neuropsychiatry—The branch of medical science dealing with both nervous and mental diseases.

neurosis—A disorder of the psyche or psychic functions. See *psychoneurosis*.

paranoia—A psychosis characterized by well-systematized delusions of persecution and frequently hallucinations, usually of an auditory nature.

paraplegia—Paralysis of the lower limbs.

psyche—The mind as a functional entity, serving to adjust the total organism to the needs or demands of the environment.

psychoanalysis—1. The method developed by Sigmund Freud for the exploration and synthesis of patterns in emotional thinking and development; a technique used in the treatment of a wide variety of emotional disorders, particularly the neuroses. Relies essentially on the free associations of the patient to produce valuable information of which the patient was formerly unaware, by bringing to conscious manipulation ideas and experiences from the unconscious divisions of the psyche.

2. The body of data and theory based on the discoveries of this method; concerned chiefly with the conflict between infantile instinctual striving and parental or social demand, and the manner which this conflict affects emotional growth, character development, and the formation of mental and emotional disorders.

psychoneurosis—A term applied to a large group of clinical disorders all of which are on a functional, non-organic basis and which result in only a partial disorganization of the psyche. All varieties of psychoneurosis are characterized by emotional states of anxiety and fear, by preoccupation, obsession, and psychosomatic tension in different organ systems.

psychosis—A specialized mental disorder, particularly one without demonstrable organic disease.

manic-depressive psychosis—One characterized by states of mania or melancholia or both.

senile psychosis—A psychosis occurring in old age.

