

The Insulin Unit 1954: A Memoir

By Eileen Valinoti

When we got off duty at the psychiatric hospital each day, we changed out of our uniforms and went to the student lounge, the only place where student nurses could smoke. We gossiped about our boyfriends, chatted about makeup and clothes, made plans to style each other's hair. None of us ever talked about the hospital or the patients except with a kind of black humor, shrieking with laughter at the more outrageous behavior we witnessed, mostly from staff members—the German doctor who used class time to hypnotize us, his colleague Dr. Lipton who recommended we sleep through his lectures, the saintly Miss Greer on the chronic female ward obsessed with head lice, her magnifying glass at the ready.

I took center stage with my own story. One day I had been sent to one of the chronic wards to relieve a student who was ill (classmates were always getting sick here with strange un-diagnosable ailments.) The unit housed bedridden patients with every conceivable handicap—paralysis, cerebral palsy, end stage syphilis, traumatic brain injury. In the 1950s, state mental hospitals were home to all of society's rejects. The ward was a sea of beds; so crowded together I could barely squeeze my thin frame in between them. It was eerily quiet; at the far end of the room a lone aide sat reading a newspaper. A patient called out to me asking for a bedpan, and I went to get it straight away, glad for something to do.

The patient couldn't move her legs so I had to lift her up; she was bone thin, as light as a feather. "Thank you, thank you," she kept saying in a fervor of gratitude. When I came back from the utility room after struggling with the ancient sterilizer, the aide I had seen with the newspaper stopped me.

"Miss Toomey wants to see you in her office," she said importantly. She was chewing gum and cracking it loudly. Miss Toomey must be the head nurse, I thought. I followed her into a dimly lit alcove, rather like an oversized closet, where a sandy haired middle-aged woman stood at her desk, arms folded across her chest.

She addressed me sharply. "Did you just give a patient a bedpan?" she asked. Her face was flushed with anger. I nodded, mystified. Giving a patient a bedpan was a simple task I performed easily.

"Don't you know we have a schedule here?" she said. "We give out bedpans only twice on this shift, once after breakfast and once after lunch."

"No, I didn't know," I said dumbfounded. Behind the head nurse stood the aide, my informant, eyes glittering with malice.

"Well, don't let it happen again," Miss Toomey said, mollified by my stunned expression.

Miss Toomey looked harmless enough in her neat white uniform, her nurses' pin gleaming on her collar, her steel rimmed glasses firmly in place. I thought of Sara Gamp, the icy hearted nurse immortalized by Charles Dickens, who stole her sleeping patient's only pillow. I never expected to meet her in real life, but here she was standing in front of me, straight out of the pages of *Martin Chuzzlewit*. A phrase from my high school Bible class came into my mind:

"And the Word was made flesh and dwelt among us."

No—this was all too weird. A lump rose in my throat; I gulped it down and left the room.

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My new assignment was to spend three weeks on the male insulin therapy coma unit, which was supervised by a Mrs. Carey. My second day there, I met with her in her office to discuss my case study. As part of our training in psychiatry, we had to write a paper on a selected patient's psychiatric history, diagnosis and treatment. Mrs. Carey told me to take the seat across from her desk. "I'll be with you in a minute," she said, putting out her cigarette and straight away lighting another.

Mrs. Carey was a trim dark fortyish woman who had an air of intense concentration. She was studying a patient's chart, frowning from time to time and running a finger over her lips. I started to cough—the room was thick with smoke and the barred window tightly closed. Mrs. Carey looked up at me then, closed the chart and said, "I want you to do your case study on a patient named Myron Epstein." She sat back in her chair and gave me a searching look. "You have to watch him. He's always trying to find a way to get out of here." She lit another cigarette and inhaled deeply. "He gets on every line that forms. The other day we found him in a group going to Mass—and he's Jewish, of course." She paused to flick a piece of tobacco from her tongue. "Here's his chart," she said, handing me the metal folder and getting up to leave. "You can stay in here to read it- just lock the door when you go."

Myron was a young former college student sent here for the insulin coma therapy that was all the rage in psychiatry during the 1950s. I had seen him the day before, my first day on the unit, when Mrs. Carey had taken four of my classmates and me for a tour.

"Patients are carefully selected for this treatment," Mrs. Carey had told us proudly as she showed us around the day hall, a room furnished with comfortable couches and chairs and tables set up for games of checkers and chess. There were only about twenty patients, all of them in their late teens and early twenties, dressed in street clothes, some of them looked like the college students they once were; others stared into space or talked to themselves. One young man had assumed a bizarre pose, standing on his toes, arms entwined above his head like a ballet dancer.

Doctors and nurses were in ample supply; psychiatrists wore long white coats like ordinary medical men and conferred with one another or talked in soft voices to patients, nurses bustled about carrying trays of syringes and medication and bottles of glucose and tube feeding equipment into the adjoining room where a long row of empty beds were set up for the insulin coma therapy. Mrs. Carey showed us into the ward, pausing to explain the insulin therapy, which involved administering doses of insulin large enough to produce a coma. It was important, she said, for doctors to know when to terminate a coma by the administration of glucose; a patient left in that state too long could suffer brain damage or death. Here patients were kept comatose for 20 minutes to half an hour. Doctors and nurses had to constantly monitor the vital signs. After the treatment, patients sometimes had a delayed reaction and had to be watched for most of the day. Since we were only students, Mrs. Carey said, we would not be involved in the treatment itself. There were barely suppressed sighs of relief from our little group.

"You will only observe, girls," she said. "Observing" seemed to be the pedagogical technique of choice in the psychiatric hospital; what it meant was that we made what we could out of scenes that sometimes replayed themselves in nightmares.

As I sat alone in Mrs. Carey's office with Myron's chart, I decided to take my time. It was quiet here, even pleasant. A clock ticked peaceably and through the barred windows, I could see sparrows nestling on the window ledges of an adjacent building. It was eleven o'clock; I could stay here until lunchtime, taking notes.

Myron's chart was thick with closely written pages; I read the history. He was only nineteen years old and this was his third psychiatric admission, the first to a state hospital, the others had been long stays in private asylums which no doubt had depleted his family's finances. He was an only child and his upbringing had been unremarkable. Doting parents raised him in a middle class home; his father went every day to work as a clerk in a government office and his mother stayed at home to care for her only child. At CCNY, Myron had been a brilliant student popular with teachers and classmates. Then, at the start of his junior year, his parents saw an ominous change. Myron lost interest in school and his grades plummeted. He became preoccupied with religion, spending whole days kneeling in neighborhood churches and building a Buddhist shrine in his bedroom where he chanted for hours. One day the police found him walking naked in the middle of busy traffic and took him to Bellevue Hospital for observation. Myron was given the diagnosis of schizophrenia and thus began his odyssey through the mental health system.

I felt the beginnings of a dull headache; it was almost lunchtime. We ate our meals in a bleak cafeteria adjacent to a chronic ward; the odors of paraldehyde, a sedative, drifted in with the smells of urine and closely packed bodies. Patients who looked at us with glazed eyes doled out the food. I often wondered whether they got paid or was their work considered therapy. Between the execrable food and the daunting atmosphere, I would soon lose my appetite.

I collected my notes on Myron and replaced his chart. Mrs. Carey had left a smoldering cigarette in the ashtray and I put it out before I left, closing and locking the door behind me.

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The next morning I looked for Myron on the unit.

"You should get to know him," Mrs. Carey had said, a vague direction I had no idea how to follow. Myron was walking about the day hall; he was a tall young man with a head of thick black hair and a long angular face. He wore a pressed white shirt and neatly creased dark trousers. I imagined his mother washing and ironing and folding and packing his clothes so that her only son would be presentable on the Insulin Coma unit. Myron had a preoccupied air, gazing out of the barred windows and watching the opening and closing of the heavy doors where people were constantly coming and going—doctors, nurses, chaplains, and visitors. A bearded young patient was swearing loudly.

"Don't talk like that in front of the nurses," I heard Myron say in a stern voice. I was touched; few people here worried about our sensitivities or even thought we had any. For a moment, Myron had shed his distant manner. He seemed composed and lucid. I asked him if he wanted to play a game of checkers. I could see he wasn't interested but he smiled politely and we sat down at a table to play.

It was hard to make small talk; I couldn't even chatter about the weather—patients were never allowed outside. Asking Myron "How are you feeling?" as nurses do seemed out of the question. We played in silence; Myron won easily, then we played another game in the same mechanical fashion, until Myron stopped suddenly and stared down at the checkerboard. "There's my father," he said, looking at the board. "He has this remarkable ability to be in two places at once." He was smiling in admiration.

I felt a hollowness in the pit of my stomach. Just then, as if in response to some mysterious telepathic summons, his flesh and blood father appeared; relatives could visit at any time in the Insulin Coma unit. His father was tall, like the son, and had the same sharp features. He pulled over a chair and sat down at the table, extending his long arms along the checkerboard, almost touching Myron. He had an air of bright resolve and a determined smile.

"You were just here—on the checkerboard," Myron said. His father took no notice of this remark. "This nurse here—she saw you too," Myron said, insistent. Neither of them looked at me. I felt as if I wasn't really there, like Myron's father on the checkerboard. At once, Myron began to complain bitterly about the hospital.

"Why did you put me here?" he said in an aggrieved voice. "You should have sent me to a private hospital. This is an awful place." His father kept his death-defying smile. At the table next to us, a woman with red-rimmed eyes was speaking softly to a social worker, who took notes on her clipboard and patted the woman's hand from time to time.

"The state hospitals have the most modern treatments, all the best experts in the new insulin therapy," his father said. He paused and leaned forward in his chair. "You can get well here, son," he said. His voice, full of anguished hope, cracked under its weight and I had to look away.

I wanted to go. I felt like an intruder—more to the point, like a jailer in my uniform with the ring of heavy keys that hung from a rope we wore around our waists. I got up slowly, lifting up my chair so

it wouldn't make a noise creaking against the floor, and holding on tightly to my keys so they wouldn't jangle. I was stealing away as if from the scene of a crime in which I had been somehow complicit.

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The next day Mrs. Carey told us we were to observe the insulin coma therapy. It was 10 AM when she took us into the ward; about twenty patients were in bed with side-rails in place so they wouldn't roll out. They had been given their insulin injections earlier and were now in various stages of consciousness, some half awake, others comatose. There were no screens between the beds. Patients writhed, moaned, thrashed about. Now and then an arm or leg would shoot up into the air uncontrollably. Nurses were moving among the patients checking their vital signs. Some of the patients, delirious, were cursing and swearing, embarrassing one of the psychiatrists who kept saying to Sister Catherine, the nun in our class, "I'm sorry Sister," as if his charges were unruly adolescents, not helpless mental patients, some barely conscious. I thought it strange that in the midst of this horrific scene, he worried about the rules of etiquette.

There was a sour smell in the ward; I felt sick to my stomach. One of my classmates was clutching my arm; she was deadly pale. Afraid she might faint, I held on to her as we walked back to the day hall.

"I just need some fresh air," she gasped. But you couldn't open a window here. My classmates and I had her sit down and put her head between her knees until the color returned to her face.

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We were away from the hospital for a week of midterm recess. I tried to use the time to write my case study on Myron—it would be due when we got back for our last week on the insulin unit.

"Myron is a 19-year-old schizophrenic patient who is clearly delusional and preoccupied with thoughts of escape," I began, then crossed out the sentence and tried again. After a few hours, I had nothing to show for my efforts except for a wastebasket of torn pages. I finally gave up and went out to the movies with Marty.

On Monday when we returned to the insulin unit, Mrs. Carey called us into her office. "You won't be observing the insulin therapy again, girls," she said in her hoarse smokers' voice. Poor Mrs. Carey had enough to do without students fainting in her ward. "You can interview your case study patients again," she said briskly, then stepped away, adding over her shoulder, "Come to me with any questions."

I went to look for Myron; he was standing alone in the middle of the day hall. He looked disheveled; his shirt was unbuttoned and hung open; there was a dark brown crusted film on his lips and around his mouth—sometimes patients had to drink glasses of thick molasses after the insulin therapy to restore their blood sugar. I walked toward him with a feeling of foreboding and

as I grew nearer, I could hear him muttering incoherently to himself. I called his name but he didn't respond and gave me no sign of recognition or even an awareness I was there.

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After our midterm recess, we had one week left at the state hospital. It was Thursday evening and I was still trying to finish my case study. I had put off finishing it to the last minute. Alone in my room, still in my uniform, I struggled—it should be simple. I had all my notes from Myron's chart in front of me, an outline to follow and a new vocabulary: words like "schizophrenia" and "delusional" and "hallucinatory," all descriptive of Myron who saw things no one else saw, who listened to voices no one else heard, who didn't know what everyone else knew and that even a child would realize—that he was a sick young man, psychotic, out of touch with reality, living in the world but not of it.

Myron was gentle and intelligent but his sweetness and brilliance counted for nothing here. Barely literate attendants, some kind, others rude, would tell him when to get up and when to shower and when it was time to eat and when to go to bed. They would lock every door behind him and hunt him down like a criminal if he tried to get away.

I felt my heart contracting into a knot of sadness. Soon such a paralyzing gloom came over me that I could hardly get up from my chair. I walked over to my window and looked out at the bleak landscape; the hospital grounds were deserted except for a man who was walking a dog, an unusual sight here. He had a gray beard and wore thick black-framed glasses. I recognized him to be one of the psychiatrists—a couple of them lived in tidy brick houses behind the hospital. What must it be like to live in perpetual sight of barred windows and locked gates? From time to time, the doctor reached down to pet the dog, rubbing its long droopy ears, patting its head—the dog would prance and leap in response and wag its tail in a frenzy of delight. My eyes stung with sudden tears.

I forced myself back to my desk and tried again to work. I heard a knock at my door— it was Maura, one of my classmates. She had on a pretty blue dress and her lips were a dark gleaming red—she was wearing "Fire and Ice," Revlon's newest shade, popular with our little group. "We're going out for pizza to celebrate," she said, "our last night here." She sat down on my bed and raised her arms, beating the air with her balled fists, like a cheerleader. I could smell her Arpège cologne. Her dark brown hair was arranged in a French twist, a new style that suited her, making her look elegant, even glamorous; I felt grubby alongside this vision.

"Are you coming?" she asked.

"I'm still doing my case study," I said lamely.

"Oh no," she said, getting up and looking over my shoulder at the half written pages. She shook her head, incredulous. "You can't think Carey will really read it."

I imagined Mrs. Carey busy trying to keep her patients alive, scanning my work in her office when she had a spare moment. Ashes from her cigarette would fall on my careful sentences.

Maura gave me a look of cool appraisal.

"You're thinking about it too much," she said, going over to fix her hair at my mirror. The French twist was coming undone. "Just do it," she said in a stern voice. "I'll stop by to pick you up," she said as she went out the door.

I bent my head again to my task. The scent of Maura's Arpège hung in the air. I felt the stale odors of the hospital still clinging to me. I wrote then, hurriedly, mechanically, determined to blot out the scenes that came into my mind: Mrs. Carey, bursting with energy and good will, setting up her tray of syringes and needles and bottles of glucose and vials of insulin, the psychiatrists in their white coats moving grim faced and intent among the thrashing patients, the anguished face of Myron's father.

At last I finished and put the paper away in the drawer. It had grown dark. I could hear voices in the hall, the sounds of laughter, the occasional high-pitched shriek. I wondered if I had time to take a shower. I tore off my uniform and began to rummage in my closet for something to wear. There weren't many choices, but I had a new watch plaid skirt my mother had bought for me and a green sweater to go with it. I would ask Maura if I could borrow her Arpège cologne.

I was nineteen years old and I wanted to live.

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