

MIND TO MIND

*Creative writing that explores the abstract side
of our profession and our lives*

Carol Wiley Cassella, M.D., Editor

Walking to Danville

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HIS name was Mr. Fuller. He was in his late 60s, and he had Alzheimer's. I met him when I was a third year medical student, doing my psychiatry rotation 25 years ago. He was on the inpatient ward at the VA hospital associated with my medical school. The reason he was an inpatient was that he was part of a study concerning the use of amitriptyline in patients with dementia. He needed to have an electrocardiogram every 2 weeks to watch for dysrhythmias, so there he was, on Two South for 6 weeks.

Mr. Fuller and a few other Alzheimer's patients from the greatest generation were mixed in with the more acutely ill psychiatric population; those with active schizophrenia, severe depression, and assorted patients with systemic disease as well as chronic psychiatric conditions. The ward was always locked down; and it always smelled of cigarette smoke (cigarettes were used as rewards to control behavior). The halls formed a square inside the rows of rooms, with four veterans to a room in most cases.

Mr. Fuller's main activity was walking the hallway in soft slippers, round and round, multiple times a day in the slow, wide-stance gait one would expect to see on a geriatric psychiatric ward. In his mind, he was always walking home; home to Danville, a picturesque town about fifty miles away, where he was born and raised, and where he had worked and raised his family. You could ask him where he was going as he walked the halls, and he would always answer cheerfully, "Back to Danville." The response would be the same no matter how frequently he was asked, "Back to Danville."

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Accepted for publication January 20, 2012.

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“How much farther do you have to walk, Mr. Fuller?”

“Oh, about 5 miles,” he would respond. When asked an hour later how much farther to Danville, he would say a distance that had no connection with the first mileage estimate. It could be 12 miles, or 10 miles, or 6 miles. I didn’t ask to make sport of him; I had an affection for Mr. Fuller, and there was not much else one could discuss with him.

In his own way, he taught me about the way Alzheimer’s affects a person, how it robs the person of his self, his past, and his future as well. One day I took him to the restroom. As he was staring blankly at his own reflection in the mirror, I asked him if he recognized the figure.

“Boys, I don’t know who that is,” was his sad response. Another time I was to take him to the heart station for his ECG.

“Don’t forget your glasses,” I told him. He picked them up from his nightstand and put them on upside down.

“No, Mr. Fuller, put them on the other way,” I said. Then, in the saddest demonstration of the effects of his condition, he put his glasses on *the back* of his head. Finally I helped him put his spectacles on the right way, and helped him get into his slippers for the slow walk to the heart station.

One day, near the end of my rotation, I found out that Mr. Fuller had been a cook on a work train for the railroad in the area. Since I had grown up near the railroad in my own hometown, I thought that was fascinating. Work trains aren’t used by the railroads anymore. They were trains consisting of hoppers and gondolas to carry equipment, cranes and other types of machinery, and old passenger or troop cars from the 1940s to haul and provide sleeping quarters for the rail workers when work on the tracks in isolated areas was needed. Depending on what railroad it was, they were painted in a plain dull green or grey livery. I used to love to watch the work trains go by my house in the summers when I was young. I hoped Mr. Fuller might remember something about those days to tell me.

It was easy to find Mr. Fuller. He was in the hallway, walking to Danville. When I asked him about his days on the work train, a transformation occurred before my eyes. His speech became animated, his posture straight, and like magic, this sparkle came to his eyes. He talked about the railroad in a manner I had never seen from him. He was talking and acting like his Alzheimer’s was gone. For a few moments I actually thought “is he cured?” I stared in amazement, looking at that indescribable twinkle in his eyes. Then, after about 15 seconds, the magic twinkle disappeared; he stopped

talking; a thousand yard stare returned to his eyes. As he slumped back into his usual posture, he looked down the hallway.

“Boy, that’s an awful long way down that hall, ain’t it,” he said.

“Yes, it sure is, Mr. Fuller” I said. He was back—back from his trip to a better time in his life, a time when he worked and produced and contributed and loved and laughed. He was back to the present, on the road walking to Danville.