

Mental Illness Masks Symptoms

(Continued from Page 10)

for a while. This was the period during which she was being treated by the Clarke Institute. Then he saw her on July 24, 1971. He also saw her son in relation to a drug problem.

"In July she said 'I'm here really so that you can send me back to the Clarke Institute.' This was the first time I had heard of it, and she told me part of the story. She had called the Clarke but couldn't get her old doctor and was told she had to go through the channel of her family doctor. She wanted to have her medication continued again because she felt very upset and needed it.

"I gave her a check-up, did blood sugar and urine tests at her request. They were normal," said Dr. Socol. He sent a letter to the Clarke Institute because they wouldn't talk over the telephone. Then Dr. Abrams telephoned about 10 days later and got the information. She was started on the same medication as directed by the Clarke Institute doctor," said Socol.

FAINTING SPELL

He said Mrs. Mallory telephoned again saying she had a fainting spell, funny feelings in her hands and feet and had passed out. She was breathing deeply and was very upset. "She wanted some help, not what I could offer her, but for her emotional state. I felt she was in a severe anxiety state. I saw her on the afternoon of Monday August 16. She wasn't breathing heavily. She complained of her nose and throat and had a mild cold.

"I examined her and her mal- or diagnosis was her anxiety state. I told her this and gave her a combination of anti-histamine and anti-biotic for her cold. There was no doubt in my mind she was suffering from an acutely agitated anxiety state," said Socol.

"She phoned Wednesday and said she was feeling no better—had vomited several times and was feeling terrible. I told her I was leaving for the office and provided an anti-nausea suppository medication... and told her Dr. Woo was on call.

"I saw her again the next morning (at the hospital) at about 8:30 am... being called when I was in the pediatric ward. I examined and treated her... called an internist in... Dr. Chow. I talked to her sister 20 to 25 minutes... got information on (Mrs. Mallory's) past year I didn't know about before. Around 11 o'clock I felt she was responding... and left the hospital around 12..."

PRONOUNCED DEAD

"I pronounced her dead around 4:45 after an unsuccessful fight against her acidosis... I learned she was diabetic around 10:30. It took an hour to get results of tests," said Socol. He said it was possible for her to develop a diabetic condition and die in the 18 days after she made a blood test. He agreed symptoms of hyper-ventilation and confused anxiety were those of diabetes. He said it was 13 hours and 45 minutes that she was in the hospital before her condition was diagnosed.

"What would be the effect of more prompt diagnosis?" Dr. Socol was asked.

His answer was, "I don't know... it certainly would be a factor." He said any stress or strain could precipitate diabetes.

Dr. Woo, a 1970 University of Manitoba graduate, said Mrs. Mallory telephoned him about 8:05 pm saying she couldn't get through the night. He sent an ambulance to take her to emergency.

Then he looked up Dr. Socol's patient card on Mrs. Mallory and went to see Mrs. Mallory at the hospital. While seeing Mrs. Mallory he stepped out and talked to Dr. Abrams. Their decision was to admit her for observation.

Dr. Chow, specialist in internal medicine on staff at YCH, told of being called in by Dr. Socol after Mrs. Mallory went into a coma. He said his initial opinion after 10 minutes of examination was that she was suffering from hyper-ventilation due to hysterical reaction or metabolic acidosis. A blood gas report received in the normal time of 25 minutes indicated metabolic acidosis.

This showed she was either intoxicated by a drug such as aspirin or had diabetes. He did a test for aspirin and a second blood test while waiting for the results of the blood sugar test that came in the normal one hour of time. This showed Mrs. Mallory had the maximum possible high test reading of 800 for blood sugar. A normal count would be around 100. Insulin was given subcutaneously and intravenously and she was responding much better by 11:45 am.

Dr. Chow said Mrs. Mallory's heart stopped from two possible causes, or more likely both of them together: diabetic acidosis and high potassium content in the blood. He said once such a patient lapses into a coma the mortality rate is very high.

A secretary who worked with Mrs. Mallory at a Metro school, Mrs. Smart was the next witness. She told Mrs. Mallory being tired all the time and often seeming like a very sick woman. Mrs. Mallory was continually thirsty, often kept a glass of water at her desk and always drank an abnormal amount of water.

BARELY WALKING

On Monday, August 16, three days before she died, Mrs. Mal-

lory arrived at work after the weekend.

"I never saw such a change in a person. She should have been at home. She could barely walk and was just dragging herself around. She was obsessed with keeping at work... apparently she needed the money. She laid down and was sent home by the principal," said Mrs. Smart.

Mrs. Mallory called on the telephone on Tuesday, reporting to the doctor and getting medication. She said she was feeling better and was staying off work the rest of the week to really get a good rest.

Dr. Abrams was the next witness. He told how Mrs. Mallory came into his office about two weeks before her admission to YCH. She wanted her former psychiatric medicine but refused to discuss her problems. After several telephone calls to the Clarke Institute he got her the medicine and made an appointment with her referral doctor at Clarke.

Dr. Abrams, when questioned, said urinalysis is done on a routine basis when patients are admitted to hospital, but isn't routine for those only at emergency.

Asked what the policy is at the Toronto General Hospital if a person came in partly comatose and in an agitated condition, Dr. Abrams said, "I can't answer that question."

SUFFICIENT DIAGNOSIS

He said in Mrs. Mallory's case a diagnosis of anxiety state and hyper-ventilation was made, and in his opinion that was sufficient. He said it used to be the usual routine at YCH for blood tests and urinalysis to be done on admission. "But with financial worries, we have discussed decreasing the frequency of such tests," he said.

Dr. Abrams said urinalysis isn't a test for diabetes. "It gives you a clue, that's all," he said.

Asked if Mrs. Mallory would have had a good chance to recover if a urinalysis had been made the night of her admission, he said, "I wouldn't presume to assume that."

Asked if a blood sugar color test could be made as hospital routine, he said, "I wouldn't suggest that at all."

At this time Mrs. Mallory's family doctor was recalled. Dr. Socol said on her July 24 visit to his office he asked her if she had any urinary problems, excessive thirst, weight loss, abdominal pains. "These are the usual symptoms you look for in diabetes. There were no signs at that time to lead me to suspect diabetes," he said.

Asked if he was sure he asked Mrs. Mallory about excessive thirstiness July 24, Dr. Socol said, "I'm sure I did. She said no."

Next witness was Mrs. Sleep, who said she was one of Mrs. Mallory's longest and closest friends, knowing her 24 years. She described being on a shopping trip with Mrs. Mallory a year or so before the fatal illness when Mrs. Mallory had a fainting spell and hit her head on the shopping plaza terrazzo floor.

ALWAYS NIBBLING

Mrs. Sleep said she took Mrs. Mallory to Dr. Socol after the shopping centre incident. She said Mrs. Mallory was always wanting something to drink, was always hungry and nibbling at something.

She last saw Mrs. Mallory in July before going on holiday. "She looked dreadful... wasn't well... was drowsy all the time," said Mrs. Sleep. She also remembered Mrs. Mallory in the spring of 1971 once telephoned her for help and on this occasion fainted and fell at home.

Next witness was Mrs. Mallory's companion during the last few months, Adolf Vanderstar. He told of meeting her in 1970 while a patient during October at the Clarke Institute. He told of her having one of her fainting spells after he was discharged from the institute and she was allowed out for the day. He told of taking her to his own family doctor, who sent her to Toronto General Hospital for emergency treatment.

Vanderstar said he and Mrs. Mallory met frequently after her discharge from the Clarke Institute, and that he resided with her for four or five months. He said during the last while she didn't eat anymore, just drank liquids. Her weight went up and down. He saw her Tuesday, August 17 the day before her admittance to YCH. She was lying in bed feeling pretty bad.

LEFT FOR WORK

"I had to go to work and left about 1:30 pm. I offered to take her to the hospital but she said no. She had been coughing and vomiting."

He said before she was stricken he went out every night to the store for drinks and all she ever wanted was "Coke". He was at YCH the morning before she died and talked to Dr. Socol.

Vanderstar said that at the time she fainted while with him, the only thing his doctor said was she had high blood pressure.

Next witness was Mrs. Mallory's sister Mrs. Herrington, a diabetic on insulin for five years. She said her cousin and an uncle on her mother's side of the family had diabetes, while one of her father's cus-

ins was diabetic. She told of her visits with Mrs. Mallory over the months before death, of noting quiet depression but no physical change.

Mrs. Herrington happened to call her sister Mrs. Mallory about 7:30 pm the night she was stricken and only minutes before she was taken to YCH by ambulance. Mrs. Mallory was gasping for breath and couldn't speak more than a couple of words at a time, she said. So Mrs. Herrington promised to be up to see her sister later on in the evening.

SINKING FAST

She became worried about her sister and called back again. Mrs. Mallory sounded dreadful and said she was much worse. "She said she was sinking very fast and didn't think she was going to last the night," Mrs. Herrington told the inquest jury.

She got to YCH a little over an hour after her sister arrived at emergency. Around 10 o'clock she was told the doctor prescribed some further medication and was going to discharge her sister.

"She looked dreadful. I asked her if she had her blood sugar checked and she said yes, three weeks ago. I asked to talk to the doctor.

Dr. Woo said nothing was wrong and that her hyper-ventilation was caused by anxiety. All this time Joan (Mrs. Mallory) was complaining she was dehydrated. Her speech was thick and furry, as if she had a mouthful of feathers. She said she was weak, couldn't stand up and was drinking water all the time," Mrs. Herrington said.

VOMITED SEVERELY

Woo felt something had upset Mrs. Mallory and they had a long talk in the hall. Mrs. Mallory's son David was included and he said he didn't know of anything that had upset his mother. David said she vomited very severely the night before and was crawling around in the bathroom because she was so weak.

Mrs. Herrington said Woo told her Mrs. Mallory needed a psychiatrist, but there was no mention of calling the Clarke Institute at that time of night because there was nobody on duty.

Mrs. Mallory said, "Please don't take me home. I'm so weak I couldn't even put my clothes on. Please keep me here," said her sister.

Mrs. Herrington said rather than have her sister sent home she would take her to Toronto Western Hospital and her own doctor. Then Woo went away and had a conversation, and came back saying Mrs. Mallory would be admitted for observation.

The sister said she told the emergency nurse of the family's diabetic history, that Dr. Socol said she was in a pre-diabetic condition and would have diabetes one day, and that she had been having regular tests for diabetes.

"I asked to go up to the ward with her, but wasn't allowed to go. So I went home," she said. She then called in the morning, found out about her sister's critical condition and that a physical illness was now suspected.

POSSIBLY PREGNANT

She told Dr. Socol she thought her sister might be pregnant, feeling this would explain her recent vomiting and worry, since she was separated and had children in their teens.

Dr. Socol said a pregnancy test was done and was positive, but this didn't prove she was

witness stand. He said Mrs. Mallory weighed about 130 pounds in July. Some years before she weighed about 140 pounds and was put on a diet, but not too successfully.

Socol said with Mrs. Mallory he didn't have what he considered a satisfactory doctor-patient relationship, but he thought she was mentally ill so he carried on with her. "I felt there were times when she was hostile toward me... conversations were mostly one-sided, often comprised of my questions and her yes or no, he said.

ADMITS STATEMENT

He said when she came back to him in July she was very upset because she couldn't see her psychiatrist at the Clarke Institute. He admitted saying she cried wolf once too often, explaining he had just been through a very difficult situation and was upset.

"Her mental illness record may have masked her final illness to the doctors who were treating her," concluded Dr. Socol.

The final witness in the inquest was the Toronto University medical expert Dr. Killinger. He said stressful situations could aggravate mild or latent diabetes conditions. He said diabetes usually comes on gradually.

It was unusual for diabetes to happen suddenly, but it does happen. He also said an infection could aggravate a diabetes situation.

If insulin had been administered at the time Mrs. Mallory was admitted to YCH it would have made a difference, he said. In answer to further questions about whether or not she would have recovered, he said it was difficult for him to make a positive statement on this, but generally the earlier treatment was administered the more likely there would be a favorable result.

MUST ORDER TESTS

Expert Killinger said any hospital test that is done has to be ordered by the patient's doctor. He said admission tests for diabetes weren't carried out by hospitals as a matter of routine in his experience. He said Mrs. Mallory's consumption of raw sugar in "Coke" would add a component to the development of diabetes.

"With any anxiety situation you can have a series of symptoms that can mask an organic problem," Killinger testified. "I would have expected there would have been a smell of acetone on her breath. But

you would have to be relatively close to the person to pick up the smell. And you would have to know what it meant to attach any significance to it," he said.

Killinger said the injury Mrs. Mallory had to the left side of the brain might have been caused by a fall during a fainting spell, but in his opinion it hadn't any effect on her fatal diabetes condition.

75% MORTALITY

He said the mortality rate in such a case as Mrs. Mallory's at 10 o'clock in the morning was about 75%. The insulin treatment given was quite standard and the replacement of her body fluid was normal procedure. The only thing he could have wished to add to the treatment would have been electrocardiograms.

His opinion was that the "attitude toward the patient developed over (a period of) time through experience with her mental problem and it prevented immediate in depth investigation at the hospital."

He differed in his opinion in that he felt Mrs. Mallory's brain swelling may have been due to lack of oxygen after her cardiac arrest.

SOMETHING WRONG

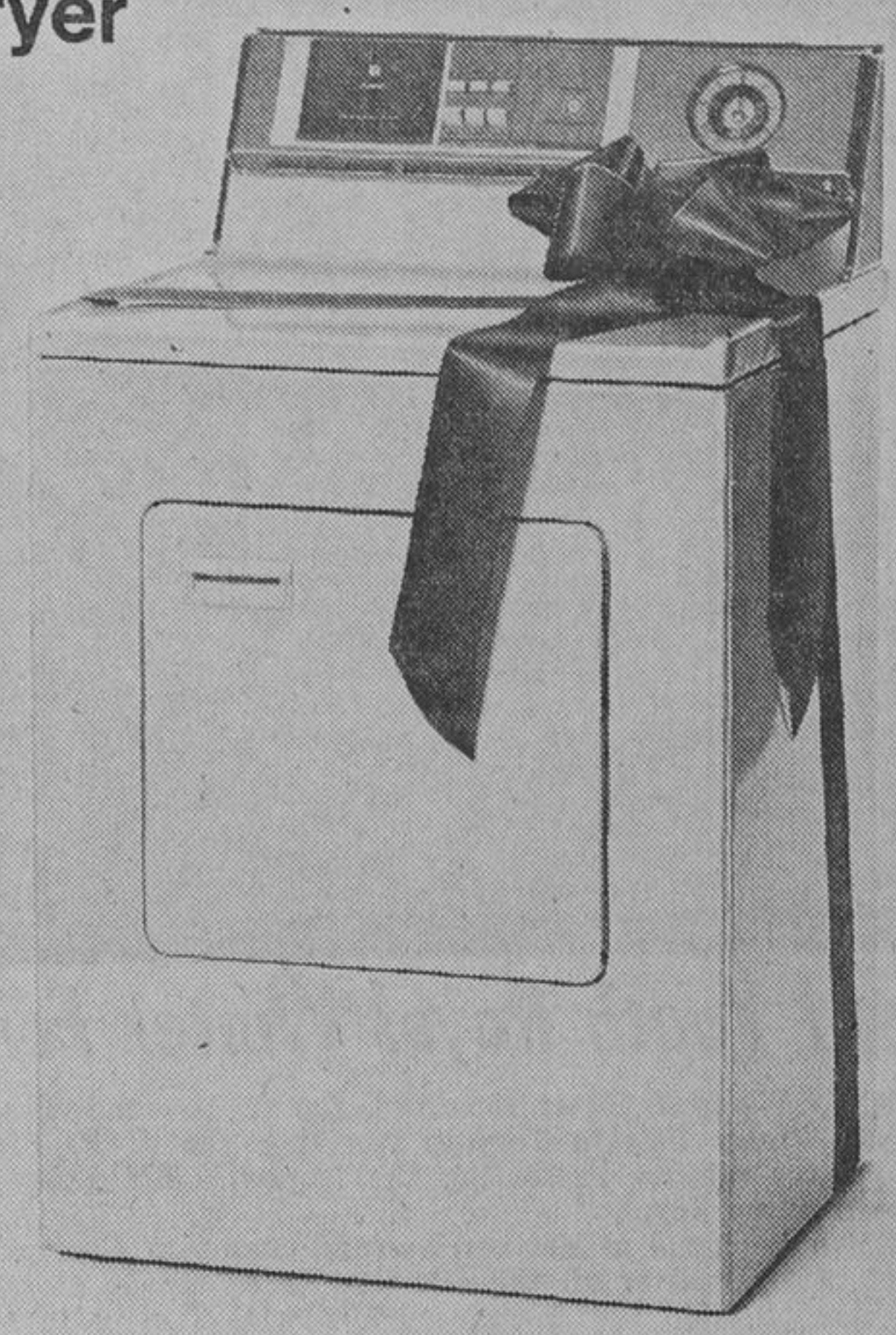
Asked what he would have thought that night at YCH if presented with a patient who was incoherent, yelling for help, restless and requiring bed rails, he said, "A set of circumstances like that would indicate to me there was something basically wrong that I would want to look at."

He said Mrs. Mallory's condition may have come on rapidly over as little as a couple of days. "This (her condition) would take several days to progress to the stage it was, that is, having the highest possible test reading," he said, reiterating he was surprised the acetone wasn't smelled on her breath.

"Two days is the minimum time required to produce this total picture," he said, while the psychiatric drugs she was taking could cause dryness of mouth and lead a person habitually to drink something to moisten the mouth.

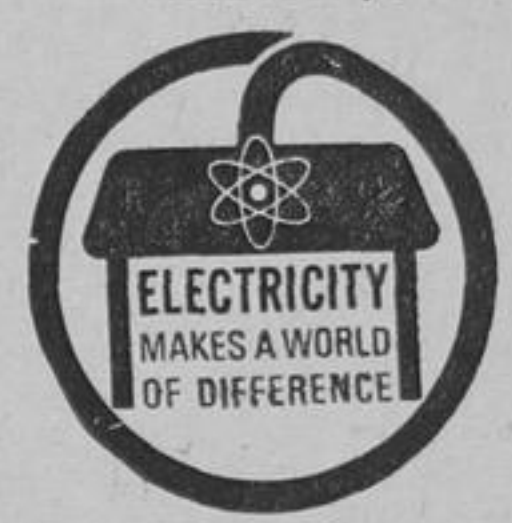
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