Visual broadcast in schizophrenia

Although doctors are trained to classify psychiatric symptoms (for example, as 'delusions' or 'hallucinations') within a standardised mental state examination, it is likely that some symptoms will defy such classification. Hence, if the mental state examination is not supplemented by patients' verbatim descriptions of their experiences, then novel symptoms may go unrecognised and potentially untreated. We have recently cared for a patient whose case reinforces the importance of this point.

A 38 year old man with long-standing paranoid schizophrenia suffered a relapse characterised by prominent auditory hallucinations, persecutory delusions and thought broadcast. (The experience that one's own thoughts have become accessible to others). Following admission to psychiatric hospital, he described a previously unrecorded symptom. He explained that he preferred not to bathe because, during bathing, images of his naked body were being transmitted to and seen by others. The basis for this belief was an experience during which he became aware of his own visual perceptions diffusing out of his head, so that whatever he saw was simultaneously seen by millions of other people. The experience was not confined to occur during bathing, but the patient was most embarrassed in that situation. Hence the symptom became apparent. Examination by an ophthalmologist revealed only mild short-sightedness. No abnormalities were found on clinical examination. Standard blood tests were normal.

The symptom that we describe demonstrates clear similarities with thought broadcast in that the visual images escape passively and are broadcast and shared with others. Rather, we want to emphasise that one's own thoughts have become accessible to others. This collection of poems by two people working in very different areas of hospice care illustrates at times quite graphically and almost brutally, but at times quite beautifully, the many facets of what it is like to be in a world with those approaching death. Some of the poems are harsh and almost confrontational, some are gentle and quiet. Individually each poem stands on its own, and collectively they provide a comprehensive and compelling view of the enormity of the range of emotions and experiences as life is ending. These authors write about their own experiences of witnessing the plights of people approaching the end of their life, but also they seem to manage to get inside the heads of those who are dying. The poems reflect such careful observation that they give voice to those who are dying: "Don't talk to me when I am curled up crying. Don't ever ask me to try and explain...I'll only say one thing to you: don't stop for me. I am only asking for peace now. I am only asking for you to breathe your own air..." (Elgy for a tutor).

Attending to the fact—staying with dying


Wendy Frame, the great New Zealand writer and poet who died last year, wrote about people who commit suicide: "It is hard for us to enter/the kind of despair they must have known". Hilary Ellick and David Head have provided us with a book that allows us to enter somewhat into the world of palliative care and see elements of despair but also of joy, sorrow, relief, confusion, and a whole range of other emotions. Janet Frame, the great New Zealand writer and poet who died last year, wrote about people who commit suicide: "It is hard for us to enter/the kind of despair they must have known". Hilary Ellick and David Head have provided us with a book that allows us to enter somewhat into the world of palliative care and see elements of despair but also of joy, sorrow, relief, confusion, and a whole range of other emotions.
practitioner, social anthropologist, ex-ship’s doctor, researcher, and published writer. It provides the reader with a wonderful magi-
cal, mystery tour of stories from his career thus far. It is only available in South Africa at the moment (www.kalahari.net) but available via the usual easy routes in our global world. I am told publishers are sought in the US (likely) and the UK (perhaps).

The book is composed of three parts and these mark the three phases of Helman’s expansive career. What are these stories and what or who are they for?

The stories are invariably about patients and memories of patients collected over the last 27 years of clinical practice. There are links and resonances with other works—for example, Dostoyevsky—and this juxtaposition works particularly well when they appear.

The chapters, with almost familiar names, such as “The Rusty Ark” and “Deformation Professionelle”, are mostly short and succ-
cinct, not pithy but compellingly thought provoking. The ones I liked best are those mired in what is often the daily grind of general practice, the patient with psychosis (Mrs P), or a lady so bitter from a lifetime of provoking. The ones I liked best are those such as “The Rusty Ark” and “Deformation
modules in years to come. It will enable students to learn that medicine is about experience without actually being there. The book is a sheer pleasure and I would rather say that it is the seeing, experiencing or just believing those stories as much as anything else but it will teach them also that it is the seeing, intellectually, and instantly understandable.

As I have already stated the book is excellent and will add to the burgeoning (but largely unread?) bookshelf in every health care practitioner’s shelf and provide the reader with a wonderful magi-
cal, mystery tour of stories from his career thus far. It is only available in South Africa at the moment (www.kalahari.net) but available via the usual easy routes in our global world. I am told publishers are sought in the US (likely) and the UK (perhaps).