I Was a Mental Patient

In Ward 33 Only Delusion Is Bearable

After receiving many complaints about the Kings County Hospital's psychiatric division, the World-Telegram assigned staff writer Michael Mok to investigate. Without the knowledge of any authorities, he told a carefully prepared story of emotional difficulties and won admission as a patient. Today he describes Ward 33 and its "wildly ill-assorted" patients.

By MICHAEL MOK.

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(Copyright, 1981, by New York World-Telegram Corp.) I had worked my way from Ward 31 into Ward

33 but I hadn't known what to expect: Ward 33 smelled like the hold of a troop ship. This is the odor of too many unwashed men

sleeping too close together.

Five beds had been set up in the day room, where men slept under the unrelenting glare of overhead lights all night long. · Near the nurses' station lay a man who was tied to his bed by the sleeves of his straitiacket. He was straining against his bonds and staring straight

ahead with unseeing eyes. Beds lined the corridor head to foot. It looked like an emergency arrangement necessitated by some tragedy which had overtaxed the hospital's facilities. Some men were writhing and raving in their sleep under the lights. Others peered owlishly at me.

.. My attendant and I had to pick our way care-

fully along the narrow channel between the sleepers. He led me to a dormitory and assigned me to an empty bed. Its single sheet was dirty. I lay there until morning, unable to sleep.

They roused us at 6 a.m., but we were not allowed to get up until 7.

I dashed water in my face and began to explore. Besides the corridor with the sleepers, there was another passageway off which were semiprivate rooms for those seriously ill, physically as well as mentally.

Along this passageway was a row of wheelchairs, for men who couldn't walk. I glimpsed oxygen tents and other sickroom paraphernalia, and several men receiving intravenous feeding. Before I could observe more, an attendant collared me and said, "Wandering around is against the rules."

Before breakfast, some of us helped to push the beds in the corridors back into the dormitories, where they were stored during the day. When these were returned, the dormitories were so jammed with beds that the only way one might have gone from one end of the room to the other would have been to march over the beds.

These sleeping rooms-as was the custom in the wards-are locked during the day. If a patient wants to sleep, he sleeps on the floor.

Many patients who are exhausted mentally and

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physically sleep on the floor during the day, or try to snatch naps on the benches in the day room.

Sleeping on the benches was risky, because a couple of hard types wanting to sit down might wake you up, and not gently either.

One afternoon I heard an old Italian telling the nurse in almost cryptic Italian-English that he was weary to the bone and wanted to go to his bed. The woman was getting more and more exasperated when a tough young Sicilian who happened to be passing interrupted:

"The old geek is trying to say that he's got to sleep because he's sick."

"Tell him that he knows very well that the beds are locked up during the day and there's nothing I can do about it. . . .

Locked In or Locked Out.

While the day room was being readed for breakfast, we were locked in the corridor.

It's important to understand that in Kings County Hospital you are either locked in or locked out. While the day room is being cleaned, you are locked out of it. You have the choice of loitering in the hall or sitting in the lavatory.

When these spaces are being cleaned, you are locked in the day room-and hence cut off from drinking water, the bathroom and tobacco, because smoking is not permitted in the day room.

The rattlety-click of the huge keys, which goes on day and night, serves as a constant reminder that you are a prisoner.

We went in to breakfast, which was good. The food in Kings County is simple but beyond reproach. The dietician, whom I never met, manages to plan meals which are tasty and well balanced.

Greedy Grabbing at Mealtime.

But eating is not always a pleasant experience. Demented people occasionally grab things from your plate, drink out of the common pitchers, or slobber all over themselves and others as well.

Another mealtime misery is caused by people who are greedy and have the muscle to back it up. When an item, say coffee or fruit juice, is scarce, the

slow, the weak and the old are apt to get none of it. The only utensil provided is a spoon, Knives and forks are deemed too dangerous. One man told me that when he got out, he would never use a spoon

again. After breakfast, we had a shakedown. One of the spoons was missing. In Ward 33, the loss of a spoon,

real or imagined, was a serious matter.

Whether it was believed we would tunnel to freedom or stab each other with these utensils was never made clear. It usually developed that the scullery maid had miscounted them.

No Spoon, No Smoking.

A swarthy attendant, the only really crude staff member I encountered in either ward, announced in tones of Capt. Bligh that until the precious spoon was recovered, no one would be permitted to smoke.

We filed out of the day room and were searched

by two attendants. No spoon.

In less than an hour, word came from the kitchen of a miscount and smoking was permitted. As patients are not allowed to have matches in Kings County, an attendant can exercise considerable power by denying fire.

The patients in Ward 33 were even more wildly ill-assorted than those in 31. There was a fellow with the broad, sloping shoulders of a foundry worker, who had hands like shovels. He had a smoldering, bestial look, and to me seemed hardly human.

Others in the Ward.

There was an old man who grabbed my hand and began kissing it, and a young one who archly confided that one of the most important things in life is to have a "heat source."

There was a blind man who had to be led from place to place, a crippled dwarf, and a man who slept all day long in the corner and fouled his pajamas.

Another man thought he had killed five women when they tried to trap him in a room, and he talked about it all day long, whether anyone was listening or not. The children usually paid attention.

There was a man who stood near the drinking fountain saving: "It's what you don't hear that hurts you, it's what you don't hear that hurts you, it's what you don't hear that hurts you. . . . "

There was a sleepy-eyed kleptomaniac, who stole what he could, and if he was unable to steal an object from you, he would ask wistfully if he could touch it. Strangely, he would share everything he happened to have and was the soul of gentleness, unless he happened to fly into one of his periodic rages. Neither the presence of children nor the threat of a straitjacket slowed him down when he flew into these fits. He was often sent to Ward 51,

Children Put With Alcoholics.

There were several children on Ward 33, thrown in with jittering alcoholics who begged pitifully for paraldehyde, a hypnotic used to soothe them when the craving for liquor became unbearable.

One man, whose greatest pleasure on the outside was umpiring semiprofessional baseball, was in the hospital because he had become so afraid of making a wrong call that he had retired to his room at home and wouldn't come out. He was the man whose daughter told him at visiting hour:

"Papa, if I had known what it was like, I wouldn't have put you in here."

Once we were sitting in the day room when a janitor opened the corridor door to buff the floor. A youth let out a shriek, dashed out of the door and bowled the man over.

Three attendants and a male nurse converged on the sick youth and after a brief, fierce struggle, they put him in a straitjacket and carted him bodily out of the ward as the rest of us watched nervously.

A 14-year-old boy who had watched the incident

turned to me and said: "I think I'm cracking up. I don't belong in here

with all these big people."

TOMORROW: Freedom at last.

Staff writer Mok finds discharge easy but leaving difficult.