

espoused by a vocal minority.

When making a judgment about whether a particular irrational belief is a delusion, one generally excludes those beliefs that are shared by a subculture. Therefore, the issues are to what extent can Ms. Joyner's behavior be accounted for by this identification with a subculture and to what extent is her belief that conventional medical treatment represents "poisoning" a delusion. We believe that a key consideration is the motivation that she ascribes to the doctors who she believes are poisoning her child. We very much doubt that she believes that the doctors are doing so malevolently—as she would likely believe if she had Delusional Disorder.

Whether she has a psychiatric diagnosis or not, the V Code of Neglect of Child (DSM-IV, p. 682) certainly applies. If a psychiatric diagnosis is given, we would opt for the residual category of Psychotic Disorder Not Otherwise Specified (DSM-IV, p. 315).

Follow-up

The child was treated as an inpatient for 6 weeks. His nutritional status became normal, and he approached appropriate developmental milestones. Ms. Joyner was allowed frequent contact, but was not permitted to interfere with his care. After court proceedings, custody of the child was granted to his grandmother, but Ms. Joyner had full visitation rights. She refused any psychiatric treatment, even if it would increase her chances of regaining custody.

A DOG AND A GUN

A 74-year-old African American woman, Ms. Richardson, was brought to a city hospital emergency room by the police. She is unkempt, dirty, and foul smelling. She does not look at the interviewer and is apparently confused and unresponsive to most of his questions. She knows her name and address, but not the day or the month. She is unable to describe the events that led to her admission.

The police reported that they were called by neighbors because Ms. Richardson had been wandering around the neighborhood and not taking care of herself. The medical center mobile crisis unit went to her house twice, but could not get in and presumed she was not home.

Finally, the police came and broke into the apartment, where they were met by a snarling German shepherd. They shot the dog with a tranquilizing gun, and then found Ms. Richardson hiding in the corner, wearing nothing but a bra. The apartment was filthy, the floor littered with dog feces. The police found a gun, which they took into custody.

The following day, while Ms. Richardson was awaiting transfer to a medical unit for treatment of her out-of-control diabetes, the supervising psychiatrist attempted to interview her. Her facial expression was still mostly unresponsive, and she still didn't know the month and couldn't say what hospital she was in. She reported that the neighbors had called the police because she was "sick," and indeed she had felt sick and weak, with pains in her shoulder; in addition, she had not eaten for 3 days. She remembered that the police had shot her dog with a tranquilizer, and said the dog was now in "the shop" and would be returned to her when she got home. She refused to give the name of a neighbor who was a friend, saying, "he's got enough troubles of his own." She denied ever being in a psychiatric hospital or hearing voices, but acknowledged that she had at one point seen a psychiatrist "near Lincoln Center" because she couldn't sleep. He had prescribed medication that was too strong, so she didn't take it. She didn't remember the name, so the interviewer asked if it was Thorazine. She said no, it was "allal." "Haldol?" asked the interviewer. She nodded. The interviewer was convinced that was the drug, but other observers thought she might have said yes to anything that sounded remotely like it, such as "Elavil." When asked about the gun, she denied, with some annoyance, that it was real and said it was a toy gun that had been brought to the house by her brother, who had died 8 years ago. She was still feeling weak and sick, complained of pains in her shoulder, and apparently had trouble swallowing. She did manage to smile as the team left her bedside.

Discussion of "A Dog and a Gun"

When this patient was seen initially in the emergency room, her most prominent symptoms were disorientation, inability to focus attention, and a history of disorganized behavior that probably developed over a relatively short period of time. These are the characteristic features of Delirium (DSM-IV, p. 124); that diagnosis is further supported by the information gained on the second day

that her diabetes had been out of control, and her improved mental status with treatment of the diabetes.

A valiant attempt was made to obtain follow-up information to determine whether the Delirium was superimposed on a more chronic disorder, such as Schizophrenia or Dementia. Although the staff on the medical unit recalled having seen the patient previously, they could offer no additional information, and both the patient and her chart were nowhere to be found.

SOMETHING OF VALUE

Ell Wolfe came into the emergency room of a New York hospital complaining of malaise, fever, and a cough. An upper respiratory infection was diagnosed. As the doctor was writing out a prescription, Mr. Wolfe tearfully revealed that he had no home to go to, was depressed, and felt that life was not worth living. A psychiatric resident was called to see the patient and obtained the following additional information.

For the past month Mr. Wolfe had been living in the basement of his apartment building, eating in restaurants, and using a health club for showers. He was eating and sleeping poorly. His own apartment was so full of newspapers, magazines, and books that he could no longer get in the door, but he could not bring himself to get rid of any of his "stuff."

When he was 12, Mr. Wolfe began collecting baseball cards and then books and magazines. His parents were poor immigrants from Eastern Europe, and the idea of holding on to things that might someday be valuable was not strange to them. Eventually, however, the apartment became so cluttered that they threw out much of his collection. He retrieved it from the garbage, and from that point on his "collecting" became a focus of conflict with family and employers.

Mr. Wolfe does not go out of his way to obtain things, but once he has a newspaper, book, or magazine, he cannot throw it away because "there might be something of value written in it." The thought of throwing things out makes him extremely anxious, and, in the end, he simply cannot do it.

For many years he worked as a doorman in elegant apartment buildings, but invariably was fired because he brought his "stuff" to store in his workplace, and sometimes got into fistfights with the building maintenance people who tried to throw it out. He was married for 10