

SHYAM K. BHAT, M.D.

Dr. Bhat is Assistant Professor in the Medicine/Psychiatry Division, Department of Internal Medicine at the Southern Illinois University School of Medicine, Springfield (sbhat2@siu.edu).

My First Day

Dr. Venkatesh, Professor of Psychiatry and Head of the Department, had a thick mustache and a permanently disgruntled attitude.

“What is schizophrenia, I say?” he asked by way of greeting, as we stood in his small office, sweating in the Bangalore summer.

“Sir,” I ventured, “it’s a psychotic disorder in which there are delusions, hallucinations, and decreased functioning.” I’d read a few pages from the abridged version of Kaplan and Sadock—bought the book, in fact—and since this was the only subject where my interest exceeded that of my peers, I hoped this was my turn to shine.

Dr. Venkatesh looked at me as if I was unclean. “You fellows don’t study, only come here to enjoy,” he said, which was a bit unfair because, frankly, there was not much to do at Victoria Hospital by way of enjoyment. “Get out, all of you,” he said, with disgust. “Go and learn something, I say.”

We shuffled out of his office, our heads bowed. In those days, in most medical schools in India, humility and subservience were the preferred modes of relating to one’s teachers and seniors. Confidence was often interpreted as arrogance, an unforgivable sin, and could result in failing the rotation. The safe approach was to replace any trace of confidence with a profound, almost theatrical meekness—head down, voice high pitched and soft, and minimal eye contact.

The less one knew about the subject, the more humble one had to appear. Ignorance was permissible, as long as one was sufficiently humble. Years later, while working in the U.S., I would be surprised by the unabashed self-assurance of medical students in the West, who would wax eloquent even on occasions they did not know the answer to a question. “Well, I think the data is not clear on that. In my experience. . . .”

I would never have passed medical school with that attitude. As medical students, it was essential for us to understand the dynamics of each department—who to keep happy, who to avoid, and so on. In psychiatry, the word was that Dr. Venkatesh was only the ceremonial head. The man who was really in charge was Dr. Sreenivas, a PG in psychiatry. PG was short for *postgraduate*, the term used in India for resident physician.

Dr. Sreenivas met us in a dark classroom next door, which was also used as a conference room of sorts, and on occasion, an interview room.

We would have to sit here, he said, until we got some patients.

I was surprised that we would have to wait for patients. This was the government hospital—free health care for the poor—and consequently, clinics and wards were overflowing with patients. In the medicine clinic, for example, a physician would routinely see more than 200 patients a day. Obviously, business was slower in the psychiatry department.

I sat on the edge of the front bench from where I could see the Skin and Venereal Disease Clinic, which was adjacent to the psychiatry clinic. I am not sure why exactly sexually transmitted diseases were clubbed together with dermatology, but there it was. I passed time by trying to assign patients waiting in line to one or the other. Skin or VD?

There was a man with white patches on his face—leukoderma, probably. Skin. Behind him, in the queue, a woman with the obvious lesions of leprosy. Definitely, Skin. Then a man without any obvious abnormalities. I noticed his hand straying towards his groin. VD, I decided.

Almost half an hour passed in this manner. Two of my classmates were playing makeshift cricket at the back of the room, using a rubber ball and a heavy book for a bat. From another corner of the room, I could hear the sound of loud snoring.

Finally, Dr. Sreenivas came back. “No, no, don’t get up,” he said, as a few of us scrambled to our feet. “We have an interesting case. Only one of you can come.”

It wasn't as if there was a huge rush to the door. I vaguely remember 2 of us standing up, and then the other person volunteered to sit this one out.

She was in her mid-30s, I estimated, and like many of the patients who came here, she was from a nearby village. She sat on the chair and looked straight through us. The man sitting next to her—the husband—stood up when we entered the room.

“What to do, Sir? Please. You have to help,” he said, speaking in Tamil.

I could understand Tamil, but spoke very little of it. Luckily for me, Dr. Sreenivas only expected me to observe the interview. He proceeded to piece together the story from the husband.

The wife did not say much, other than, “I cannot see,” after which she began to mutter unintelligibly, staring into space.

They'd been married for about a year, the husband said, and their life had been perfectly ordinary until a few weeks before. One night, he came back from the arrack shop, where he'd had his customary 3 sachets of the country-made liquor. What was that? Yes, he did drink every day, but what of it?

When he came back that night, and sat down for dinner, the rice was cold. He hit his wife because she should know better. Yes, yes, he should not have done that, but he did not hit her very hard. “Anyway, I don't hit her every day, but once in a while only.”

When he slapped her this time, instead of heating up the food as she would usually do, she closed her eyes and began to chant some slokas from the Gita. He was about to raise his hand again when she looked at him, held out her palm, and blessed him. God promise, he could smell some jasmine even though there were no flowers in the room. What was going on? And then, he realized that a *devi* had come inside her—she had become a goddess.

So, for the next 5 days, he treated her as the goddess she was. He cooked for her, he performed *poojas* every morning, worshipping this divine being who graced his house, and as for the arrack shop, why, he had forgotten the way only.

His story was interrupted by a mewling sound from her. He jumped, but Dr. Sreenivas patted his hand. “Don't

worry,” he said. She lapsed into silence, and the man continued.

So, everyday he cooked for her and became an exemplary husband. “After all, a *devi* has to be treated like a *devi*.” On the fifth or sixth day, he could not remember which, he went out to the arrack shop again. “Just one packet I had, Doctor.” When he came back and went to pay her homage, she suddenly shrieked and slapped him on his face. Hard. She then began to use words that only he and his friends would use, especially when the cricket team was not playing well. “She does not know such bad words, Doctor.” He was stunned. Then he realized that he had been tricked. It was not a *devi* that had entered her being, but a *pishachi*, a she-devil. She was possessed by an evil spirit.

He touched a small cut on his face and showed us the blood on his hands in classic Bollywood fashion. “Look at my face; see what the *pishachi* did. Anyway, I brought her here because my neighbor, who is being a teacher, said this might be mental problems.”

“This is not her problem, but yours,” Dr. Sreenivas said gravely.

“Why, Sir? Why you are saying that?”

“See here, Mister,” Dr. Sreenivas replied. “There is a saying in Kannada, ‘When you treat a woman well, she is an angel. Treat her badly, she is a devil.’”

Later, as a nurse helped the lady out of the room, Dr. Sreenivas explained the case to me. “Classic possession case with hysterical blindness. She has a conversion disorder. Now what I will do is give her some diazepam, then suggest to her that the devil will leave her and that she will be able to see again.”

I was impressed that she could be cured so easily, but Dr. Sreenivas misinterpreted the expression on my face. “Yes, yes, I know the books say this needs psychotherapy and all that, but we don't have the resources. Not to worry, she will be alright, and more importantly, it will cure the husband also. Hopefully, the fellow will be scared enough so he will behave himself.”

A few hours later, I saw the patient leaving the hospital with her husband. He trailed behind her, slightly bent, as if he were cowering before a devil, or perhaps, bowing before a goddess. ♦