**The Ax attack**

I had been qualified for just over a year and was doing an Internal medicine rotation when a young man in his early twenties was admitted with acute schizophrenia. I will call him Peter Smith.

The diagnosis was obvious and that something was wrong had even been recognized by non-medical personnel; the police. The young man had chased the mail delivery man around the block with an axe threatening to kill him. The police did not jail him; they took him straight to hospital.

The patient had all the classical signs and symptoms of paranoid schizophrenia that we had been taught at Medical School. He was intelligent and had been close to the top of his high school class but had dropped out the first year of University.

His mother informed us that he stayed in his room most of the day and mumbled to himself. She stated in frustration: “We cannot get through to him. It is as if he does not wish to listen to us. We have tried everything we can to develop something that he will be interested in. He is not interested in girls. He does not listen to the radio, he will not read, he will not even bathe, and he does not change his clothes. He goes on and on about someone out to get him. Why he tried to kill someone we just do not understand.”

It was actually very difficult to get any history from the patient. He looked downwards and avoided eye-contact. He refused to get undressed so that he could be examined.

I placed the patient on Largactil, one of the first antipsychotic drugs to be developed and admitted him to hospital. I could not allow someone who had tried to kill be managed as an outpatient. I arranged for the patient to see a psychiatrist who changed my drug therapy to a newer antipsychotic and who saw the patient daily. The patient was relatively harmless in our care. Whenever we did rounds, he was found curled up on the bed. He had marked lack of empathy. No one could get through to him. After a day or so we stopped even trying to greet him. We assumed the psychiatrist had everything under control. We were unaware that a powder keg was about to explode.

As luck would have it the fuse of the powder keg started to sputter a few days later, the Saturday I was on call.

The switch board contacted me at about 3pm. “The nurse in charge of the 11th floor wants to talk to you. She says it is urgent.”

“Put her on.” I said with some apprehension. I was quite junior and somewhat lacking in confidence. What emergency was happening I wondered?

The nurse came straight to the point. “Mr. Smith has got dressed. He states he is going to leave.”

Her statement got my attention. “I will be there straight away.” I said. I rushed across the street to the hospital and while doing so was reviewing in my mind how I was going to cope with this problem. I had never been trained to deal with this issue before. Under normal circumstances if someone wishes to leave hospital against medical advice, you cannot keep them within the hospital. You document that advice was given and if you can, the patient signs a form stating that he is leaving hospital against advice. If these facts are not documented and the patient comes to harm, the physician opens himself to litigation. But this situation was different; this patient by leaving was not going to place his own life in jeopardy, he was likely to harm someone else, having previously chased someone around a block with an axe.

I got in the elevator. It was visiting hours and family members of patients were crowded in the elevator. The elevator was slow and seemed to stop at every floor to discharge family members and I wondered whether the patient would escape before I reached the 11th floor. I was also concerned about an embarrassing confrontation between me and the patient in front of a lot of visitors.

At last I reached the 11th floor. I rushed down the passageway to where the patient was surrounded by a few nurses. Peter was shouting loudly: “You have no right to hold me against my will. I can leave if I want to.”

He was correct and the other patients and visiting family members also knew this, but what only the medical staff knew was that he had a mental illness and had threatened someone else’s life. I went up to the patient and in as calm a voice as possible stated: “Mr. Smith, we know that you want to go home, but we believe you need more treatment before we reach that stage.”

He retorted loudly such that everyone started watching what was happening. “I have been here for three days and you have done nothing for me. If you keep me in the hospital, I will sue you and report you to the Medical Board for Malpractice.”

The situation was going from bad to worse. What had I become involved in? Again, I tried to reason with him. “Mr. Smith, why don’t you go to your bed and perhaps we can explore why you wish to go home, and I can privately discuss your illness.”

“I am not ill. There is nothing to discuss. I am going home. If you stop me, I will sue you.” He started to move towards the exit.

I told the nurse in charge. “Draw up 250mg of Largactil. Call security.” The dosage I had requested was a large dose, about 10 times the normal dose, but the drug is quite safe. It can be given intravenously or intramuscularly.

I tried to hold him back, but he shook himself free. “I will sue you.” He shouted.

The patient, I and two nurses drifted towards the elevators. Fortunately, there were no elevators open. I positioned myself between the patient and the elevator button. The patient started shouting. “I am leaving, if you keep me, I will sue.”

By this stage the head nurse joined us. She was carrying a 20ml syringe full of clear fluid – the Largactil. I had not appreciated the large volume that 250mg comprised. This may be an issue, I thought. Out of the corner of my eye, I saw some security guards that were visible through the small window in the door leading to the stairwell. Reinforcements and witnesses had arrived.

The elevator door opened, and visitors exited. While they were exiting the patient was repeating in a loud voice: “If you do not let me leave, I will sue you.”

He suddenly lunged for the open elevator door. The security guards and I jumped on the patient who was kicking his legs and flailing about. The visitors watched with wide-open eyes in amazement. I grabbed the syringe. I had no time to clean the skin, or even remove clothes. I aimed for the outside of his upper leg and inserted the needle at right angles through his clothes. I could tell that the needle had hit bone. I injected the fluid rapidly. I had never given such a large high-volume intramuscular injection before. I doubt many others had as well. I think most of the fluid entered the tissues, but some may have spilt into his clothes. The patient suddenly became limp and stopped fighting. The drug could not have been absorbed so quickly. His response was too rapid. It was as if he was expecting to be anesthetized.

I helped the subdued patient to his feet. “Come,” I said, let’s go to your bed.” I led him away.

While walking down the corridor a visitor passed him by about two feet. Suddenly, the subdued patient shoved his face in the visitors face and screamed loudly “Ahhhhhhhhh.” Why he did so I do not know, but the visitor was clearly alarmed and hurriedly left. I laughed at the absurdity.

The patient was later committed to a mental facility. On inspecting his clothes, we found the psychotic medicine that had been prescribed in his shirt pocket. He had placed the tablets in his mouth under supervision, but as soon as someone was not looking, he had spat them out. We also found notes written in code to himself. These features are characteristic of a paranoid schizophrenic.