

CLINICAL RECORD
SILVER HILL FOUNDATION
 New Canaan, Connecticut

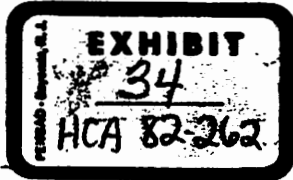
File: #10-08-31
 Record Number 12335

NAME OSHEROFF, Dr. Raphael J. Age 41 Birthdate 4-1-38
 Residence 5249 Duke St Suite 208 Religion Jewish SEP: S M W D
 Town and State Alexandria, Va. 22304 Telephone 1-703-370-0483 or 1-703-893-4222
 Mother:
 Husband Mrs. Julia Bader (Summer home - weekend - 1-914-528-0876)
 Address 530 West 236th Street, Riverdale, N.Y. 10463 Telephone 1-212-548-9274
 Occupation Nephrologist Business Address _____ Tel: _____
 Date of Admission 8-1-79 Date of Discharge 11-1-79

Assigned to Dr. Joan S. Narad Time admitted 2:30 p.m.
 Referred by Dr. Wesley C. Dingman Family or Int. Physician Dr. Zigmond M. Lebensohn
10113 Bevern Lane Potomac, Maryland 20854 2015 "R" Street, N.W., Washington, D.C. 20009
 Telephone 1-301-762-0773 1-202-332-6681 or 202-337-2630

Accompanied by Mother & stepfather Relationship _____
 Address _____ Telephone _____
 Responsible Person Frank Notarias Relationship Accountant
 Address _____ Telephone _____

Initial Diagnosis: 1) Psychotic depressive reaction, agitated 298.00
 2) Manic depressive illness, depressed 296.20
 Interim Diagnosis: Psychotic Depressive Reaction 298.00
 JN - 9/25/79
 Final Diagnosis: 1) Manic depressive illness, depressed 296.20
 2) Probable hiatal hernia 551.30



Joan S. Narad MD

 Signature M.D.

Improved Unimproved Deceased

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No. 12335

OSHEROFF, Dr. Raphael J.

Date Last First Middle

11/1/79
JSN/hc

DISCHARGE NOTE

Admission date: 8/1/79

Discharge date: 11/1/79

Discharge Diagnosis:

1) Manic depressive illness, depressed	296.20
2) Probable hiatal hernia	551.30

Condition at time of Discharge: Patient no longer seemed in need of in-patient psychiatric treatment and had benefited from his hospitalization.

Prognosis: Good.

Reason For Admission: Dr. Osheroff was a forty-one year old, separated physician who was transferred from Chestnut Lodge to Silver Hill upon the recommendation of the patient's mother. The patient was transferred from Chestnut Lodge after a six month hospitalization in which he felt he had not made adequate progress. The patient had been on a closed unit at that hospital and was seen four times a week in individual psychoanalytically oriented psychotherapy. Because of his self-destructiveness and difficulty in making independent, constructive decisions, the patient's stepfather and attorney were appointed co-guardians for him.

Although he had been seen in psychotherapy by Dr. Francis Board in his late twenties for depression, Dr. Osheroff dated the onset of his difficulty to 1976, at which time his wife got permanent custody of his two children and left for Europe. It seems that at this time he rather impulsively sold a lucrative dialysis business which he had built up and from which he received professional satisfaction and a personal sense of importance. Although he was married at the time to his present wife, a woman doctor, whom he greatly admired and who had just borne him a child, he continued on a very self-destructive course. He functioned poorly, had crying spells, had difficulty making decisions, resorted to increased alcohol and pill intake, and further alienated his wife and infant child. According to the records of Chestnut Lodge, he was seen in outpatient therapy, including a trial of antidepressants from February 1977 until December 1978. During this period he also consulted Dr. Nathan Kline, who tried him on Sinequan and possibly Lithium. He had no sustained improvement. In January he began inpatient therapy at Chestnut Lodge, where his general state seemed to deteriorate. While there he often reacted to structure and nursing care with angry outbursts towards the staff, and continued to ruminate about his plight.

Course in Hospital: At the time of his admission, Dr. Osheroff was an agitated, disheveled looking man who was accompanied by his parents and two strong male aides who indicated that the therapist might need protection from the patient. After brief discussion, the patient and therapist went to the therapist's office for the initial interview where he at first paced and then was able to sit down. He was cooperative, oriented, and of above average intelligence. He repetitively bemoaned the loss of his lovely wife and his professional business. He excessively ruminated about his plight and appeared hopeless about any change.

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Discharge Note (Cont'd)

The patient felt relieved to be transferred from Chestnut Lodge where he felt confined and mistreated. Although he seemed quite anxious, he did appear eager to be accepted by his therapist. The therapist discussed with him the voluntary nature of the hospitalization and his need to contain any aggressive outbursts. The patient's speech was pressured. There was no evidence of a thought disorder. Suicidal ideation appeared to be present but he denied any immediate suicidal intent. Behind some of his grandiosity there was a feeling of great inadequacy.

Soon after his hospitalization began, Dr. Osheroff began the pacing pattern that was described at Chestnut Lodge. His hopelessness and despondency necessitated putting him on suicide precautions. He was begun on Elavil and Thorazine. The initial goals for him were to provide good nursing care, medication and protection from harming himself. He was kept on one to one special care for the first two and one half weeks of the hospitalization period. As his mood improved and there was little of the pacing that had thus far characterized his hospitalization, the specials were gradually cancelled. He became more interactive with staff and patients for limited periods of time. For the first few weeks he was on Elavil 150 mgs. and Thorazine 150 mgs.

Three weeks after hospitalization began, Dr. Osheroff began Service C group activities and group therapy. Because he often showed increased agitation, irritability and provocative behavior at night, Thorazine was increased at that time. He would become preoccupied with his losses and then would be belligerent with staff. From then on his medication was Thorazine 600 mgs. per day and Elavil 150 mgs. per day. He became more involved in group therapy where he showed more interaction with other patients. In individual appointments he began to express some anger at his wife for abandoning him. He also became interested in the literature of depression and planned to express his frustration and anger by writing a book about his experience. At that time the patient's participation in occupational-recreational therapy programs were somewhat limited by his low frustration tolerance and decreased concentration.

In the middle of September the patient appeared in better control and was capable of a greater range of affect expression. He was transferred from the acute care house (Barrett House) to Main House. He experienced some upper gastrointestinal symptoms for which he had medical consultation with Dr. James Slater. He was placed on Cimetidine and Bethanechol with a probable diagnosis of hiatal hernia. At the end of September and in October the patient had several passes to New York and to Washington D.C. He continued taking his medication and appeared to be in adequate control. He sometimes tested the limits but adhered to hospital policy. He attended Yom Kippur services in a local synagogue in observance of the Jewish holy day. That time was particularly difficult because it marked the anniversary of his trip to Luxembourg to see his children and evoked feelings of longing and yearning for his family. That anniversary and his wedding anniversary

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Discharge Note (Cont'd)

occurred almost together and he was able to talk about his feelings about these and the uncertainties of the future as he was coming out of his depression. His tendency to stretch rules and seek special privileges at times was brought to his attention and he accepted this. Overall, there was considerable improvement in his mood, in his mental functioning and in his interpersonal relationships. Around this time discharge planning was begun. While on a trip to Washington the patient set up appointments with his previous psychiatrist, Dr. Francis Board with whom he wished to resume outpatient therapy. The patient also attempted to reestablish his professional and social ties. He had called and written his children and was deeply hurt that his second wife would not permit him to speak with his son. He expressed regrets about all the unhappiness he had brought into his relationship with his present wife but acknowledged his anger that she never visited him while at Chestnut Lodge.

As discharge planning continued, the patient's mood was much improved and he was more goal directed. Occasionally he would act impulsively, such as, by taking a bike trip to New Canaan or his purchase of trains. He was able to support a close friend during a hospitalization for a surgical procedure. He sometimes extended his pass and it was apparent to us that he was trying to master the upcoming separation from the hospital by trying to take charge and setting up some of his own rules. The patient was confronted with this and his need to heed appropriate limits as long as he was a patient at Silver Hill. He was cooperative when these limits were set. Prior to the patient's discharge his parents were seen by Mrs. Mildred Leeds, ACSW. A discharge date was set by the patient. Much of the focus of his individual therapy in the last few weeks was on his separation from the hospital. His feelings for the therapist were quite intense and were worked through. The patient felt he had come quite a long way since his initial entry into the hospital and he expressed reasonable fears about adaptation to his life in Virginia. He appeared to handle his weekend passes reasonably well and used them to prepare for his discharge. He repeatedly expressed great longings to see his children, but this wish was frustrated by his ex-wife. His current wife, whenever visiting the patient here, appeared to be preparing for legal separation and divorce. With the impending separation from the hospital the patient did experience some increased anxiety in the evening but appeared able to titrate his medication to overcome this. In general, his relationships with people had improved considerably and was capable of a much wider range of expression of emotions.

The patient had an orthopedic consultation for hip pain which was diagnosed as bursitis. The patient decided to await treatment until his return home.

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JSN:hc

Discharge Note (Cont'd)

A letter was sent recommending Dr. Osheroff's guardianship to end.

Physical Status: At time of admission the patient had an essentially normal physical examination.

Laboratory Findings: Routine blood work and urinalysis at the time of admission were essentially unremarkable.

Medications: Patient was on Elavil 150 mgs. per day and Thorazine, usually 400-600 mgs. per day. He was placed on Bethanechol 10 mgs. t.i.d. and Cimetidine 300 mgs. h.s. for upper G.I. symptoms.

Diet: The patient had a regular diet until he decided to lose weight at which time the dietitian placed him on the Stillman diet.

Consultations: Patient was seen in consultation with Dr. Stubblefield at the time of admission and at the time of discharge from the hospital. He was also seen by Dr. Slater, an internist, for upper G.I. symptoms. Probable diagnosis was hiatal hernia. The patient was also seen by an orthopedic surgeon because of hip pain. This was diagnosed as bursitis.

Disposition:

- 1) The patient planned to return to his home in Virginia. He made arrangements to obtain a housekeeper.
- 2) The patient made arrangements to resume outpatient psychiatric treatment with Dr. Francis Board, with whom he had been in therapy previously.
- 3) Dr. Osheroff planned to remain on Thorazine and Elavil at the time of discharge. This medication was to be re-evaluated periodically by Dr. Board and discontinued when appropriate.

Joan S. Narad MD
Joan S. Narad, M.D.

Robert L. Stubblefield MD
Robert L. Stubblefield, M.D.
Medical & Executive Director

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OSHEROFF, Dr. Raphael
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8/1/79
JSN:mb

Admission Note

Date of Admission: August 1, 1979

Admitted to: Barrett House

Dr. Osheroff is a forty-one year old, separated physician who was transferred from Chestnut Lodge to Silver Hill upon the recommendation of Dr. Zigmond Lebensohn.

Reason for Admission: The patient was transferred from Chestnut Lodge after a six month hospitalization there in which he had not made adequate progress. The patient had been on a closed unit at that hospital and was seen four times a week in individual psychoanalytically oriented psychotherapy. Because of his self-destructiveness and difficulty in making independent, constructive decisions, the patient's stepfather and attorney were appointed co-guardians for him.

Although he had been seen in psychotherapy by Dr. Frank Board in his late twenties for depression, Dr. Osheroff dates the onset of his difficulty to 1976, at which time his wife got permanent custody of his two children and left for Europe. It seems at this time he rather impulsively sold a lucrative dialysis business which he had built up and from which he received a professional and personal sense of importance. Although he was married at that time to a woman doctor, who he greatly admired and who had just borne him a child, he continued on a very self-destructive course. He functioned poorly, had crying spells, had difficulty making decisions, resorted to increased alcohol and pill intake, and further alienated his wife and infant child. According to the records of Chestnut Lodge, he was seen in outpatient therapy, including a trial of antidepressants from February 1977 until December 1978. During this period he also consulted Dr. Nathan Kline, who tried him on Sinequan 200 mg. per day and possibly Lithium. He had no sustained improvement. In January he began inpatient therapy at Chestnut Lodge, where his general state seemed to deteriorate. While there he often reacted to structure and nursing care with angry outbursts towards the staff, and continued to ruminate about his plight.

Mental Status

The patient was an agitated, disheveled looking man who was accompanied by his parents and two strong male aides who indicated that the therapist might need protection from the patient. After brief discussion, the patient and therapist went to the therapist's office for the initial interview. The patient initially paced and then was able to sit down. He was cooperative, oriented, and of above average intelligence. He repetitively bemoaned the loss of his lovely wife and his professional business. He described himself as a ne'er-do-well who had finally made it and then lost everything. He excessively ruminated about his plight and appeared hopeless about any change. The patient felt relieved to transfer from Chestnut Lodge where he felt confined and mistreated. Although he seemed quite anxious, he seemed eager to be accepted by the therapist. The therapist discussed with him the voluntary nature of the hospitalization and his need to contain any aggressive outbursts. The patient's speech was

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8/1/79 Admission Note (Cont'd)

JSN:mb

pressured; there was no evidence of a thought disorder. Suicidal ideation appeared to be present but he denied any immediate suicidal intent. Behind some of his grandiosity there was a feeling of great inadequacy.

Condition on Admission: The patient was in an agitated, depressed state.

Admitting Diagnosis:

- | | |
|--------------------------------------------|--------|
| 1) Psychotic depressive reaction, agitated | 298.00 |
| 2) Manic-depressive illness, depressed | 296.20 |

Medications prescribed: The patient was ordered Thorazine 50 mg. h.s. The day following admission antidepressant therapy with Elavil was begun at 25 mg. t.i.d. po.

Treatment Plan: The patient was placed on close supervision which was changed the following day to suicide precaution. In addition to routine laboratory studies, a Lithium work-up was begun in case Lithium would be chosen for treatment. Antidepressant therapy with Elavil was started. It was hoped that after the acute agitated state was relieved that the patient could begin individual and group psychotherapy. Daily assessment of his emotional state will determine further treatment plan.

Joan S. Narad MD
Joan S. Narad, M.D.

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8/1/79
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PHYSICAL EXAMINATION:

The patient is a middle-aged man in seemingly good physical health. He is quite anxious and agitated during the examination and rather non-cooperative. He denies a past history of serious medical illness and specifically excludes disorders of the endocrine, cardio-respiratory or musculoskeletal system. He was unable to sit still for parts of the examination and appeared quite anxious and to be obsessed with worry.

Head: Normocephalic, no bony tenderness elicited on palpation of the scalp.

Eyes: Fundi benign, pupils equal, round and reactive to light and accommodation, visual fields normal to confrontation.

Ears: Tympanic membranes intact, hearing grossly normal.

Nose: Septum midline and without obstruction.

Throat: There is no inflammation or exudate.

Chest: Clear to auscultation and percussion.

Heart: Normal sinus rhythm, rate: 100, BP: 130/78 with the patient standing. The heart sounds normal. There are no murmurs. The second sound is physiologically split. The peripheral pulses are 2+ and equal in the extremities.

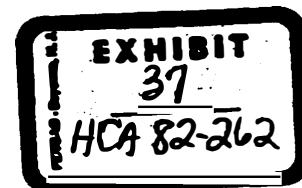
Abdomen: Is soft and without organomegaly.

Extremities: Have full range of motion and there is no bony or joint tenderness.

Neurological: Cranial nerves 2-12 intact. Motor strength good in upper and lower extremities. Sensory system intact to light touch and vibratory sense. Gait is normal. Coordination fair. Reflexes 2+ and equal in upper and lower extremities. There are no pathological reflexes.

Summary: This is a seemingly normal physical examination in a quite anxious and restless middle-aged man who reports himself to have always been in good physical health but who was quite distractible and noncooperative to parts of the examination.

Donald W. Edwardson, M.D.
Donald W. Edwardson, M.D.



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Admission Testing

8/14/79
CGH/am

The patient, a forty-one year old male, was administered the battery of admission tests on the 14th of August, 1979. Two previous schedulings of the admission tests had been canceled by the patient as he was not "able" to participate in the testing session. At the time of testing the patient was visably apprehensive and nervous; he appeared somewhat sloppily attired and his behavior was not entirely appropriate.

The Quick Test of Mental Ability places Dr. Osheroff in the 70th percentile of the adult population in intellectual functioning, which is within the average range.

His Wechsler Memory Quotient of 108 corroborates the IQ; however, the patient's short term memory and mental control were far below average. His anxiety apparently interfered with his ability to concentrate and thus lowered the scores. His ability to repeat digits forwards and backwards and his associative learning processes were in the excellent range. A compulsivity was noted in his manner of reproducing the designs from memory. An impulsiveness was also coupled with this. He was unable to recall completely one of the designs.

The Elizur Test of Psycho-organicity score of 12, all received in the visual perception areas, suggest there may be deficits into this area as his errors consisted entirely of omissions. An impulsive manner of approaching these reproductions was apparent, with little effort towards accuracy and a type of hastiness which suggested the patient needed to reproduce them quickly before they faded from memory.

The WAIS Vocabulary Subtest was administered to the patient to further corroborate the IQ score. He received a scale score of 15 which is two standard deviations above the average, and suggests the patient, when dealing with strictly vocabulary elements in which he is comfortable, is able to perform at a high average range. His definitions reflected a poverty of content in so far as the articulation of his ideas was poor.

The IPAT Anxiety Scale STEN score of 10, the highest possible, places the patient in the 99th percentile of the adult male population in anxiety level. A low tolerance for frustrative tensions is seen, with an inappropriate method of dealing with one's tension and frustration. A strong need for recognition was apparent. Further noted were many ego weaknesses with this lack of ego strength and the apparent incapacity to control and express the frustrative tensions in a suitably realistic way contributing to the anxiety. It would appear that his insecure ego with its many defenses, which at times are not effective, are generating anxiety. Noted further were feelings of suspiciousness and a paranoid-type insecurity which leads to isolation and anxiety. His behavior reflects much of the patient's perceived feelings of being isolated and insecure. The IPAT scale further indicates the patient has failed to integrate much of his behavior around approved or conscious self-sentiment. This lack of a clear self-concept appears folded in



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CGH:mb
Admission Testing (Cont'd)

with much of his high anxiety level.

The patient, as seen in this testing session, manifested many aspects of behavior indicating an impulsive nature with much anger and hostility close to the surface. Much of the patient's anger appeared inwardly directed, and is difficult for the patient to deal with. A strong dependency upon his mother is noted, with many ambivalent feelings expressed towards her.

Camille G. Henderson
Camille G. Henderson
Psychological Examiner

Jeffrey D. Blum PhD
Jeffrey D. Blum, Ph.D.

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8/16/79
BKP:jh

Social Service Personal and Family History Summary

Source of Information: Patient and patient's mother, Mrs. Julia Bader. Information given by the patient was limited due to his inability to attend to the interview.

This 41 year old male was admitted to Silver Hill on August 1, 1979. The patient was born on April 1, 1938 in New York City, an only child. The patient's father, an attorney, died of a heart attack when the patient was seventeen years old. However, the father did not practice law but was in business with his own mother whom he saw every day. Mrs. Bader described her husband as "never having left home." The patient calls his mother every morning, reporting that she is "the only person with whom I have contact."

The patient is described as having been a very bright child and not difficult until the age of eight. The mother stated that she "centered my life around him." The patient feels that there was "always a characterological disorder but I function in spite of myself." The mother reports that the patient was a good adolescent, talented, and attended the High School of Music and Art in New York City. After graduating from Columbia University, he went to Clayton Medical School in Oklahoma.

According to the patient's mother, at the age of twenty the patient married an eighteen year old, a marriage which was brief and about which the mother said little. When the patient was a medical student, he married and had two children during that marriage. When the children were three years old and six months old his wife asked for a divorce. At first he said no and then finally got out of the marriage. In time he met a medical student, Joy Dross, and, after living together for two years, the couple married. After the birth of the son (who is presently three years old) he became less devoted to his new family and "more involved in his medical practice." He and his present wife are now separated. His former wife remarried and moved to Europe, taking the boys with her so that the patient's visits were curtailed and he ultimately gave up joint custody of these two children. At that time he became increasingly depressed. The patient is a nephrologist and had a large dialysis practice in the Washington, D.C. area. The patient felt he was highly respected in the field. With the increase of his depression, he sold out his share of the practice. He feels now that he is "finished with medicine, has lost his reputation, and could never go back to work."

The patient has suffered periodic depressions over many years and has seen a psychiatrist for a long period of time. He was devastated when he gave up the custody of his two older sons and his work became his world. He finally could no longer practice medicine, separated from his second wife, and was admitted to Chestnut Lodge in Maryland six months ago. There the patient reports that he "committed symbolic suicide." He feels there is nothing left for him but custodial care, a place



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BKP/jh

Social Service Personal and Family History Summary (Cont.)

where he can live out his days pacing. The patient was admitted to Silver Hill on August 1, 1979.

Barbara K. Phillips
Barbara K. Phillips, M.A.
Social Service Department

Mildred R. Leeds
Mildred R. Leeds, A.C.S.W.
Director of Social Service

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OSHEROFF,

Dr. Raphael

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8/2/79
MRL:jh

Social Service Supplementary History

Source of Information: Mrs. Julia Bader, mother of the patient.

The patient is a "important and rich" nephrologist from Alexandria Virginia. In addition to his practice as a nephrologist, the patient developed and ran a large dialysis unit. Two years ago, he took in an associate to help him, a relationship which did not work out and eventually broke up. At that time, Dr. Osheroff sold out to National Medical Corporation.

The patient was born in 1938. Patient's father was an attorney who died of a heart attack when the patient was 17 years old and attending Columbia College. However, the father did not practice law but was in business with his own mother whom he saw every day. He is described as "never having left home."

The patient is described as having been a very bright child and not difficult until the age of eight. The mother stated that she "centered my life around him." He was a good adolescent, talented, and attended the high school for music and science in New York City. After graduating from Columbia College, he went on to Clayton Medical School in Oklahoma.

At the age of twenty, he married an eighteen year old, a marriage which was brief and about which the mother said little.

Mother states that the patient was grief stricken when his father died. Father is described as having been quick to anger at the patient and frequently called him names, but would alternate between loving the patient and being angry with him. Patient had been having differences with his father when he died.

When the patient was a medical student, he married and had two children during that marriage. When the children were three years old and six months old, his wife asked him for a divorce. At first he said no and then he finally got out of the marriage.

In time, he met a medical student, Joy Dross, and after living together for two years, the couple married. Although his wife thought she could not have any children, she became pregnant two years later. After the baby was born, he was "less devoted" to his new family and was "very involved in his practice."

The patient had dual custody with his second wife of his two boys and was used to seeing them very frequently for long periods of time. However, his former wife married and moved to Europe, taking the boys with her so that his visits were curtailed. At that time he became increasingly depressed. In November, his third wife "abandoned him" and moved out.



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MRL:jh

Social Service Supplementary History (Cont.)

It was at that time that he entered Chestnut Lodge in Pennsylvania.

Mildred R. Leeds A.C.S.W.

Mildred R. Leeds, A.C.S.W.

DISCHARGE PLANNING

SOCIAL SERVICE DISCHARGE PLANNING PROCESS NOTE

Patient's Name Dr. Osheroff Date 8/1/79

Service and/or Treating Doctor's Recommendation: Patient did not require nor did service recommend discharge planning.

If Social Service Intervention is indicated, what is plan?

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Signature Medred L Leeds 63
ACSW

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Osheroff

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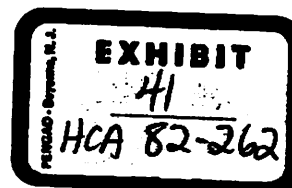
8/4/79
JN/ccr

THIRD DAY NOTE

Dr. Osheroff rejected his first night's order of Thorazine h.s. The following day he started his previously described pattern (at Chestnut Lodge) of pacing. His hopelessness and despondency necessitated placing him on suicide precautions. On 8/2/79 he was begun on Elavil 25 mg. t.i.d. which was then to be increased over the next two days to 150 mg./day. In addition Thorazine 50 mg. h.s. was prescribed.

For the present he needs good nursing care, medication, and protection from harming himself.

Joan Narad
Joan Narad, M.D.



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Osherhoff

Raphael

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8/11/79
Jn:mf

PROGRESS NOTE

Dr. Osherhoff continued on one-to-one special care. He was less agitated this week except following his receipt of an attorney's letter. With help from nursing staff he showered and changed his clothes daily. He complained about the money that was being spent on his hospitalization; however, Mr. Bader, his guardian, reassured the therapist that there were funds to provide for this care.

Joan Narad M.D.
Joan Narad, M.D.

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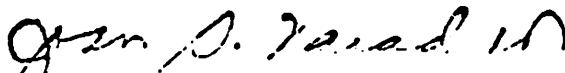
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8/17/79
JN/ak

PROGRESS NOTE

Dr. Osheroff continued on one-to-one special care until today. Beginning with his evening shift, we will discontinue the specials over the next few days. His mood is improved and there is little of the pacing that so far characterized his hospitalization. He has become more interactive with staff and patients for limited periods of time. Last weekend a woman friend visited him and he discussed the possibility of living together with her after leaving Silver Hill.

Dr. Osheroff's medication continues as before. Elavil 150 mgs. and Thorazine 100 mgs. He continued to repeat much of his narrative history in individual appointments.



Joan Narad, M.D.

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Name

Oscheroff

Dr. Ralph

J.

Date

Last

First

Middle

8/24/79

JSN/rs

Dr. Oscheroff has begun Service C group activities this week. He continued on the same medication. He had some hip discomfort which he attributed to arthritis secondary to his pacing, but he refused further consultation or treatment.

Dr. Oscheroff reserved a large amount of money that he wanted to keep on his person; however, he was instructed to send it to the business office where he can withdraw it in smaller amounts. He had a day pass with an escort but his judgment was not always good.

Joan S. Narad, M.D.

Joan S. Narad , M.D.

CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

10-08-31
12335

No.

Name OSHEROFF

Dr. Ralph

J.

Date

Last

First

Middle

8/31/79

JSN/rs

Dr. Osheroff continued in Service C activities but missed a group session and a doctor's appointment. He showed increased agitation, irritability and provocative behavior at night. His medication was changed to Thorazine (50 mg. at 5:00 p.m. and 300 mg. hs. in addition to the usual Elavil 150 mg.) Night time specials were ordered per nurse's discretion.

Joan S. Narad M.D.
Joan S. Narad, M.D.

CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

10-08-31
12335

OSHEROFF

Dr. Raphael

No.

Date

Last

First

Middle

9/11/79

JN:ak

PROGRESS NOTE

Dr. Osheroff continued to be a resident of Barrett House and participate in Service C activities. He appeared to be in better control during the day but showed increasing agitation this week at night. The patient said that from early evening on he would become preoccupied with his losses. At times he would be belligerent with staff and seemingly out of control at Barrett House. For this reason his medication was changed to Thorazine 200 mgs at 5:00 p.m. and 400 mgs. at hs. He continued on Elavil at 150 mgs. Night time specials were ordered per nurses' discretion. He is more involved in group therapy where he showed more interaction with other patients. In individual appointments he began to express some anger at his wife for abandoning him. He has also become interested in a literature of depression and has been planning to express his frustration and anger by writing a book about his experience. Much of his hostility and anger has been focused on the staff at Chestnut Lodge. His mother, Mrs. Bader, spoke with Dr. Stubblefield about a consultation at Yale. It was agreed that any consultation that the family might wish would be supported by us and the patient could go out on a day pass if we were so informed.

Patient's participation in occupational and recreational therapy programs is somewhat limited by his low frustration tolerance and decreased concentration. He has interacted with some patients, particularly female patients. He has felt good that his sexual feelings have been reawakened.

Joan Narad (M.D.)
Joan Narad, M.D.

CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

No. 10-08-31
12335

Name OSHEROFF Dr. Raphael J.
Date Last First Middle

9/14/79
JN:ak

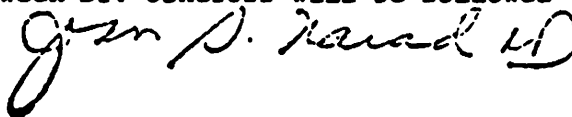
PROGRESS NOTE

Dr. Osheroff continued to participate in Service C group therapy. He appeared to be in better control this week and was capable of a greater range of affect expression. He discussed transferring to Main House this week. He continued on his previous psychotropic medication of Elavil and Thorazine.

Recently he experienced upper gastrointestinal symptoms for which he only wanted Digel and baking soda for symptomatic relief. He refused other medical consultation. After bringing up my concern because of his history of ulcer disease, he accepted a referral to Dr. J. Slater. An appointment was made for today.

In individual appointments he appeared to focus much of his anger on his ex-wives and Chestnut Lodge. He is intent on writing a book about his experiences. His mixed feelings of omnipotence and helplessness emerged in recalling his father's illness and death and his own relationship with his sons.

During my vacation next week Dr. Osheroff will be followed by Dr. Stubblefield.



Joan Narad M.D.

CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

OSHEROFF,

Dr. Raphael

10-08-31
No 12335

Date Last First Middle

9/21/79

RLS:sn PROGRESS NOTE

Dr. Osheroff was seen for evaluative interviews on September 18, 19, and 21, 1979 to review his progress to date, and to discuss his post hospital planning. He is alert, friendly, cooperative, and has an intact mental status. His dependency needs are quite strong, and his insight into their intensity is quite limited currently. He has begun to try to establish a treatment plan with Dr. Board, a Washington D.C. psychoanalyst, and this plan seems reasonable. The patient plans to resume his busy internal medicine practice fairly quickly. This evaluator cautioned the patient about his plans, since two factors are very different in his life - his present wife declines to see him and insists that their lawyers meet and arrange a divorce settlement and the attitude of his medical partners is not known. Briefly stated, prior to the patient's acute psychiatric illness, he had "a very successful practice (and business)" and "a very lovely, well educated wife" - in effect, he had a network of support systems.

Dr. Osheroff is recovering satisfactorily and clearly should be encouraged to pursue his post ~~hospital plans~~ for therapy and for return to a work pattern in his professional field.

Robert L. Stubblefield

Robert L. Stubblefield, M.D.

CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

10-08-31

Name

Osheroff

Raphael

No. 12335

Date

Last

First

Middle

9/25/79
JN/ccr

INTERIM DIAGNOSIS:

1) Psychotic depressive reaction, agitated 298.00

Joan Narad
Joan Narad, M.D.

EXHIBIT
43
HCA 82-262

72

CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

10-08-31
12335

OSHEROFF

Dr. Raphael J.

No.

Date Last First Middle

9/29/79
JN:ak

PROGRESS NOTE

Upon my return from one week's vacation, Dr. Osheroff appeared to be continuing on a good course. He continued on his previous medication of Thorazine 600 mgs. a day and Elavil 150 mgs. a day. In addition, he was on Cimetidine and Bethanechol which Dr. Slater had put him on for relief of gastrointestinal symptoms. Dr. Osheroff handled the day pass with a friend in New York well on Tuesday.

Yesterday the patient had a pass to go to Washington, D.C. to meet with his attorneys, along with his father-in-law. He was to return last evening. Dr. Osheroff telephoned from Washington and requested permission to stay until Saturday so that he could complete business transactions, as well as meet with Dr. Board, who had been his previous psychiatrist. He wanted to meet with him to discuss future arrangements. Patient indicated that he would continue taking his medication and he appeared to be in adequate control. He was told that if he did not return by dinner time on Saturday, he would be discharged from Silver Hill.

Joan Narad, M.D.
Joan Narad, M.D.



CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

Name

Osheroff

Raphael

No. 10-08-31

12335

Date

Last

First

Middle

10/05/79
RN/ccr

PROGRESS NOTE

Dr. Osheroff continued to be involved in Service C activities and in individual psychotherapy. He continued on his previous psychotropic medication. After returning from his pass to Washington he attended Yom Kippur Services in a local synagogue in observance of the Jewish holy day. It also marked the anniversary of his trip to Luxenburg to see his children and evoked feelings of longing and yearning for his family. This as well as his upcoming wedding anniversary in October appeared to have made him somewhat more labile this week. He was able to talk about these feelings and uncertainties of the future as he comes out of this depression. His tendency to stretch the rules and seek special privileges was brought to his attention and he accepted this. Overall there has been considerable improvement in his mood, in his mental functioning, and in his interpersonal relationships.

We have discussed the projected discharge from Silver Hill at the end of this month. While in Washington the patient had appointments with his previous psychiatrist, Dr. Frank Board, with whom he would like to resume outpatient therapy. Patient is seeking to reestablish his professional and social ties. He has called and written his children and is deeply hurt that his second wife will not permit him to speak with his two sons. He regrets all the unhappiness that he has brought onto his relationship with his wife but acknowledges his anger that she never visited him while at Chestnut Lodge.

Joan Narad
Joan Narad, M.D.

CLINICAL RECORD
SILVER HILL FOUNDATION
New Canaan, Connecticut 06840

12335
10-08-31

Name: OSCHEROFF Dr. Raphael No. 10-08-31
Date: Last First Middle

10/12/79
JN:ak

PROGRESS NOTE

Dr. Oscheroff continued to be involved in Service C activities. His medications continued as before, except for Thorazine which was changed to only the h.s. dose. His general mood has improved and he is more goal directed. Sometimes he feels himself to be the exception to a particular hospital procedure and will later apologize for not complying with it. He will occasionally act impulsively such as his bike trip to New Canaan today and his purchase of trains. He left Silver Hill on a borrowed bicycle without permission from staff.

A close friend had emergency surgery in Virginia. Dr. Oscheroff has felt a great need to support her emotionally because of the help she gave him: i.e., - brought him clothes, helped with his personal affairs. He was given a pass for the weekend to return on Monday.

Discharge planning for the end of this month has begun.

Joan Narad, M.D.
Joan Narad, M.D.

10/12/79
JN:ak

PROGRESS NOTE

After a few delays, Dr. Oscheroff returned to Silver Hill on Wednesday night. He was on Level 2 until my evaluation of this clinical state at which time he was returned to his previous level.

During his pass he attended to his hospitalized friend, saw his son in Virginia and made arrangements for continuation of therapy with Dr. Francis Board in November. It is apparent to us that he is trying to master the upcoming separation from the hospital by taking charge and setting some of his own rules. The patient has been confronted with this and his need to heed appropriate limits as long as he is a patient here. He has been given another pass for this weekend. If he does not return at the appropriate time so that he can participate fully in the program, we have to question the continued usefulness of hospitalization and an earlier discharge may be appropriate. This was discussed with Drs. Stubblefield and Katis.

Dr. Oscheroff agreed finally to have an orthopedic consultation here because of hip pain.

Joan Narad, M.D.
Joan Narad, M.D.