JHT history

The extremely brief medical history:

June 1980, medulloblastoma excised; course of craniospinal radiation through August 1981, complete loss of hearing in left ear (unconnected to previous events)

May 1991, brief transient ischemic attack: loss of muscular control on left side, difficulty speaking; passed away within an hour, with no recollection of previous events

early 1992, Alzheimer’s-like symptoms (eventually diagnosed as radiation dementia) begin to appear: progressive memory loss, shortened attention span, slow response times, word-finding difficulties; from autumn 1998, thorough disorientation in time and space, and no memory for autobiographically significant numbers; disorientation covered by confabulations, often elaborate; abilities for recovering action sequences and information both severely degraded, but sometimes recoverable when accessed unconsciously rather than by conscious intention; by spring 1999, almost no memory for the stories of his earlier life; by early 2000, almost no memory for personal names

early 1992, Bell’s palsy on the left appears suddenly (and, atypically, never passes away); resultant inability to close left eye, ultimately threatening the cornea in this eye and eventually requiring surgery

August 1993, extensive transient ischemic attacks: partial visual loss, aphasia, severe motor difficulties, spread out over roughly eight hours

June 1994, sudden (permanent) hearing loss on the right side; hearing restricted to lower frequencies, highly distorted even there

1995, peri-ictal schizophreniform-like psychosis, characterized by auditory hallucinations (at first set off by noises in the background, like a passing airplane, reinterpreted as voices; later spontaneous, but still involving voices), vivid and elaborate by 1996; delusions; and visual hallucinations beginning in 1998 (apparently largely a result of scotomas, which he coped with by wallpapering or filling in with entire scenes)

1995, mild to moderate left-side weakness becomes apparent; balance affected

1995, clear evidence of anosognosia (a-noso-gnosia, ‘not-disease-know’, inability to recognize disease or deficit) appears; presumably a symptom of cerebral ischemia on the right side (also manifested by a period of left neglect in 1998)

1996, beginning of multiple-sclerosis-like motor difficulties (including sudden collapses); by 1999, able to walk unaided only about 100 ft. at best; by 2001, in wheelchair almost all the time

autumn 1996, complex partial seizures (a form of temporal lobe epilepsy) manifested in absences and automatons; loss of consciousness episode in February 1997

March 1997, pan-hypopituitarism (functional failure of the pituitary gland) diagnosed (and treated by hormone replacement)

early 1998, reduced brain stem function, characterized by impaired control over urination and salivation, diagnosed (and treated by drugs)

September 1998, went into a dementia care facility in Menlo Park

1999-2002, roughly annual kidney infections, resulting in complete shut-down and requiring hospitalization

2002-03, extensive degradation of teeth (leading to persistent infection); many teeth
removed in two sessions
2002-03, periodic violent fits; attempts to treat with haloperidol (brand name Haldol) resulted in paradoxical exacerbation of symptoms
June 2003, died in hospice care at the Menlo Park care facility