

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 automatisms; 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