
The Case of the "Sick Tarzan": A Challenging Case History

The following case is presented in some detail in order that the reader may use a systems-contextual framework in analyzing the history. Rational and comprehensive management plans should emerge from the data arranged according to the Patient Evaluation Grid (PEG).

A 59-year-old married executive of a small company was admitted to the intensive care unit with nausea and severe chest pain radiating to the left arm that had developed suddenly in the morning following a hot bath. He immediately called his wife and asked her to call for an ambulance. Electrocardiograms (EKGs) and enzyme studies on admission confirmed the diagnosis of massive myocardial infarction (MI). This was the patient's first admission to a hospital, and there was no past history of serious illness. Family history was not significant except that his father had died of MI at age 72. His mother had died of pulmonary edema at age 75.

On admission to the intensive care unit, absolute bed rest was prescribed, and continuous monitoring of the EKG was instituted. Orders were written for administration of diazepam (Valium), 5 mg four times a day, and meperidine (Demerol), 50 mg every four hours for pain. Procainamide, 500 mg intramuscularly every six hours, was prescribed when he developed bursts of paroxysmal ventricular contractions (PVCs), an irregularity of the heartbeat that is common after MI and indicates hyperirritability of the heart muscle.

On the day of admission, he posed no problem for the doctors and nurses. His complaints were confined to the "gas pain" in his upper abdomen. On the second day, however, he was found sitting up in a

chair beside the bed, despite the doctor's orders to stay in bed. He appeared agitated at night and asked for large doses of Valium to make him relax. The nurse wrote, "Patient is very arrogant but easily subdued with firmness." On the fourth day after admission, he became agitated and refused to have his blood drawn for laboratory tests. He screamed to the nurses that he wanted to sign out on the same day and was found exerting himself trying to lift up his bed. He was reproached by the nurse with no effect. He refused to cooperate in measuring his fluid intake and output and poured urine on the floor. The next day, he said to the nurse, "My doctor thinks I had a heart attack. All I need is to get back my strength, which I lost from being in here too long." He was again observed lifting up his bed. He told the nurse that he wanted to exercise by lifting up his bed 40 times a day. He was flushed and sweaty, and multiple PVCs occurred. Finally, the nurses persuaded the cardiologist to ask for psychiatric consultation.

The following are transcribed segments of the tape-recorded interview with the psychiatrist:

DOCTOR: Could you tell me something about how you came to be in the hospital?

PATIENT: Doc, when I came here, I was sick. . . . I admit I was sick and I wanted to be helped. Now after the first stages are over, I get impatient. I can stay in bed for a certain amount of time. You know, the first day I was here, I was jumping out of the bed every two seconds—I didn't know why, but I'm accustomed to sleeping on a flat board, and the bed was at an angle and my back just broke on me. I couldn't sleep. The second night, they gave me sleeping pills so I was able to take it. Do you understand?

DOCTOR: Yes. I think so. Let's backtrack a little bit. Could you tell me what happened in the first place that brought you to the hospital?

PATIENT: You mean the heart attack? You want me to tell you something? I laid my wife that morning—let's be frank. And instead of resting a minute, I jumped into a hot tub of water, boiling hot water. I didn't give my heart a chance to rest, and it was a little too much for me. If I had rested just one minute, you know, lay alongside her and relaxed a minute, nothing woulda happened. In the beginning, I came downstairs, and I sorta felt squeamish, so I said to myself, "You know, I oughta stand in front of the open window and breathe deeply." I've got a *big* chest so I can take in a lot of air. Then, I had a drink of pineapple juice. You know, I don't drink small amounts of anything! I guzzled that, I am telling you, and when I guzzled that, all of a sudden, she gave me a bang in the heart. And I knew right away I had a heart attack.

DOCTOR: I see. It must have been frightening to you.

PATIENT: No, I don't get frightened at nothing—nothing scares me. All I did was holler up to my wife. I've got a bull voice—you know what I mean, I can't help myself. You understand, I got a powerful chest so it comes out strong. So, she came down, and I says, "Call the doctor, tell him I had a heart attack." As I said, in the hospital, I got uncomfortable staying in bed. They had my bed raised, and I couldn't sleep. So I got up and walked around.

DOCTOR: What kinds of thoughts were you thinking as you got up and walked about?

PATIENT: You want to know something, Doc? *Nothing bothers me.* I am just telling you. I am an impatient guy. I don't let nothing bother me. I found that a long time ago, that if you don't let nothing bother you, you're the happiest guy in the world. Let them call you a dope, let them call you anything, but you got *peace of mind*.

DOCTOR: Could you tell me more about that? You learned a long time ago. . . .

PATIENT: At age 37, I had pains in my head, and I had diarrhea for years, and my family, every one of my aunts and uncles died of cancer, and I took an X ray and I figured, "Gee, I got cancer, too." Let's be frank. I had a cousin at 31 die of cancer, too. He died of leukemia, so I figure it was me. But when they told me it was all from nerves, I says, "You see this book. It's open right now. This book is closed. If you ever see me get excited again, you can insult me from morning to night, you can call me anything you want, and I will look at you and I don't give a damn." And you want to know something—from that day on, I don't give a damn about anything. I learned one thing. If you got a calm mind, nothing is gonna hurt you. You know, a lot of doctors don't realize it.

After more discussion about past history, the doctor asks about the patient's wife.

PATIENT: My wife? In earlier years, we used to fight like hell. Now, I love her so much I could kiss her. And she knows it. And I let her do what she wants. She likes folk dancing, I let her folk dance. She wants me to stay home with her on Saturdays, I stay home with her.

DOCTOR: How has she reacted to your being in the hospital?

PATIENT: Oh, she was very shocked. The thought of me, me being sick. She couldn't take it, you know. I'm imperishable. That's the way she looks at me. You want to know why? Because I look at myself that way. I looked at myself as imperishable. In other words, nothing could hurt me.

DOCTOR: Could you tell me some more about your being imperishable?

PATIENT: In my youth, I was so strong that in order to get any satisfaction, I had to wrestle with four or five fellows at one time. I used to wade into a gang of fellows, 14, 15 fellows, just for the excitement of a little exercise. I had

muscles like this here; I had two calves under here, like watermelons. I was what they called a natural strong man . . . but today I feel sorta weak—not full of pep, if you know what I mean.

DOCTOR: You're feeling weak?

PATIENT: I think it's because they don't let me move my blood in the hospital.

DOCTOR: Move your blood?

PATIENT: Yeah. I'll explain it another way. Do you remember, years ago, they had a couple of operations in the African veldt? Now, these operations that they had in the fields, everyone survived, yet the ones they had in the hospital, those guys died. You want to know why? Those guys had to get off the bed and pull themselves along to get home. They moved their blood. I am convinced that moving the blood is the most important thing to stay alive. Once you start laying in bed without moving and letting your blood move, you might as well bury yourself. That's how I feel. I tell you the honest truth, doctor. And, someday, you fellas are going to come to the same conclusion—that moving the blood is the most important thing of all.

The case of the sick Tarzan constituted a medical emergency. In the early phase of MI, maximal myocardial rest is essential. His insistence on lifting the bed to "move his blood" was seriously jeopardizing his life. In fact, there were increasing signs of myocardial distress, as evidenced by increasing cardiac arrhythmia. To consider rational management plans for this patient,* however, we must first consider certain important factors in the management of patients in general.

*Discussed in Chapter 22.