

Rudolph Rednose

(1998)

Rudolph could have told this story much more impressively, had he only been given occasion to do so. Since you have to accept my incomplete description, I am obliged first to tell you how I came to know Rudolph Rednose. I was in the beginning of my medical career and had collected a lot of data in my previous job. Before I could enter my next educational position, there were some vacant months where I could elaborate my thesis for further academical qualification. During this period, I thought that I might as well earn some money and even qualify further in a completely different occupation, which was offered me at St. John's Hospital. In fact, the word 'hospital' was quite inappropriate, 'medieval asylum' would be better in which the term 'medieval' referred to the standard of the buildings and 'asylum' to the chronic and hopeless condition of the inhabitants — to call them 'patients' would again let one assume that something was done for them there; in reality, this asylum was a deposit for some unlucky people who could never be taken care of otherwise in a society.

As one of the hospital's four physicians, I was responsible for 60 of these people — all right, call them patients since everybody else does so — one third of them. None of us three subordinate physicians had any particular knowledge of this speciality, that was restricted to the head of our department, Dr. Harewell, who was responsible for all. Should we have any questions, we could ask him, he said at each doctor's employment. We soon learned better not to disturb him, both the quality of his answers as his general reaction to the disturbance did not invite for bothering him further. His clinical knowledge must have been gained at a much earlier time since it was generally known in St. John's that he never let any patient into his luxurious office, nor did he leave this during his working hours, except for training for the local golf championship, in which he was considered the favourite.

Each morning, Dr. Harewell was at his office, where his day started with the conference. Actually, this was rarely dealing with medical topics but I learned a lot about golf, except how to play it myself. The office was the only place in the whole institution which was not medieval and the chief spent some hours occupied with his considerable private library. Another devoted occupation was related to his unique collection of Etruscan sculptures but due to that, the presence of patients there was prohibited. In memory of earlier ages, a door led to an adjoining examination room but nobody could remember ever having seen a patient there. Therefore, the examination table was covered by boxes filled up with patient files which had not been given back to the archive.

This description of Dr. Harewell's little world may appear hippocratical since my own presence here was dictated from the desire to work with my own matters without disturbance. Besides, the patients never complained about this condition. They were not able to do so. Most of them had inherited their disabled condition, some were victims of a tragedy at birth or shortly before and only a few had been born normal and then stopped their mental development within the first years of life in response to a serious illness. Even that distinction was not always known, all patients had been transferred to St. John's at adult age from another institution and it was of no consequence what had actually caused their condition. They almost never received any visits and usually any interest in their relatives only began with the patient's death.

Of course, there was a need for considerable drug therapy among these unhappy inhabitants, in particular due to frequent convulsions. The nurses knew what was needed and how it should be given and usually they tested the drug out before a doctor was asked formally to prescribe it. This practice was not strictly legal but it reduced our working load almost to the prescription of successes only. We were not expected (and also not qualified) to mix up with any feeding problems, in fact, I admire how it was possible to keep these cursed people alive for such a long time. Then, of course, from time to time, one of them did die and their death was pronounced by a physician and, intriguingly, always during the first part of the day. The bad thing about this act was that the empty place would soon be taken up by a newcomer who on that occasion, if perhaps never again, received some kind of medical examination together with a summary of all pre-existent journals and letters. Fortunately, such disturbances only took place about once a month. The rest of the time we were there in case anybody should need us, which was not expected to take place. We were the responsible ones and everybody

were happy, the less we would care for the patients, so it was an ideal occasion for me to work intensively on my thesis and still get paid for it.

The nurses had a completely other attitude, to which I must pay my deepest respect. It was no admirable occupation to deal with patients who would never recover and simply restrict the options to giving them a somewhat human existence. The nurses were assisted by a larger non-graduated staff and enjoyed considerable therapeutical freedom which nobody wanted to take away from them – what could have replaced their task? Our main job was to fill out the death certificates and perform some kind of initial status for their replacement recruits. For the rest of the time, we were formally available, should any of the nurses need our assistance (provided they were able to tell us what then was to do). To be a doctor at St. John's Hospital was associated with the best preconditions for completing scientific theses or training for golf tournaments.

I am sorry if I have concentrated too much upon my position in the hospital; I was going to introduce you to Rudolph Rednose. In fact, I was not expected to see him personally but I was new at the job and had a newcomer's bad feeling with this total lack of interest in what was going on at my department. Since the chief expressed a similar lack of interest in new doctors, nobody had told me how little I was presumed to care for the job in the department. I feared that some day, an inspection may turn up at the different wards and on that occasion it would be shown to the world that I had never been there. Moreover, I was going to visit the nurses and see what kind of people had dedicated their life (though not without a salary) to care for those who were unable to care for themselves. I regarded it a legitimate curiosity: it was quite normal that a new doctor introduce himself to the staff before disappearing in his office.

The first patient I saw on this occasion happened to be Rudolph Rednose. He was the only one I got a close view of for the first week, as others were sitting in beds and chairs, generally in an odd position, mostly totally mute but some were indeed able to express some sounds. If these noises were excessively loud, there were drugs for that problem, too. In each room, originally scheduled for six patients, there were now nine of them; there had been enough space to squeeze a fourth bed on each side of the room and a ninth between the two rows. The patients seemed not unsatisfied with this solution, at least none of them had ever complained about it and it increased the efficacy of St. John's Hospital.

Rudolph had a rather narrow, edged face. His nickname was no coincidence, he had indeed a big, crooked and very red nose which seemed capable of lighting in the dark. He had a dark, almost black hair and thick eyebrows adding to a serene appearance, but on a second glance you would notice that the eyelids were half closed over his blue eyes. He was dressed in a red vest which could be closed around his stiff arms. There were more of such vests but they were looking all the same so only the nursing staff would know when it was changed.

All the patients were called by nicknames which in some way reminded certain characteristic appearances. Next to Rudolph, the most prominent were Quasimodo, the epileptic hunchback, and Frankenstein, who was characterized both by a square face and a violent behaviour. Both were kept tied up in a rolling chair. Rudolph himself was unable to walk and therefore not additionally restricted.

Rudolph was not able to produce any clear sound, he sat and grunted persistently, in contrast to his colleagues who occasionally gave rise to childish single-syllable words. When the grunting rose in aptitude, it was time for Rudolph's tranquillizer which then also had an indirect effect upon his neighbours.

In the ward where Rudolph was kept, one room was open to the nurses' section. On a second look, it was not supposed to be a place for beds, probably it had originally been constructed as a sitting room but already many years ago, this area had been transformed to house further patients. There were only eight inmates here.

A television occupied the place where the ninth bed could have been. Only the three before-mentioned patients seemed to be interested in what was dancing at the screen, which was active all day long. Of course, the television was used by the staff, but nobody would mind that also some patients also watched it, after all it was bought for them. The other five patients of the room did not care about the TV.

A peculiar thing about Rudolph was that he was sitting near an old newspaper and a book. I asked Ms. Nightingale on duty (her first name actually was Florence) if he was also reading these items. She laughed and shook her head: "You better ask himself about it, Doc!"

So I did, to which Rudolph grunted some sounds as a kind of response. While doing so, he faced me and one of his eyes seemed directed towards me but the other was turned in another direction and I had no idea if either of them was actually seeing me. Of course, the

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nurse found it utterly funny that I asked Rudolph to show me the book. How could I know that Rudolph hardly could move independently? His legs were folded under him like pocket knives and remained stiff forever. Also his elbows and hands showed some contraction but slight movement was possible there and even more in his shoulders. As I mentioned the book, Rudolph did make some movement in that direction and even succeeded in opening it at a random place, although upside down. I took it up to read the title. It was an ancient book on psychotherapy, too old to be of any value, I should think, but Rudolph did not share this evaluation. He grunted loudly and showed great anxiety, so that Nurse Florence hurried to us, took the book out of my hands and gave it back to its owner.

"Whatever you think about this book, Rudolph appreciates it. He is also happy to receive old newspapers so I used to bring a stack with me here instead of throwing them out at home." As if to make me jealous, she stroked his hair and then added, "Rudolph and I, we understand one another. We have been together here for many years."

I realized that I would be of greatest use in the department by refraining from any further disturbance. I introduced myself at the other wards which was a totally uneventful act, except that I greeted so many new people that I forgot my own name in the end. Still, I was back in my office, just beside Rudolph's ward, before 10 o'clock on this first day. I installed my computer and the somewhat elder cassette recorder to break the silence.

Nothing really forced me to leave my office the next day. I was working at the computer with my private thesis and nobody seemed to need my presence. In the beginning, I was happy for these luxurious circumstances but slowly other feelings prevailed: a mixture of bad consciousness and offence of being of no use. Once I phoned to the hospital's central with some odd excuse, just to make sure that the phone was working. I was not used to concentrate on the screen and half past ten was a good time to get up and search for a cup of coffee. I started, as I had done the day before, at the adjacent ward where Ms. Florence had just been driven by the same instinct. She and the two nurse-assistants had just finished the traditional and completely undramatic work of the morning, there was fresh coffee in abundance and they seemed not to mind my presence — perhaps they were expecting my contribution, too.

Indeed, they were quite openly inviting me to become a member of the coffee union and after I agreed, they told me the price. A 'sur-price', by the way, three times as expensive as I had experienced at normal hospitals where patients and their relatives yield excessive contributions. In this institution, there were hardly any visits and the staff had to pay their coffee all by themselves.

I sat down at the desk where the other three had prepared their coffee. We were chatting about various unimportant things as Rudolph suddenly made some loud sounds. I wondered what was the reason but Florence told me that he always behaved nervously when new people came.

"But then, when they come to him, it shows that he has his outer appearance against him," said the younger nurse assistant, for whom this description did not fit.

I thanked for the warning, tried to ignore the sound and drank another cup of coffee. Then I decided to stretch my legs and fearless have a closer look at Rudolph, in spite of the warning. His sounds changed, now less loud and faster than before. He was sitting almost as yesterday, only was the book open about in the middle, where a new chapter was beginning at the right page. It started with:

Right in the middle of the last century, ...

The reason why I read this at all was that Rudolph kept his right elbow just below that place. I started to read it loud:

"Right ..."

Rudolph interrupted with a long tune.

"... in the middle ..."

Now Rudolph gave fast, louder and higher tunes. Strange. Was this some sort of a message? I tried again with this solemn word: "Right." Rudolph reacted similar to the first time I pronounced this word. I stopped and gave it a thought. The strange thing was that Rudolph was now absolutely quiet. Perhaps after a minute, I turned my face to the coffee table and said loudly: "Florence, would you please bring me some papers here?"

"What kind of papers?" she asked, perhaps a natural question for one who lives in a world of formulas and questionnaires.

"Just some clean papers, 4 or 5 pieces," I answered. She brought them immediately but her face betrayed that she expected now to approach a madman talking to a fool. One she had

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even been nice towards. I probably also behaved accordingly, to her expectations at least, since I took four of these beautiful white papers, each of which could have carried the complex text of a long letter, and disturbed them with each one big letter: O, L, R and H. I put them in front of Rudolph, hoping that he could see them with one eye, and then slowly and loudly asked: "Rudolph, now we shall see if you recognize the first letter with which your name is written, which is the same as the one with which the word 'right' is written. Is it this one? ..." (fast interrupted sounds by O), "this one?" (the same in response to L), "this one?" (continued sound by R) "or this one?" (again fast interrupted sounds by H).

Florence was shocked by this experience. She had taken care of this poor idiot for years and suddenly he seemed to recognize letters. It could not be. It should not, therefore it could not, this must be a coincidence, just prove it and this stupid doctor will disappear to his office forever. "I'll get some more papers," she said. Upon her return, she continued, "now let us repeat the exercise with some other letters."

"No," I replied, "let us just go one step further, perhaps he understands much more than you and I can conceive." I painted now the letters D, U, F and P. Then I laid them up in this order before Rudolph and asked him, "can you now identify the next letter in your name?" There could be no doubt about that he had identified U, as he later did it with D, O and L. I painted some other letters and tried to catch him ending his name with an F, which at least was the sound, but even here he identified P and H. After the last letter, he made again another sound to mark the end and tears became visible in his eyes. Now, much later, I recognize this feeling by myself when I have long tried to give a message to the colleagues in vain and then suddenly they understand part of it. Still, my feelings on such an occasion must be considered a mild reaction in contrast to this. How many years may Rudolph have waited for that moment to come, how many vainful attempts may he have started and doubted if ever anyone will understand him?

It must have been overwhelming for him, but so it was to me and, in particular, to Florence and her two assistants, who had also joined the company, at first ridiculing us but later becoming serious and even shameful. "This is a fantastic event, Rudolph," I told him, "but now you should rest a bit while we think about how to proceed."

In fact, Rudolph had worked very hard for showing a small part of the world — or a larger part of his own — that he was capable of much more than one would have expected for many years. Even if he could have continued, we were not able to do so. We were not only unprepared but also shocked from our discovery. To Rudolph, it was the first contact created to surroundings which he had passively observed for years while all his attempts for attention were made in vain. I believe he must have been tired, perhaps suddenly feeling fatigued from the efforts taken in the past, efforts which to him were particularly laborious. Our feeling was a different one: we had not worked very hard for it but suddenly understood that an apparent idiot had been observing us all the time. I say 'us' in a spirit of loyalty since I was just the second day on the ward. I am certain that both Florence and her assistants were now pondering about, how they had behaved to Rudolph on earlier occasions. In general, this reconciliation was probably not accompanied with pride. What would then others say when they suddenly heard about Rudolph?

We went back to the coffee table. "I think it is better not to tell it to the rest of the staff for the first couple of days," I mentioned without realizing how fast rumours spread in the absence of other means of communication.

"By the way, it's time to distribute the meal," said the elder nurse-assistants, she who would soon distribute the rumours.

Florence was still under the impression of the shock. After a long silence, she whispered: "If Rudolph is much more intelligent than we previously believed, how many of the others whom we consider mentally retarded are simply for some mechanical reasons prevailed from expressing themselves to their surroundings?"

Everybody who were dealing with the 'Case Rudolph' came to this question, sooner or later. For a psychologist, it would have been interesting to see how long it took before the knowledge of the singular case to various people resulted in their consideration for the possibility of many other cases. For the moment, I myself had enough to do with Rudolph and I believe that my answer to Florence is an acceptable, general answer to the problem: "It is only possible to behave towards all your patients in the way that they might get more out of your attitudes than you would actually expect them to do. If that makes others laugh at you, let them laugh for the moment, then tell them about the background and they shall be ashamed. In a way, the situation is not much different in the Intensive Care Unit where people are considered 'unconscious' when they for some medical reason are prevailed from replying."

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It was obvious that Florence was ashamed of herself. What to Rudolph was an event anticipated for a long time and only brought to reality by coincidence was for Florence a shock leading to a severe depression. I was really becoming afraid to leave her alone and even more afraid what would occur after she ended her service. Something was bound to happen before she left. I got an idea and realized that it was a rather risky project but decided that her mood could not be much worse than it was already. I sent her therefore to my office with the instructions to get more paper and a special speed marker with a thick writing point.

When she had gone, I went back to Rudolph and told him: "Miss Florence is very ashamed of how she behaved to you previously. Can you cheer her up a bit before she leaves? I will ask you a question and you can state that she is nice." Rudolph answered with a long grunt, what I had now learned to mean 'yes'. I hurried back to the coffee table and had ample time to make some preparations until the nurse returned.

"I am sorry, it took some time to find this stupid speed marker but here it is," she said.

"And I have in the meantime gotten an idea how to let Rudolph 'speak' to us. He obviously knows his alphabet and he can say [yes] and [no] by the way he grunts. I have now rearranged the letters in a way which we should simply try on Rudolph." I wrote it on a large piece of paper and we went to him. "Rudolph, this is an alphabet. Can you read it as it lies down here on the floor beside you?"

A	B	C	D	E	F	G	H
I	J	K/Q	L	M	N	O	P
R	S/X	T	U	V	W	Y	Z

Rudolph grunted and was obviously eager to start, but I wanted to explain the principle in detail. "For the moment, we can only take one letter at the time. I understood your way of saying 'yes' and 'no' and before I express each letter, you must say if it is the left column with yes or no and the first, second or third line, again with 'yes' or 'no'. Is that clear?"

Perhaps it was not clear, since Rudolph made the sound for no. I pondered about this small setback but then I suddenly realized that he might already have started: "OK, right column, is the letter in the first [no], second [no] or third [yes] column — is it 'Y' [yes]." I shall not abuse the limited patience of the reader, so I might as well betray that the next letters were E and S. An appropriate answer to my question and in itself proving that it was all clear, even if I had no time to explain what the simultaneous use of 2 or three letters at some positions meant.

Then I asked Rudolph the daring question, "And what do you think about miss Florence?" Florence turned quite pale and was about to escape the answer but I held her arm firmly so that she had to stay. That proved to be fortunate, since Rudolph answered:

'F - I - N - E'

I was utterly relieved, but he wanted to say something else:

'G - I - R - L'.

Florence was excessively pleased and gave Rudolph a long kiss on the face. If there was not much else to envy in Rudolph's place, this was perhaps a good reason.

"I wonder how he, I mean I wonder how Rudolph learned all these letters," Florence commented.

"He may tell you about that later," I said. "The TV is not making all people as stupid as they say."

"This is really an extremely important event. We have got to inform Dr. Harewell about it," I said.

[No!] Rudolph resolutely protested.

"But why not, he will know about it sooner or later," I said.

Rudolph used the alphabet and spelled 'L - A - T - E - R'.

"But how can we go on without doing it? Why don't you want this done?" I responded. I forgot that I could make long and sophisticated sentences while Rudolph had an enormous work in creating a single word.

His answer was in accordance to that fact: 'K - O - M - P - L - E - S'. Thereby, Rudolph also showed the ability to utilize letters of almost common sound like k for this c and s for x.

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The matter was obviously too complex to explain by this method.

"It is no big problem for today," Florence started, "Dr. Harewell will soon leave and only be back tomorrow morning. However, then you will have to tell him about it or he shall hear it from someone else."

I looked at Rudolph and raised my hands, so expressing my regrets. Fortunately, his answer was clear and appropriate, if [yes] means that he accepted it.

"Rudolph, I shall find out how we can refine this communication system and I believe you have had a laborious time. Anyhow, this is an important day; the ice of your isolation has become broken and we are looking forward to the future. I shall have to leave you now but will return tomorrow." This was in order to pretend that I had other important tasks at the hospital. I turned to Ms. Florence and asked her to come to my office, but she said that she would find time only after the end of her duty and I was not certain if I would then be there. So I left the department in high spirits, not a bad achievement for the second day on a new job.

Working with a computer has a catch. You will soon realize that there is nothing which can be done in just 10 minutes, once you have turned it on, you are caught. Most people working with these malicious instruments would suddenly notice that it was the middle of the night and their merciless conventional watches would soon wake them up to prepare for the job which they were actually being paid for. I had also suffered from these nightly occupations but now sworn that I would turn it on only during daytime. With a computer present only in my office, my night rest was secured and I was at St. John's the next morning ten minutes to eight in a brilliant mood.

Dr. Harewell must also have rested fine at home, at least was the morning conference very cosy. He had learned a lot of interesting local news at yesterday's golf match. The patients were not discussed.

I was back in my office at 8:30 a.m. Shortly after, there was a knock on the door. I let Florence in.

"Pray sit down," I said. It was not difficult to decide where, there was only extra chair in my office.

Ms. Florence was at the same time upset and exhausted. She had probably talked a lot to Rudolph after I left the day before. What I could understand as sort of a victory after so short time in the department (and please avoid considering all the coincidences which had made it possible) was for Florence almost the opposite. I noticed already yesterday that she had been pushed into an acute depression and I was very happy that Rudolph had helped ameliorate that, although the shock had not completely disappeared by now. And she was not the only one with bad feelings. According to her statement, the mood among all the staff was depressed, you were feeling observed when being there, even during your coffee break. Then there were some who meant there were more such cases, just waiting for being 'discovered' by me.

I asked for her advice, how to deal with this case towards Dr. Harewell. Initially she thought as Rudolph, just postpone it as far as possible. I argued that such a crucial event could and should not be kept secret towards the medical chief, whether you liked him or not.

Slowly, Florence came to accept the need for reporting the incident. In the five years she had been at the department, she had only seen Dr. Harewell a few times, and then always in the morning. The question remained open, how to address the chief. An apparent coincidence helped us: for the first time, somebody called my telephone. It was Dr. Harewell.

"It is told in the house that a patient of yours has started talking."

"Oh, that is a forceful superstition, I should say. The patient cannot express a single word but I believe, at a deeper level, to have obtained some contact with him. I thought I would present the case on the next morning conference and ask for your advice, but I haven't put the case together yet."

Dr. Harewell seemed relieved. "All right, if the case is not exactly alarming and the patient has not run away before tomorrow ..."

I interrupted: "It is Rudolph Rednose, he is not running anywhere."

The chief laughed. "Yes, I was told that it is him. I am looking forward to your report tomorrow." I felt a string of irony in the last sentence. Without further discussion, the connection was cut.

I looked at Florence: "Where communication is most miserable, rumours are running fastest. But still, I'm amazed how fast they can run here."

She just laughed. "It is probably Ann's deed, you know, the somewhat broad, elder

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nurse-assistant. She loves to disclose secrets."

Please feel free to replace 'somewhat broad' with 'excessively fat.' I decided upon the first occasion to trust her a completely insane secret above fat peoples perverse habits, making her mercilessly delivered to common ridicule when she disclosed that. But now, we only had one day left for my official report and that timespan should be used appropriately. "I wonder what made Rudolph so sour towards the chief."

"I asked Rudolph exactly that yesterday after you had left," Florence answered. "He told that he had been received by Dr. Harewell shortly after the arrival here, 6 years ago. He was transferred from another institution on occasion of the death of his parents. Dr. Harewell had calculated loudly, which financial means had been placed at Rudolph's disposition and how these most elegantly could be transferred to his own private account. He did not consider the possibility that Rudolph could understand anything and even mentioned a 'usual procedure.' Afterwards, I chequed the journal which said that Rudolph was taken care of on expenditure of the state while he had no financial background. It may not differ much to Rudolph but it certainly does to Dr. Harewell."

"Oh, that was worse. That explains his curiosity for this particular case. Could there be any chance that he has forgotten these circumstances within six years?"

Florence looked surprised at me. "But aren't you going to collect evidences for the crime? If it is not limited to Rudolph, the treachery may reach immense dimensions – as you may assume it does according to the chief's style of life."

"I don't know much about his lifestyle. Playing golf is not criminal. Besides, you just mentioned yourself that Rudolph's care does not differ much, whoever pay for it. Yesterday, we have discovered a phenomenal event and I am thinking about, how to organize it better. In that connection, Harewell's hoax is unimportant, as long as it poses no thread to the development. Therefore, it is our job to cover up that aspect. Besides, I am not employed as assistant sheriff by the local police.

This was too complex to Florence but she promised to consider it and not talk to anybody about her new recognitions.

When I turned up at the ward, one hour later – still too early for the coffee break, we had already gotten an unusual visit. After all, Dr. Harewell had not been convinced from my statements and decided to look for himself. He came out from Rudolph's place where he had gone all by himself. He was always carrying the white coat with a big sign indicating his name and profession when making a rare visit to the wards. Evil tongues would know that it was in order not to be thrown out since hardly anybody knew him there.

"I decided to throw a glance to this case right away, so I am better prepared for your report tomorrow. Let us test if you are right in your exceptional claim that Rudolph 'Rednose' is able to read and express himself".

I had much preferred to prepare Rudolph and myself in advance. However, there was nothing doing than to hope for the best. We entered the room through the always opened door – it had actually been removed – while the nurse assistants pushed Quasimodo and Frankenstein apart.

The chief was not accustomed to great patients, a phenomenon which is not much better at a general hospital, so I started: "Good morning, Rudolph, the chief of our hospital, Dr. Harewell, has come to convince himself that you can understand us and express yourself ...". Rudolph interrupted me, he was eager to say something. I took the big alphabet we had created yesterday and spelled through with him: C - H - I - E - F - D - O - C - B - A. He said something else but I refused to understand. I could not simply express 'chief doc bad' and it was highly unwise of Rudolph to say so. Febrile thoughts went through my head how I could alter the message. Doing so in a hurry did not bring the best result: "Ah, now I understand, Rudolph says 'chief doc big', he means that compared to him you are very big," and with a strained laugh I said to Rudolph, who had been making the high and short repeated sounds meaning [no], and afterwards he was so silent as no tranquillizing drugs had ever made him.

Nervously, I stated: "Well done, but we must find another way of communication, I see that this is straining you considerably."

I sent my chief a stolen glance and realized that he had understood the insult: "I am not convinced that this is not a coincidence. Perhaps we can try again another day if you find better means of communication. However, take my words as a senior colleague who has been taking care of these patients for so many years, do not waste much time, don't forget that you have many other things to do and the remaining work should not suffer because you invest

your energy in a single and not very promising case. With your hopeful and well-meant initiative, you have upset the calm rhythm of this ward in only two days. Make sure to restore the harmony as soon as possible. That will be worth a report at tomorrow's conference."

It was not a discussion he opened there, it was a clear order which I had to obey. I could only hope that he would disappear as soon as possible – which he then also did.

I still do not know which 'many other things' might have stolen my time, except the work on my thesis which was absolutely irrelevant to St. John's Hospital. Perhaps this was a thread that such occupation could be found if I was abusing my liberties here.

I decided to leave the culprit alone at first and deal with the damage done to the staff. The most important issue relating to harmony was connected to the coffee break, which we then took immediately after the chief had made his own contribution (in disappearing).

"Please excuse that I in this short time have destroyed the harmony of the ward," I started sarcastically.

Liz, the young nurse assistant, protested. "Finally was it getting interestingly to work here."

"If I have made some mistakes toward my attitude to some patients, I am to blame and not the one who has made me aware of these mistakes," Florence concluded.

Ann said nothing, so I tried to provoke a statement out of her: "What's your opinion, Ann?"

Normally, Ann was the most talkative of the three women. Normally, her saying was in accordance with her audience's expectations and sympathy. As she now stated, "I have no opinion," that could not possibly be true. She who had at least one opinion about all matters, how ridiculously small they might ever be. It could only mean that her deepest felt sentiments were in opposition to what could be expected from her colleagues, if not counting me, too.

"Whatever you think about his motivations, Dr. Harewell was right in stating that the harmony of our ward has been disturbed," I suddenly repeated, much to the surprise of Florence and Liz. But to Ann, it was the trigger she had needed, somebody to agree with.

The box was opened and words evaded about how the job had given her pleasure previously, when she had helped the poor individuals, whereas she now had the feeling of being observed, of a hostile attitude from the patients towards the staff, everything was now more difficult and – yes, the word was well selected, void of harmony. And slowly she realized that she was standing alone with these sentiments, her voice suddenly became low and then Florence closed the box with the statement: "An illusion is not harmonious when you know you are cheating yourself, when you are cheating others even more. Then, harmony is not the first thing to go for."

I tried to make a bridge over the troubled waters with a statement, worthy a politician, that there should be room for all desired working conditions, but the hostility among the women did not disappear and the coffee stopped tasting good. The meeting was closed, everybody disappeared in various directions. For my part, I went back to my office.

In less than 10 minutes, Florence came, too. "I can't understand you. Are you in fact supporting that old crook? What is all that nonsense about harmony?"

"I'm glad you came. First, you should avoid freezing Liz out of the company, as you indicated during the coffee break. Not that I find her sympathetic but in general, I have something against mobbing. She makes an important work and the patients seem to be happy with her. So give her that stupid harmony and talk with her about unimportant issues, as long as it does not prevent us from dealing with Rudolph."

Florence was relieved. Then I had not given up yet. To that I continued: "The second problem is more difficult: how can we do exactly what the chief has forbidden?"

"Perhaps my limiting it to the time where Ann is not present," Florence suggested.

"No, that won't last long, and it will, after all, be a provocation to her, disclosing what we try to hide. You must admit her as a master in creating and distributing rumours."

"Yes, whatever qualities I may possess, this is an issue where she beats me."

"Does anybody else know about the chief's financial transactions?"

"Not from my lips," Florence claimed.

"And what is your impression of, how Dr. Harewell conceived our failed demonstration?"

"I don't think he got any suspicion, or he wouldn't have stopped you."

"Oh yes, he would have stopped me under all circumstances. He was uncomfortable in spite of my telephoned message, as you also heard in the morning. He is concerned that Rudolph may communicate observations that could damage him – by the way, exactly what has happened. He was so concerned that he even left his office. Could somebody else have

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read what you wrote from your 'conversation' with Rudolph yesterday?"

"N-no, I don't believe."

"Then please get those papers, it is best if I keep these papers at home."

"Florence hurried back to the ward, yielding me a couple of minutes for considering, which way to go. At first, I would try to gain time but soon, there was bound to be a conflict. Either I would try to blackmail him for permitting me to continue or I would have to risk an open strive. Was I prepared for that? Would Florence witness in my favour? Her risk was bigger since I was anyhow going to spend but a few months here, she was living here for good. I wondered if she was married, I had previously not given private matters any consideration, my fiancée would not have liked it if I did.

Florence disappeared from my dreams while the real one rushed back without knocking the door. "The papers are gone! I had placed them in Rudolph's book and neither Ann, nor Liz have been there.

"How sad. It can only imply that Dr. Harewood has taken them. He knows about Rudolph and he knows that we know about the old story. I wonder how he will react now."

We both wondered, and that in a pressing silence. Pressing and unproductive. Since we were unable to cook up anything in my office, Florence suddenly rose: "I better get back to the ward. There I can at least do something."

"I am also not successful in the thinking business," and so we left together, a circumstance that later prompted Ann to set up new rumours. I went directly to Rudolph, the cause of yesterday's success and today's misery.

"It was very stupid of you to insult the chief. I tried to modify your expression but obviously in vain. Why are you so angry at him?"

"H - E - C - A - U - S - E - D - M - Y - I - S - O - L - A - T - I - O - N"

"He can prolong your isolation much more. You heard what he told me. Fortunately, he may be too lazy to care much about it, but when he comes again, you must be polite to him, if you know what 'polite' is ...

"P - O - L - I - T - E - B - U - T - S - T - I - L"

"OK, you know what it means to be polite but still it is difficult for you to be friendly to those whom you hold responsible for this isolation. I can certainly understand that but we must think of the future and how we can improve your ability to make contact."

"You know," Florence suddenly interrupted with a smile, "it sounds like a telegraph when Rudolph is searching his way through his letters."

"Florence, please don't interrupt when we men are speaking, it is difficult enough without ... what did you say, telegraph?" She nodded and I continued: "That may be *the* idea."

It was really somewhat laborious to spell through this alphabet with Rudolph. All right, it had broken the ice but now we needed a better alternative. How much may this poor guy have observed through his life in this prison? Besides, we were still rather unaware about how intelligent Rudolph was, although it had cost him much skill and energy just to learn spelling words and establish the first contact. No wonder that he was unable to demonstrate any diplomacy under these circumstances, when you cannot express anything you can also not be corrected. I was already then certain that Rudolph was very intelligent, now I know it for sure.

The old telegraph has almost ceased to exist, modern telecommunication made it superfluous many years ago. When I was a child, it was the way to forward messages fast, possibly over a large distance. Like Florence, I recall the sound of telegraphed messages from many films and occasionally also from short-wave radio channels. There was nothing new to invent, it had been created long time ago. All I had to do was to open the dictionary. I got hold of an Encyclopaedia Britannica:

'**Morse code**, a system of signals in which dots and dashes are combined to represent letters of the alphabet, invented about 1838 by Samuel F. B. Morse of the U.S., for use in wire telegraphy ...'

I had no doubt that Rudolph could learn the Morse code. The problem was that anyone communicating with him would have to learn it, too. I started to write up the Morse alphabet in big letters and went to Rudolph with it.

Rudolph immediately understood the idea and started to exercise the new and faster method of expression. I told him that I would come back in the afternoon and communicate with him by this mean. I did not want to show anyone that I in my office was doing the same thing as Rudolph was studying in his open room.

It proved to be another success, as I went back to the ward after dinner. Rudolph grunted short and long and I spoke out which letters I had got out of that. It was Rudolph's

idea to make a particularly long sound when I had misunderstood the letter. My amazement that this was at all possible was soon replaced by astonishment how Rudolph spelled nearly all words correctly. The sentences were not quite correct, but that was due to the fact that this was still a laborious method and Rudolph economized by leaving unnecessary words out — in itself a very intelligent act. I wrote the letters and finally spoke out the sentences afterwards. I wanted to pose some pressing questions but Rudolph simply wanted to make a long statement. I thought that since he had waited long enough for that, it was his turn first. This is what I wrote down without intruding filling words that Rudolph had omitted:

“LONG TIME NO SPEAK, THANKS FOR POSSIBILITY. BEEN KEPT HERE VERY MANY YEARS, NO PRISONER WORSE CONDITIONS. CHIEF DOC GUILTY, VERY BAD, NOT FORGET HOW HE WAS TO ME SEVEN YEARS AGO. TAKE ME AWAY FROM HERE”

Then it was my turn to make some questions. Obviously, Rudolph had got his knowledge largely from the television and newspapers. He was blind on the right eye but had a very sharp vision on the left, through which he had been able to read even the small types in the newspapers. He had started to learn reading by looking at certain television programs which were undertexted and simultaneously spoken out in English. He knew that he was in England, which date it was, which conflicts were currently fought in the world and many other details.

His ability to learn the Morse code so rapidly was another proof of Rudolph's intelligence. I soon got anxious that if he grunted too fast, it might be difficult for us to follow all he was going to tell. At the moment, he was stopping for each letter but he had a lot to say and I was not certain that he would be satisfied with this speed for a longer time.

It was essential that I should not stay too long time at the ward. In the afternoon, I came back with my cassette recorder and an empty tape. Liz immediately baptised it ‘the gruntophone.’ Ann was occupied in the other end of the ward and the gruntophone was kept hidden, so nobody noticed any suspicious action. Even the two nurses who started working at 2 p.m. did not notice any particularity – Rudolph was always grunting and it was indeed difficult to establish that he was now behaving differently. I should have sacrificed one of the Brahms Symphonies but thought I would anyhow buy some empty tapes after the work. In the end, I brought home the first tape but did not add another one. Moreover, I had no possibility to decipher it, but Liz promised to bring me another one the following morning.

I arrived early at what was my third day at the job, so that I could give Rudolph the new tape, one of 120 min. duration. I told Rudolf to consider what he wanted to say, because it would take at least as long time for me to decipher it. Liz borrowed me an old tape-recorder and I asked myself, why I had left the first tape at home, here I would have ample time to decipher it. But what was done, was done.

Florence and Liz were working for three today, because Ann was reported ill (Florence called it an acute attack of disharmony). It implied that only selected patients would be washed today. Normally, there would be a buffer capacity for such cases but today, no replacement was sent. I took the tape-recorder to my office and went to the morning conference.

It had been felt by everybody that this was going to concern the Patients (now with capital P). My two resident colleagues started reporting from their wards – not very interesting, perhaps, but in this way they proved that they had been there at all. And then it was my turn.

To give the impression that my time was not dominated by the case Rudolph, I started to report about a difficult epileptic attack in another patient and how the nurses had dealt with it (successfully by my arrival, I was actually myself just the admiring audience). But then I had to approach the main theme, which the other three had heard a lot about but were acting as if it was new to them.

“In this case, my lacking experience with these patients let me assume – or shall we say hope – that a considerable intelligence was hid behind an abhorrent façade. I had gone so far to develop an alphabet through which the patient was indicating the right letter. This was a laborious way and, in the presence of Dr. Harewood, it was not reproducible. Unfortunately, my theories had the negative effect that the staff felt disturbed in their work. Just the theoretical possibility that one of their chronically brain damaged patients could have perceived and later reported something, caused an extremely nervous and completely unjustified overreaction.”

“May I in that connection add that exactly on that ward, one of our elder nurse-assistants has reported ill today,” mentioned the well-informed chief.

“On the other side, I cannot avoid mentioning that there appears to be some reporting

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capacity from this patient, much depending upon our means to adapt to it, to catch the signals, so to speak."

The chief's face stiffened. With an icy voice he said: "I thought I had made it clear to you that this case does not justify any further action."

"That is the reason why we discuss this case among colleagues," I argued stupidly, as if there still was something to discuss. The other, more clever residents, wisely kept silent. "It would be really sensational if it would succeed to establish some sort of a contact to an individual, in whom such brain activity could not be expected."

"We are dealing with patients here, not with sensations, and that is all there is to say to it," responded Dr. Harewell in a bitter tune.

"Yes, Sir!" I responded in military fashion with a bent head. I had intended to make it clear that whatever recognitions would appear, these recognitions should not be used against anybody. The alternative position won, no recognitions should be made.

I had considered to stay in the office after the so-called conference, which more seemed like a confessional declaration. Now I realized that I could obtain nothing more under four eyes than had resulted under eight, there would even be a risk of further deterioration in my working conditions. I was therefore satisfied to leave the office shortly afterwards, and none of us missed any reports from the golf lane; understandably, Dr. Harewell were not in the mood for granting such.

I returned in a good time for the coffee break, which was good since it gave me the opportunity to make the coffee myself – and the working load on the remaining staff also forced me to drink most of it myself. I learned that Dr. Harewell had been there early in the morning and Liz had just managed to store the gruntophone away. The chief seemed even a bit amused as he learned that Ann had not appeared at work.

I just signaled a 'hello' to Rudolph, who sat and grunted in the best telegram-style, then I hurried to my other words where I gave out some ordinations as occupational therapy, without quite breaking the harmony. Around noon, I sneaked myself to the first ward where Liz secretly handed me the tape as if it was an act of espionage – what it indeed also was.

I left St. John's at 2 p.m. sharp with the borrowed tape-recorder and went to my small apartment at the second floor in a big house belonging to the hospital but situated outside it, perhaps 200 meter in direction of the centre. I had rented the small apartment for the three months I was expected to stay at St. John's. There I started to listen to the tape, but just to make sure that it was of an excellent quality. Then I left home again to buy some provisions.

When I returned, perhaps only half an hour later, there had been burglars in the house. I had not placed many things yet on the shelves but now, with everything lying around at the floor, it was quite impressing. Everything except yesterday's 'telegram' and also the one from today, which had been kept in Liz' cassette-recorder, was gone. Except for that, nothing was missing. There was no violence at the door, it had obviously been opened with a key.

I guess, Rudolph had an alibi, so I suspected Dr. Harewell. It was difficult to imagine the old aristocratic gentlemen acting as a burglar, but he knew what he was looking for and the risk of involving other persons seemed unreasonable. Besides, how would the nice gentleman get contact to primitive characters so fast? It was more easy to imagine him getting hold of a general key to the house at the hospital's administration.

What do you feel when you come home and there have been burglars, destroying more than they stole? Anger, disappointment, sadness. It would be natural to call the police. I was just about to do so, as I suddenly realized that this could add to my troubles, rather than relieve them. Imagine the questions, "what has been stolen?" "How could the burglar get in without destroying the door or its frame?" "Do you suspect anybody?" Better accept the defeat when everything is gone.

I had reached this conclusion as the doorbell rang: my second visitor after the burglar. It was Liz: "Hi, I have to tell you that ..." she stopped while she saw the surroundings.

"Yes, it is a bit of a mess here," I admitted, "but it doesn't always look like that. I have returned 5 minutes ago and found that there have been burglars – or rather just one burglar, I guess, a comparatively old guy for this profession."

"Then my message comes too late. Just half an hour ago, around the time when you left, Dr. Harewell turned up again and found the gruntophone, which he then confiscated, including the new tape, Rudolph was preparing. He just took it and left without a word. I came directly here after the replacement came, but the chief seems to have been faster. What has been

stolen?"

"Just two quite inexpensive tapes with a strange noise."

Liz wanted to sit down and found a chair in the kitchen. "Have you called the police?"

"What would you suggest that I tell the police?"

"But you can't just accept this. We live in a democracy, in a state of law and order."

"Ask Rudolph about his opinion of the society. I have seen other people lose a fortune and all respect and self-respect in claiming what they thought was their right. The best I can hope for when calling the police is just to waste some time, the worst is related to accusing one of the cities most prominent persons and best golf players."

"Florence told me that he has taken money from the patients and that is the reason why you are not allowed to talk to Rudolph."

"Did she also tell Ann about it?"

Liz understood the insult about spreading rumours: "Really ... by the way, did you hear any of the tapes?"

"Just a bit, and I did not make any notes. Harewell's victory is a complete one. You better take your recorder with you, I shall probably not be able to see you tomorrow. Thanks for a short, most exciting time and tell Rudolph about how sad it is for me that I couldn't proceed. By the way, he has opened the door with a key."

"Perhaps the general key to the hospital also fits here", Liz suggested. In that case, he could have come here directly and waited for my departure to the shops. "But he could have left a lot of fingerprints."

"What should they prove? He had been here on a visit, his words against mine. Besides, a doctor, even a psychiatrist, has easy access to operation gloves. But please excuse me, I have a lot to clean up here and my harmony has been shaken."

Liz wanted to help me but I was not in the mood for company. Rudolph had telegraphed in vain, and personally, I could expect the worst.

"You could actually help me for once," I said. "I must empty my office as long as it is still accessible."

We went there together and collected all my records and the computer. It did not help Rudolph, but it was probably my only occasion to take my things without begging for them, and I used it.

The next morning, when I arrived at ten to eight, one of the tough guys, St. John's Hospital had employed for fighting the patients at whatever ward who would just scream for help, was posted in front of my office. "I have the order not to let you go to the office or any of the wards. You are expected at the administration office."

With exception of the waste basket, I had emptied my office, so I was quite calm, this was what I had expected.

The hospital's civil director and Dr. Harewell were expecting my arrival – the morning conference had therefore been cancelled. The director informed me that I was fired after only three full days but would receive payment for one full week. I asked for the explanation, to which Dr. Harewell interrupted that he had given me some clear instructions twice, but obviously in vain. We did not talk about Rudolph.

You may find me a coward, but I considered myself as beaten on behalf of Rudolph and was now following purely egoistically options, seeing how far a slight pressure could bring me:

"I am not aware of having broken your rules, Dr. Harewell. Are you referring to any special patient?" Now it would be interesting to see, if he was prepared to talk about Rudolph, if not, there was more hope for me to gain something personal out of the situation.

"No, it is a general matter of confidence," he answered. In clear text: the director was not involved.

"Under certain preconditions, I can imagine a foreshortened interruption of my employment here. I need a certification for three months of psychiatry. That could open the way for a peaceful agreement."

The director was surprised to see that the chief immediately agreed. But then I added:

"And of course, these three months are paid as foreseen."

"Young man, that goes to far. Three months wage for three days work ..." the director started but was interrupted by Dr. Harewell:

"If that is the last condition, I think we can agree to that. It won't cost the hospital anything, I shall personally fill out the vacant job."

It was a pity that I had not prepared further conditions, I guess I could have achieved more. To a certain extent, I even got it: I was not allowed to enter further employment in the

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country for those three months (but I added my income by working abroad), and I was not going to pay any rent for the apartment. When I finally closed the door to the office from outside, I heard the two men discussing loudly behind me. Their problem, I had the signed agreement in my pocket.

I was not allowed to return to the wards and I had no need to go back to the office. I returned to my fiancée the same day.

Somewhat later, perhaps two weeks after I left the hospital, Liz wrote me that Rudolph suddenly had died, presumably due to a heart attack. His death was certified by Dr. Harewell himself – anyhow also directly in charge of the ward – and thus not subject to any criticism in the area. A strange thing is that Dr. Harewell had not cared for dead patients for decades but now he was obviously disturbed by a living one.

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