
THE SOFT EDGES

Advanced Eccentricity – Chris Ellis

The literature in neuropsychiatry is surprisingly deficient in the commoner neural disorders I see in my practice. Take Mrs Katie for instance.

She drives into the surgery car park in a clapped out Volkswagen beetle and parks diagonally across two bays. A leg dressed in a mauve patterned stocking appears unsteadily out of the door followed by a full flowing caftan, which is also mauve. It's her favourite colour.

There is always a striking hat. She must have a larder full of them because they usually have wax fruit on them. Today's was a black straw one with a brim about one and a half foot wide. It had satin flowers sewn to it. You see, she suffers from one of my favourite diseases; advanced eccentricity. I collect them.

I admit that they are a dramatic and transparently defective lot, but then so am I. Somehow there is a bond. They say it takes one to recognise one. I have accepted this since coming across a form requesting an EEG on which some doctor had written as a history "indulges in irrational behaviour". I found myself turning it over to check whether my name was in the section marked for the patient.

Irrational behaviour is fairly common in our valley, especially in the elderly dowagers who descend from their estates in the foothills. One of my regulars takes snuff, which she keeps in a small circular tin which used to contain insecticide. I know this because it has got the brand name on the side and the statement *kills insects dead* on the top. She cries twice in every consultation but always laughs once. A great joyous laugh with

twinkling eyes and a gaiety that once must have been her character when she was young. That's about right for the free spirits of this world : two parts of sadness to one part of happiness. She reminds me of John Dryden's lines

*There is a pleasure sure,
In being mad, which none
but madmen know*

My eccentrics continually release me from the reality of the evening surgery. They have a certain style about them.

Nevertheless the advanced school of eccentricity can drive our receptionist fairly wild on a busy day. One memorable afternoon my first patient, a twenty eight year old spinster, locked herself in our only toilet. It was situated straight opposite our waiting room and the reception. Normally a picture of decorum and moral rectitude, she had for some reason sampled some wine in the midday sun. At various stages of the afternoon, each doctor took it in turns to try and talk her out. We got her mother down to the rooms as well, but to no avail. In between seeing patients, I would return to the fray, eager to find out the progress. The waiting patients were not keen to leave in case they missed the eventual delivery. Finally it was decided to call a carpenter to take the door off. This was done to a theatrical wailing from the interior as though the sons of darkness were about to be let in for a spot of pillage and rape. The carpenter in fact had hardly started when she opened the door herself and collapsed into her mother's arms.

This brings me back to Miss Katie who suffers from a similar condition, but of not quite so disruptive a

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nature. It's called chronic Pinot Noir. Actually it is not really chronic, it's intermittent acute Pinot Noir. I can tell when she's in an attack because her eyes take on a watery distant look. She also puts on more make-up than usual. I enjoy the way her lipstick never quite matches up to the contour of her lips. It either extends sideways up her cheek or wobbles along the top of her upper lip. The redness is in such contrast to her powder white face. She has certain priorities concerning this.

"If I die, Chris" she once said "you will make sure I've got my lipstick on and my earrings in, won't you, dear?"

In an attack she talks in a confidentially refined voice that is filtered, at the beginning, through gin and tonic. There's always a hint

that we've known better days in which I am included as confederate. We are both sophisticates that are temporarily slumming it.

These indispositions graduate as the gin runs out into red wine evenings and then red wine days until I admit her to our cottage hospital to reduce the hues to a lighter shade.

Last time we did quite well for the first three days but on the fourth, things started to slide away. I knew the smile with its slurred angle at the corner of the mouth and the gaze past my right ear. She was gently ticking.

Somewhere a bottle was hidden. I took on an unaccustomedly assertive role. I ransacked the room. I searched her case, her locker, under the bed,

everywhere - nothing. The sister went into the bathroom. Perhaps she had... the lid of the lavatory cistern was lifted. There it was. An amphibious bottle of gin gently cooling in the stream.

All it needed was some ice floating around and a sprig of mint on the ballcock - even perhaps slices of lemon. You see, my advanced eccentrics like a certain style about them.

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