

Subclinical Pellagra Among Penitentiary Inmates

R. Glen Green, M.D.¹

Let me preface my remarks by saying that I was attending physician to the Saskatchewan Penitentiary at Prince Albert several days a week from 1964 to 1971. It took me five and a half years to learn just how clever and conniving this type of patient can be. During the last 18 months the battle of wits swung in my favor. The pen pals found I could interpret their complaints and tell them the reason, which was a perceptual dysfunction, and thereby thwart their request for tranquilizers and other medications. Since most of these people have no desire to improve their lot or their health, a petition was drawn up by the prisoners, accepted by my partners and the Director of Penitentiary Services. My services were terminated. This taught me many things—the more important being the patient must want to get well, and he needs help from those in authority. It never fails to surprise me how contrary-minded people are—to say one thing, do another, and mean something else altogether different.

¹ 301 Medical Building, Prince Albert, Saskatchewan, Canada S6V 3K8. Read at the fourth annual international conference of the Canadian Schizophrenia Foundation at the Calgary Inn, Calgary, Alberta, May 31, 1975.

A subtitle for this talk could be From the Cradle to the Penitentiary in 16 years - a tale of central nervous system allergy. One-third of the prisoners I saw could be classified as having subclinical pellagra, which I now feel is due to the effect of allergy on the brain. Prior to that time the condition was undiagnosed. No doubt the percentage is higher now because of the increase in the number of juvenile offenders being sentenced to the Penitentiary and rightly so, in view of the crimes committed by them.

How does one recognize the subclinical pellagra? Does this diagnosis exist, or should adolescent behavior problem or schizoid behavior pattern or chronic alcoholic hallucinosis be more correct terminology? My contention is the diagnostic tag pinned to the pen pal has little significance. The treatment, which is correction of the diet, is what matters. On Friday, March 14, 1975, there was a "sit in" by 300 prisoners and to which the administration responded by agreeing to each and every demand the prisoners made. One of the complaints was, and I quote, "Psychiatric reports classify the kids as psychopaths, no matter what they do." The Warden promised to refer the matter to the Director and also to check on the number

of shock treatments given. Mr. Diefen-baker referred to the House of Commons as a cemetery run by its inmates. The Penitentiary is similar. It is a House of Detention run by the prisoners, to the detriment of all and the benefit of no one.

When one compares how our country is being mismanaged, or how a few union men can hold the entire economy up to ransom, I suppose we cannot blame the prisoners for wanting to run the penitentiary. The administration of penitentiaries has been hamstrung by dogooders, psychiatrists, and top administrative officials who have no firsthand knowledge of the people under their jurisdiction. Recognition of subclinical pellagra and administration of penitentiaries may seem poles apart, yet the relationship should be close and real, for the appreciation of subclinical pellagra makes administration a much easier task. The diagnosis of central nervous system allergy becomes more difficult as the years go on. Special sense dysperception, so common in the young, is often replaced by complaints of a somatic or physical nature, which leads the doctor, the psychiatrist, and the custodial staff on a merry-go-round. By a process of elimination, a very expensive and time-consuming process, too, the prisoner is eventually labeled "neurotic"! Until a doctor is aware of the concept of perceptual dysfunction and its meaning, then "crisis medicine" will prevail. The preventive aspect of medicine, so dear to the hearts of all administrators, will never succeed until this idea is believed.

The place to start is at the front door of the penitentiary, where a classification officer first meets the new prisoner. Each one is assessed by these professionals. The M.M.P.I, is one of the tools used. If the Hoffer-Osmond Diagnostic Test, the EWI and the perceptual dysfunction tests were used at this stage, much could be done to establish a diagnosis, be it schizophrenia, pellagra, or any other name. This would not only make the diagnosis, but would give the doctor a base line for treatment and progress. My

experience is that prisoners with a high HOD score come to sick parade with a great variety of complaints. They are having strange experiences for which there is no logical explanation. It is most disconcerting to have the floors and walls move—the patient knows they do not, yet it makes him dizzy, so he complains of dizziness and headache. Unless the doctor asks the patient about perceptual changes, he will never find out what his real complaint is. The patient is sensible enough to know what he sees and feels cannot be, and he will therefore not volunteer the information. By having a HOD test and/or perceptual dysfunction test done, the doctor merely glances at the scores and can pick up almost immediately where the problem is likely coming from. If the perception score is high, you know he has special sense distortion and will respond very quickly to intravenous vitamins and to oral B3, C, B6, etc. If there are many physical complaints and few special sense dysperceptions, then one can do a retrospective type of questioning to find if there ever were special sense problems. If there have been, you can explain to the patient his physical complaints are due to the same reason as seeing double or hearing voices. His brain is playing tricks due to improper diet, allergy, and lack of vitamins.

It is next to useless to prescribe drugs for C.N.S. allergic patients, which may cause further perceptual changes. The use of tranquilizers, pain killers, and antidepressants often cause reactions, making the patient worse. It seems unfortunate we continue to treat symptoms rather than causes. So long as the patient complains, a succession of drugs are used, until either the patient stops complaining or he is so "stoned" he cannot complain and is thereby no further administrative problem. This appears to be the criteria for treatment.

Once a patient has gone so far along the road as to be a prisoner in a penitentiary, the therapeutic success rate is not impressive. It is abysmal. As I mentioned earlier, just when I was

getting to the point where I could help these men to help themselves, they refused and I became the sacrificial goat. This is part of the disease process. These people can rationalize any and every act, like alcoholics, and many of them are, or drug addicts, and many of them are. They look for some miracle drug or program to make them better. If they have to deny themselves the least little thing they are not interested in treatment. There is not one of us here today who does not feel the same way. If we could push a button and stay healthy, we would do it. Fortunately, most of us know we, ourselves, must strive to maintain a level of health by watching our diets, by doing exercise, and denying ourselves the dubious pleasures of alcohol, cigarettes, and stimulants, whether it's coffee, coke, or hashish. It is only by self-denial and self-regimentation that we can attain a degree of good health.

Life in an institution should make it easy for self-discipline. The army in wartime is an excellent example of this. Here, for the common good, personal freedom is relinquished and a program of hard physical exercise and strict discipline soon melds a group of individuals into a unified fighting force with a common purpose. If some of this spirit was introduced into the penitentiary service, we would see some benefit from incarceration. The rate of recidivism is steadily increasing, as is the number of prisoners, and why not? They do what they like, eat what they like, refuse to accept any responsibility, and make ever-increasing demands, which are met by an ever-decreasing authority. The prisoners feel they are correct. In their irrational approach to life they are. The time has come to put a stop to the foolishness and bring both administration and prisoners to their senses.

What brings about this strange set of circumstances? Why do prisoners become prisoners? What leads them into criminality, and why do they repeat their mistakes? The answer lies in C.N.S. allergy; subclinical pellagra for a start, then schizophrenia, and finally the

psychopathic personality;

You cannot cure an alcoholic— he must cure himself, by stopping alcohol. What this does is to decrease the allergic load on the brain so it can function better and the person can begin to reason clearly and he decides for himself that alcohol is to him a poison to be avoided. What of the carboholic, the coffeholic, the milkaholic, the cokeaholic? All these people suffer from food addiction and they suffer from perceptual dysfunction in some degree because of their C.N.S. allergy, brought on by food. Very often these people are sensitive to dust and molds, danders, and petrochemicals as well, so they go along in the world only half awake. When this state is present all the time it is considered normal. If they don't drink their coffee or smoke a cigarette, withdrawal symptoms begin. It isn't long before a combination of things is needed to allow the patient to remain free from withdrawal symptoms, so he takes a 222 with his coffee and a cigarette, or perhaps a bit of wine, since it's quicker to act. These people never count the cost to themselves nor their friends. Self-satisfaction is the keynote of every one of them. This again, is an example of fallacious thinking and is recognized only by those not so diseased. Immediate gratification, brooking no denial, is a sure sign of C.N.S. allergy and a disturbed behavior pattern. Many of these responses become learned responses, the Pavlovian concept—they become trained in. For a full therapeutic recovery, they must be trained out, and this can be accomplished only by setting up a proper milieu—of diet, vitamins, exercise, and discipline. Dr. William H. Philpott has done some splendid work along these lines, in conjunction with the Rev. George von Hilsheimer at the Green Valley School in Florida. These men took failures from every imaginable treatment regimen and made responsible citizens out of them—a most remarkable achievement. It was so remarkable, the school was closed down. More proof, if more was needed, the powers that be

would sooner pay for failure than support the new and positive and proven concepts which are more effective and less expensive.

It should be obvious now that prevention is better than treatment. If we can stop children from developing subclinical pellagra, we can do a great deal to prevent the behavior problems, school problems, petty thievery, lying, promiscuity, etc., which leads straight to Hell. The pattern is there for all to see, and the time to break the pattern is before it becomes set. We must recognize C.N.S. allergy in the very young—before 10 or 12 years of age, to have the best chance of treating the individual successfully. The very allergic child may never know what a clear mind is like. The less allergic gradually become accustomed to a twilight zone, which is their normal, unless someone can break the cycle and show them the difference. This can be done in several ways. The best, or at least the quickest, is by the complete fast.

The pattern seems to begin in early childhood. Very often the baby is a feeding problem, or colicky, or turns night into day. The next step may well be skin changes, hives, eczema, photo-sensitivity. Then these may clear, and some minor learning difficulties appear. The child may fail a grade or be put in a special class, even though he should be in the top 10 percent. Then comes the behavior problem—hyperactivity, fighting, smart aleck stuff that teachers abhor. The next step is skipping classes, and lying about it; being unable to tell the truth and then vandalism, trying alcohol, cigarettes, and drugs. At every stage you have social workers, teachers, parents, preachers, and other interested persons trying to get the child to follow the straight and narrow. The child will not listen to reason. His mind, his ability to reason, has gone and is replaced by narcissism, which all but the patient recognize for what it is and no one can do anything about it. The next step is breaking the law and eventually being sent to prison to be rehabilitated. What a hope—because in prison things are the same as on the outside, except the patient-prisoner now gets everything for free and all he loses is his freedom, which he doesn't want in the first place! What happens on admission to the penitentiary? The inmate is subject to numerous psychological and sociological tests to find what he is best fitted for. Most of them have already been through this league—via the school psychologist, welfare workers, psychiatrist, and so on, and they know the answers to give and couldn't care less. They

are classified as to what line of endeavor they shall follow — mechanics, school, wood work, cooking, and the like. Upgrading is big right now—they can sit in class and* never learn, but a slot is filled and the administration is happy. Knowledge is a great and wonderful thing. What really happens is quite different. There is very little compulsory active exercise, so the body gets out of shape. There are too many hands and too little work, so sloth is the rule, not the exception. There is no strict discipline, so the prisoners keep pushing more and more in search of some limit and rarely find one. When they do the administration apologizes for the inconvenience. Administration is so confused that murder is now no longer an offence against the state, but only against the victim. There is no corporal punishment, which is the only thing these persons comprehend. Even a severely schizophrenic, completely disoriented person, will stop if he is punished physically—because it hurts. Many of these prisoners are suicidal and haven't the guts to kill themselves, so they arrange a battle with the police, and Calgary had an excellent example of just such a case this spring.

In my opinion we need capital and corporal punishment more now than ever before, because more persons are getting into this mindless state, where life means nothing. I read in the paper May 12 that even the prisoners agree to stiffer punishment. We seem unable to help them—therefore why not hang them? Hijacking and political kidnapping would

stop overnight if the death penalty was used as it should be. The leaders in society have taken it upon themselves to play God—to think they can treat the psychopaths. Since we cannot we should reread our history and do what must be done.

The diet in our penitentiaries would make even the well-to-do green with envy. Each and every meal is planned to give a balanced diet—meats in abundance, vegetables and fruits, fresh, frozen, or preserved; everything has-been considered, except to make an attractive plate. There is a dessert twice a day. I've seen men pass up beef stew in favor of white bread, pie, and a pint of coffee. They take as much bread as they feel they can eat, often six to 10 slices at a meal. They can purchase chocolate bars, pop, and candy to the limit of their budget, and many of them do. One of the reasons for the limits on fresh fruits and vegetables may be the boys find it best to make home brew so a never-ending game of hide-and-seek goes on.

There are parallels in the modern home to our pen pals—mealtime considered a nuisance, something to be gotten over with as quickly as possible and with the least amount of effort. Consequently the highly refined carbohydrates are used to excess—bread, chips, pastry, macaroni, pizzas. There are very few homemakers now who will think about the day's menu and make some effort to a balanced diet. There may be one in 100 who thinks a day ahead and gets something out of the freezer to thaw, or makes beef stock, or marinates a tough cut of meat for a day. This is a cheap way to feed a family and the best, but no one teaches the rich or the poor anything about diet. In Canada now we eat one meal in three out of the home. Within 10 years, they speak of eating one meal in two outside the home. As a consequence our children and the pen pals eat too much flour, sugar, and starch, thereby burning up their allergy resistance at a rapid rate. The parent who throws a T.V. dinner in the oven has no time to teach love and respect, to discipline, to make rules which inculcate

thoughtfulness and consideration in the child. In school the same laxity appears — no times table to learn, no firm discipline, no hard work, just keep out of trouble and you can pass Grade 12 without learning to read, write, or do arithmetic. It is little wonder that the present generation are demanding, self-centred, and uncaring. The cycle is vicious—the more carbohydrates you eat, the more narcissistic you become whether at home or in the penitentiary. Instant gratification has become accepted. Loss of mores, lying, cheating, whoring, and boozing are the in-thing now, and why not? The government encourages it by taxing the hard-working middle class and making even more government jobs. They throw good money after bad. This encourages illegal strikes; unions demand and get exorbitant settlements. Welfare is a way of life—why work? Why try?

Why should this awful chain of events happen now—why not 50 years ago? In my opinion, we can link the entire degenerative process of our bodies and our society to the excessive use of flour, sugar, and starch. Those of us past 45 had very little refined carbohydrates other than white bread until about 1950. By that time we could and did start buying more whiskey, coffee, and smoking more. Before that no one could afford it. So we had 25 years to deplete our ability to handle carbohydrate—to get arteriosclerosis, coronary disease, diabetes, depression, tension, anxiety, fatigue, and-insomnia. When you are in this state your mind functions at perhaps 50 percent capacity and you become less careful and less caring. Those under 45 have had greater access to sugar, flour, and starch—to coke, chips and chocolate, pop, coffee, and alcohol. Now, marijuana is the added attraction. The children of today are beat before they start. Ben Feingold has shown an increase in hyperkinesis and learning difficulties among school-age children rising in 10 years from 2 percent to an average of 20 to 25 percent; in some areas up to 40 percent of the school

population. He points out the exact parallel in dollar value of the production of artificial flavors to the increase in the learning disabled. He uses a salicylate-free diet in his clinic, to help correct the problem.

We don't need to worry now about Communism taking over the world. We are now getting the Russians to drink pepsicola. What a masterful stroke. What we should stop to consider is the Chinese. I have seen only two Chinese children with minimal perceptual problems and no adults, except for a few very aged, who have lived in Canada for many, many years.

What can the state do to help us help ourselves? Since we are talking about penitentiaries, let's start there.

1. First is discipline—strict rules, regulations for inmates, and custodial staff with swift punishment for any transgression. The Warden would have to regain much of his discretionary powers which were taken from him.

2. Corporal punishment is a must. There is nothing like a good tanning to make a troublemaker think twice.

3. Capital punishment should be re-instituted. We cannot cure these people in our present state of knowledge—they refuse to try to cure themselves; therefore, let us stop kidding ourselves.

4. The four-day rotary diversified diet should be instituted immediately across the nation and the use of sweets be strictly curtailed.

5. Coffee, tea, cocoa, pop, and other stimulants should be used sparingly, if at all.

6. More physical labor—even if it is nonproductive.

7. A physical training program for inmates and custodial staff for two hours a day.

8. Smoking should be restricted to certain areas at certain times.

What can we, as parents, do to stop this tide of

woe? We can and must start by education in the proper way to eat. We can rebuild ourselves and our children and rise like a phoenix from the ashes if we shall prepare food in the fashion of the Chinese. They have variety, minimal cooking, fresh greens, often home grown, and rice, which is less allergic than wheat. They take minimal amounts of stimulants, alcoholic or otherwise. By using the four-day rotary diversified diet we could eliminate food allergy. The judicious use of vitamins in megadoses for the sick and normal amounts for the symptom-free would do much to alleviate problems already extant and prevent disease from the beginning. By a program of strict discipline from the cradle to the grave, first parental, then self-administered, we could become a proud and healthy nation. The parents and the children must be made responsible for their actions and to restore or repay in some way for damage done to people and property. An extensive exercise program also from the cradle to the grave would aid immeasurably in the hygiene of the nation.

What I am proposing is very simply a program of prevention—by early recognition of subclinical pellagra and early treatment by diet, exercise, vaccine, and vitamins. If the child is diagnosed before 10 years of age, the probability of ending up in jail or the pen is minimal.

The schools of this nation, from the ivory tower to the basement nursery, must begin an educational program in the proper way to eat—a rotation-type diet with a minimal amount of refined carbohydrates and a good variety of vegetables and fruits. We must learn that prevention is the finest cure for allergy, C.N.S. or otherwise.

For those already incarcerated in penitentiaries, let us request a healthy rotation-type diet, more exercise, less medication, vitamins as required, and swift discipline, tempered with justice and mercy and a set of rules for conduct agreeable to all.