

criminally carried out all that he was at that time accusing his niece of doing.

If it wasn't so ugly there would be a comic element to the brazen progression from the thieving initiated with the power of attorney to the next step. One week later, a meeting was held ostensibly to reconcile differences and establish some sensible and legal positions. This did not happen, but a news item was contributed by Roger Krause; the good news that Jane was thinking better and considering making a will. (A will was unnecessary. The only point in making a will would be to make it in favor of brother, Roger, and his consort.) At this meeting, as mentioned previously, Roger strongly disclaimed interest in his sister's money--several times. He would not have broached the subject, the issue would never have been raised, nor would a will have been drawn up unless the Krauses were after more of Jane's money. The will did not leave money to charity but to Roger Krause. There have been efforts also to gain possession of the house jointly owned by Mary Jane and her mother. These are the fruits of granting Roger Krause power of attorney. This was "working for" Jane Duchene?

Mrs. Judy Melander, a friend of Jane and Mary Jane Duchene was present at the Duchene home March 20, after Jane returned from dinner with the Krauses accompanied by the police officer and social worker, announcing Mary Jane's status as a perpetrator of abuse. Mrs. Melander, who appears to be a sensible woman and had visited with and spoken with both women together and sepa-

rately in the recent past came to help Mary Jane who was acutely shocked and distraught by the accusation and by the treatment of her at the hands of the policeman and the social concludes with this. "My view was, from the behavior Jane Duchene demonstrated on the evening of Marcy 20, 1986, that she was a confused, very ill woman who could easily be taken advantage of. She seemed weak and would walk in one direction and then change her mind and walk in another direction."

#### History of Past Psychiatric Disorders

There is a quality of vagueness about reports of previous psychiatric disorders. The term "breakdown" is used about several episodes in Jane Duchene's life. People refer to past events, e.g. the death of Jane's first child, a son, at six months of age. Mrs. Ek mentions the possibility that Jane had her "first breakdown" then. Her husband, George Duchene, spoke of breakdowns but the specific details seem obscure. In that Jane Duchene was generally reserved, reticent and avoided displays of emotion generally, or talk about problems, it may have been that she remained reticent but that people noticed she was not in her usual frame of mind.

1. Clara Dunconson, an elderly woman, knew Jane best in the years 1935 to 1940. She recalls an episode when Jane, in her early 20's, disappeared for several weeks with her Aunt Geraldine Krause's car. She was living with her aunt and Uncle Otto Then. She returned in a confused amnesic state with no memory of the time away. The car was dented suggesting several minor colli-

sions. This condition approximates the clinical picture of a Psychogenic Fugue (DSM III-R 300.13).

2. The period following the death of her first child is mentioned as a possible illness. There is no account of this period and the most probably disorder would be an usually deep and prolonged grief reaction or a clinical depression precipitated by the loss and complicating normal mourning. It is said that some parents never recover from the death of a child.

3. Next Mrs. Ek contributes another rather obscure report. She writes of Jane's husband who was remodeling their house, abandoning the work after he'd begun. He decided to move to another house because his wife was allegedly "suffering mentally" "from the disturbance in their lives the remodelling caused." George Duchene feared she might have another "breakdown". I really find this a puzzling report and think the pertinent data are unknown.

4. The death of Jane's Uncle Otto in 1969 affected Jane intensely and raised concern in Dorothy Krause, Jane's mother, because of Jane's deep feelings when Otto died. He was attached to Jane and left his estate to her.

5. Prior to Otto's death, Jane's husband died of heart failure after an illness from 1963 to 1965. A dreadful element in his final illness was extreme stress occasioned by the continual intrusion in his home of Mrs. Ruth Ottinger who, according to an affidavit sworn by Mr. Michael Daddario, made a practice of insulting and humiliating Mr. Duchene with all manner of cruel,

abusive, offensive, verbal shots. Her activity, intruding in other's lives, inflicting pain, lying, interfering, domineering, demanding seems to be primarily for sadistic gratifications, inflicting pain and exerting power, as well as demanding services. Daddario remembers this period with strong feeling. He believes Ottinger contributed to George Duchene's early death. Daddario's home was a refuge for Mr. Duchene who was literally driven out by this woman being permitted to indulge herself with impunity in his house.

These disgusting events reflect very badly on Jane Duchene who permitted this vicious business to go on, whatever her reasons for so doing. It is a serious betrayal of a spouse to allow an outsider, or anyone, free rein in tormenting and damaging a helpless, sick, marital partner. I have speculated on this grotesque acquiescence in her husband's destruction before. At this point I do not intend to speculate further, other than to comment that Ottinger has tended to become a presence in the Duchene family's life when there is pain, sickness, discord or death. She has appeared prior to both George and Jane's deaths, complicating the "psychosocial" elements of each situation. She had been a factor in Mary Jane's difficulties with her mother's ambivalence prior to Mary Jane's departure for England. She has been one of the enemies, in a literal sense, who attempted to destroy Mary Jane when she came home in 1986. She is a sadist, and a dangerous one.

Jane Duchene did associate with this frightful virago when

the latter interested herself in her. Such association I consider an aberration of a characterological defect.

There are references made to the effect that Mrs. Duchene was considered psychologically vulnerable, psychologically unstable, precariously integrated. Bessie Krause spoke of such with Mary Jane Duchene on Mary Jane's return to St. Paul in February 1986. Mary Jane had been concerned on occasion as to her mother's vulnerability to stress. Mary Jane herself is clearly a far more solidly integrated character whose intelligence and vision extended beyond her mother's limits. Ms. Judy Melander in a discussion with the attorney, Pat Gallagher, said that Jane was easily tipped over into "hysterics." Mrs. Ottinger remarked that Jane was alright mentally unless she was scared or ill. Several people mentioned indecisiveness and changing of opinions or decisions as problems of Jane Duchene.

6. There was a period of excessive drinking and depression just before Jane Duchene's father died. This does not seem to have led to legal or social complications and it abated without treatment. That Jane may have been concerned about alcohol as a character flaw is possibly indicated by her spontaneous declaration that she was a "rummy" during the March 20 "interview". I have asked a number of people their associations to the word "rummy" and most have said, i.e. alcoholic. It was inappropriate of Jane to label herself in any manner in response to that question. Her response is in accord with the sordid quality of those proceedings and of the participants.

The relationship between mother and daughter in an overall sense appears to have been a positive one. Mary Jane was a well conducted, scholastically bright, industrious and talented child. Intergenerational conflict was minimal. There was a discordant period when Mary Jane decided she must go to Europe to enhance opportunities for learning and a professional career as an artist. Her mother had negative feelings about Mary Jane's leaving and there was some coolness for a matter of months I think.

Mr. Daddario believes and probably with cause that Ottinger had a hand in formenting trouble, then, agitating Jane and depreciating Mary Jane. Ottinger had favored Mary Jane with disparaging comments throughout her university education. The discord resolved and the adult years were characterized by mutually respectful, warm and friendly relations. Mary Jane enjoyed summer visits home and the company of her mother and their mutual friends. Reports of people who knew them best take note of the pleasure and pride Jane took in her daughter. It is perhaps an affirmation of George and Jane Duchene's success as parents that the talented and industrious daughter, who became established in a highly sophisticated and demanding world in London, did not lose her love and respect for the more simple but profound qualities her parents embodied. It is saddening that the dark side of the human condition, during the final illness of each parent, rode roughshod and unbridled over the light and love that animated Jane Duchene, her husband and daughter in their own right for most of their lives.

There is no point in continuing to outline at greater length the deterioration of Jane Duchene as the dementia deepened. Deterioration steadily deepened until she died. Dr. Boller's report gives a measure of the severe loss of intelligence.

THERE WAS NO POSSIBILITY OF RECOVERY FROM THAT CONDITION. THERE ARE NO "LUCID INTERVALS" IN DEMENTIA. DELIRIUM, AN ACUTE STATE OF CLOUDED CONSCIOUSNESS OFTEN ACCOMPANYING PHYSICAL DISEASES MAY SUDDENLY CLEAR, WITH A BRIEF PERIOD OF NORMAL, LUCID EXPERIENCE, ONLY TO RETURN TO A STATE OF CONFUSION PRIOR TO RECOVERY. THIS DOES NOT HAPPEN IN DEMENTIAS. THERE MAY BE SLIGHT FLUCTUATIONS IN THE LEVELS OF CAPACITY AT BEST. THERE IS USUALLY AN INEXORABLY PROGRESSIVE DETERIORATION: TO A STATE OF UTTER HELPLESSNESS. MANY PATIENTS RETAIN THE EXTERNAL SHELL OF WHO THEY WERE ONCE. JANE DUCHENE WAS SUCH A PERSON, RETAINING CAPACITY TO PRESENT THE APPEARANCE OF A VERY "PRIVATE" PERSON AS ON THE WEDGEWOOD STAFF CALLED HER. THE RETICENCE OF EARLIER YEARS COVERED THE EMPTINESS RESULTING FROM HER DESTRUCTIVE BRAIN CONDITION.

Her "brittle" diabetic condition augmented the disturbance of brain functioned at times particularly in June and July of 1986. According to the nurses' notes had some severe hypoglycemic reactions then. Hypoglycemia often causes psychological disturbances in normal people and if blood sugar is reduced too much coma and death occur. It is always a medical emergency until stabilized. Calls were made to Dr. Corbett's office by the nursing staff, according to the Wedgewood progress notes because

Jane was having a number of hypoglycemic episodes.

There are records of several notable episodes, e.g. July 1 and July 2, 1986, with references to the alarmed staff calling Dr. Corbett's office for instructions. The patient's condition is described variously as "clammy, unresponsive" "remains incoherent" "more responsive asking what's wrong."

The disturbances of consciousness from that hypoglycemia would augment the disorders resulting from the presence of a number of metastatic cancers in the brain itself, and in the coverings of the skull and brain, the meninges.

The pathologist's post-mortem report identified cancerous tissue in the cerebellum and other areas of the brain, e.g. the substantia nigra.

The cerebral cortex showed a marked atrophy. There was extensive destruction of brain substance. The damage and disorder was not confined to a lesion in the cerebellum at all. The disease was belatedly identified by a cat scan demonstrating the basis of the "organic brain syndrome" diagnoses made by the psychologist and the neurologist who had examined the patient in the Fall of 1986.

Their findings are confirmation of the condition I have identified and described as being recognizable as mental disorder by any normal person interested in really knowing whether or not Jane Duchene had a mental condition by March of 1986. Although apparent, apparently the obvious incapacities were ignored or denied.



Such denial led to abuses like these. There are two incredible items listed in a lengthy bill submitted by Mr. Dennis Briguet for his ongoing activities with Jane and the Krauses. The dates concerned are June 29 and July 2, 1986. On June 29, 1986, Briguet claims spending 3.7 hours in "conference with Jane re: severance of joint tenancy Draft Deeds and Will." On July 2 it took 1.6 hours with the patient to "Executed Will and Quit Claim Deed." (The Quit Claim Deed relates to Briguet's attempts to take Mary Jane's equal ownership of the house away from her.)

These items claim Briguet spent 5.3 hours conferring with a demented dying person whose blood sugar at that time was falling to levels at which she had lost consciousness from hypoglycemia.

The nursing home records show that Jane Duchene was signed out of the institution on July 2 presumably to "execute" the will and the "quit claim deed" with Mr. Briguet. It is outrageous that this sick woman, whose diabetes was then dangerously unstable, be taken out of a medically supervised environment. It is outrageous and absurd; it was done in order to sign documents she could not possibly understand and was not competent to sign. Within weeks Dr. Boller found she was functioning at a mentally defective level, with a mental quotient of 53. People whose intelligence is at an I.Q. level of 70 are mentally retarded.

I enclose as an addendum to this reference to Mr. Briguet's ill advised manipulation of his "client," copies of the nursing notes of July 2 reporting the blood sugar abnormalities mentioned. It is hardly necessary to discuss Briguet's abuse of

Jane Duchene further.

It remains an enigma to me that there can be any assertion Jane Duchene was competent to deal with legal issues by March 1986. The consultative reports of the neurologist and the psychologist showed an advanced degree of cognitive and other defects, i.e. a seriously advanced dementia. This data is available. The display of psychopathology of the March 20 interview is available. All the other data from reliable people who submitted sworn affidavits is available.

This individual case and the concatenation of legal and personal issues arising from it lends some weight to my initial recommendation to Mary Jane Duchene, i.e. that psychiatric, psychological and neurological evaluations were required as soon as possible. If they had been carried out I would not need to offer the following conclusions after so much avoidable damage has been done. The basic facts in this case are:

1. Jane Duchene was incompetent and she makes it clear in the "interview" of March 20, 1986.
2. There is a classical case history of the onset and advance of an organic brain syndrome, Dementia, accompanying Jane Duchene's fatal bronchogenic carcinomas.
3. The diagnosis can be made with certainty from the history obtained of psychiatric disorder and the psychiatric manifestations tape recorded in March.
4. The phenomena involved necessitate the diagnosis of Dementia (with brain tumors and cortical atrophy).

5. The clinical picture more than meets the basic criteria essential to this specific diagnosis of dementia, in DSM 111-R.

The physical basis for the illness has been identified as multiple secondary deposits of cancer cells metastasizing from a primary bronchogenic carcinoma with extensive pleural involvement. There was significant atrophy of the cerebral cortex as well.

The criteria alluded to for diagnosis are those in DSM 111-R, i.e. the current edition of the Diagnostic and Statistical Manual of mental Disorders, American Psychiatric Association, May 1987. This book is the basic diagnostic resource in clinical psychiatry.

I have referred to Kaplan and Sadock's Comprehensive Textbook of Psychiatry/IV, an encyclopedic basic reference. The relevant sections on organic brain syndromes and dementia in particular are in Vol. 1, pages 834 and 851, and might be of interest as may the section on dementia in DSM 111-R page 103.

These notes had their origin in an attempt to understand the psychiatric aspects of a deceased woman's terminal illness. It became apparent a limited case study of an organic brain syndrome would be meaningless.

An extraordinary range of psychosocial factors inextricably melded with the clinical condition have come into focus. I do not believe it can be otherwise.