

# Cape Breton Hospital

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SYDNEY, NOVA SCOTIA

B1P 6H4

March 18, 1987

## **CAPE BRETON HOSPITAL PRIVATE & CONFIDENTIAL**

Mr. G. Fred Horne, Investigator  
Royal Commission on the Donald  
Marshall, Jr., Prosecution  
Maritime Centre  
Suite 1026  
1505 Barrington Street  
Halifax, N.S. B3J 3K5

This report is confidential and for your,  
Mr. Horne's information only.  
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the Cape Breton Hospital.

Dear Mr. Horne:

Re: John Pratico

I examined Mr. John Pratico on the morning of March 18, 1987.


On mental status examination, his condition is well stabilized on Modecate 25 mgs I/M every three weeks. In addition to that, he is on Nozinan 75 mgs h.s. and Artane 2 mgs daily. There is no overt evidence of any psychotic manifestations of his illness. His mood and affect are appropriate.

In my opinion, he is under no stress of duress now, and he is able to give information regarding Donald Marshall, Jr.'s case without any distortion of reality, at this time.

Considering his psychiatric history, I would respectfully suggest that his cross-examination be held in camera and should not be more thirty to forty-five minutes duration.

I hope this will be helpful to you.

Sincerely,



M.A. Mian, M.D., F.R.C.P. (C)  
MEDICAL DIRECTOR

/pm

**MEDIA POOL COPY**

CUMULATIVE THERAPEUTIC RECORDS & CONFIDENTIAL  
CAPE BRETON HOSPITAL

NAME John Pratico

CASE NUMBER 2064

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COMM 40

Date

June 11/79

John was initially referred to the Mental Health Clinic on August 16, 1970 by the Gaum Clinic, Whitney Pier (Dr. Wallace).

John, at this time, was seen by Dr. Binnie and was 15 years of age. He was repeating grade 7 and at this stage was 3 grades behind his peer group. It is noted by Dr. Binnie that he had been the target of other boys aggression at school. He was picked on by most of the other fellows in his class. John felt that he had to keep his temper in control and that he had very little control when he gives in to his frustrations.

John, at this time, was living with his father in an apartment in Whitney Pier. His older brother, Richard - 22 years, was in the Army. He had a 23 year old sister Pat who was living in Toronto.

John's mother and father had been separated and his mother was living on Bentinck Street with his twin sister, Joanne. His parents had been separated three years previous to having been seen initially by Dr. Binnie. His mother is described as a heavy drinker and generally while drinking contributed to a lot of the fighting that went on.

John is described as always very nervous; everything bugged him. He found it very difficult at school, losing his temper fairly frequently, and getting very upset if he made any type of mistake whatsoever.

His father, at this time, was unemployed, on compensation, fell off the roof while doing his regular work as a roof repairman.

Dr. Binnie describes John further by saying that he was a jumpy, excitable young man. He had no self-awareness, and almost no neutral supportive relationships. He had strong ambivalent feelings of great intensity to both parents.

Dr. Binnie recommended the following:

1. To talk to the school and possible relatives.
2. Drug use considered, but not prescribed.
3. Consider the need for foster home placement.

Dr. Binnie continued to see John on an out-patient basis following initial assessment up to August 20, 1971. During these months Dr. Binnie had approximately six sessions with John. John was described generally as an angry, unreasonable and defiant person. It is noted, however, that he was not incoherent, depressed or retarded. July 30, 1971, John apparently was living with his mother and his twin sister, Joanne. Mother was receiving Social Assistance plus alimony. John's father was living also in the Pier at this time, and his daughter June was with him. July 30, 1971, Dr. Binnie prescribed Nozinan 5 mgs b.i.d. (to be administered by mother).

John's brother, Richard, joined the Army and moved to British Columbia prior to October 21, 1970. John had indicated that his father was also thinking of

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moving to British Columbia and that John, himself, was considering joining the Army.

On discharge from the Nova Scotia Hospital, June 21, 1972, John was followed at the Clinic by Dr. Donovan. Dr. Donovan saw John fairly regularly up until December 11, 1974. In 1972 Dr. Donovan saw John on an out-patient basis approximately on seven occasions. In 1973 he was seen approximately on three occasions, and in 1974 he was seen approximately on eight occasions.

In June of 1972, when John was initially seen by Dr. Donovan, he was maintained on the following medication:

1. Mellaril 200 mgs t.i.d.
2. Stelazine 5 mgs t.i.d.
3. Cogentin 2 mgs b.i.d.  
(Flurazepam was discontinued)

September 5, 1972, request was received from the Department of Public Welfare, Rehabilitation Division, requesting information to see if John was capable of being admitted to vocational training. At this time, Dr. Donovan recommended that we should keep the possibility alive while at the same time assessing his readiness over the next few months. Dr. Donovan further recommended that John would be 18 years of age on December 17, and by that time he would qualify for Provincial Social Assistance and that John had been advised to apply for this assistance immediately through his own family doctor.

Dr. Donovan notes that the routes of John's problem stem from the following situations:

1. The family breakup.
2. Alcoholism in the mother.
3. Poverty due to the fact he is three years behind his age mates in school.
4. He is presently not attending because of his shame and inferiority feelings regarding this.
5. A long history of ridicule from both his parents and his school mates which, no doubt, accounts for his aggressive character or his psychotic outbursts when they occur, and also, of course, his paranoid nature.

John was again re-evaluated by Dr. Donovan on the request of Dr. D.J. Tinning, Medical Advisor, Department of Public Welfare, Rehabilitation Division, Halifax, Nova Scotia, February 22, 1973. Again, Dr. Donovan recommended that John qualify for Provincial Social Assistance and that his fitness for rehabilitation would be re-assessed again in 1974. Dr. Donovan notes that for the most part John got along fairly well during the period that he was in regular contact with him. There were certain times periodically that John became quite upset. August 7, 1972, it is noted that John was worked up quite a bit. He had to go to receive a needle from his family doctor. Trouble with the guys and the gang. John periodically stayed with his mother and then when upsets would occur, would return and stay with his father. For a while during October 11, 1972, while

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John was with his father, it is indicated that he felt very much upset and the fact that his father was unable to provide him with furniture for example, t.v. At this time his father was watching the neighbours t.v. while John was left without such convenience.

June 11, 1973, it is noted that John was sort of upset. At this time he was staying with his mother and expressed some very hostile feelings towards her. He indicated to Dr. Donovan at this time that he was leaving town and that he was throwing his pills away. Apparently he related that he was having some difficulty with some Indian friends. He expressed that they were driving around the house, looking for him. Dr. Donovan notes that John has been somewhat overly demanding of his mother - "meals on time and all that." "She has, of course, systematically rejected him."

April 24, 1974, Dr. Donovan notes that Public Health Nurse accompanied John into the Clinic. At this time he was upset because his father was sick with a severe case of the flu. At this time Dr. Donovan increased John's injection of Moditen and that John continue to take his Cogentin. I understand John had been on Moditen since August 8, 1973.

Following Dr. Donovan's contact, John was followed by Dr. McDonagh who, during the year 1975-76, up to January 30, 1976, saw John approximately 15 times. February 12, 1975, Dr. McDonagh notes that John's blood pressure was very low and that a Public Health Nurse was given permission not to give John his Moditen injection. May 28, 1975, his moditen injection of 2 cc was changed to every two weeks. John continued to be his natural self over the period that Dr. McDonagh saw him. There were times when he was quite pleasant, very talkative. However, some of the times he became very moody, hostile, resentful, restless, and somewhat demanding. September 10, 1975, Dr. McDonagh notes that John was deteriorating and at this time he was admitted to the Cape Breton Hospital. He was discharged September 10, and his psychotic symptoms had been diminished. At this time, Dr. McDonagh discontinued Haldol, however, April 7, 1976, it is noted that he was on Moditen 1 cc every two weeks, Chlorpromazine 100 mgs b.i.d. and Artane 2 mgs one tab b.i.d.

John was followed up by Marie MacAdam between the time August 18, 1976 and November 8, 1977. In between some occasions, John was seen by Dr. McDonagh, Dr. Mian and on one occasion by Dr. Samuels. I understand that also John was seen by other staff at the Clinic, depending on who was available when he would drop in unannounced.

Marie notes again that John fluctuated between periods of calmness and being settled to periods of being very angry and upset, shouting, crying, claiming that his life was useless because everywhere people were turning on him. On September 28, 1976, Marie notes that because of several reasons he was quite upset.

1. That his social assistance was threatened to be lowered because of his change in boarding situation.

**Audit Checked:** Yes  No



NAME John Pratico

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2. That he had an argument with his father, his sister and his mother and that they told him he was crazy and should be in the hospital.
3. That he had somatic complaints which he blamed on the medication, weakness, dizziness, agitation, and vomiting.
4. That he had been hanging around with a friend, a Mr. MacDonald, and Marie indicated that this usually meant that he had been drinking and probably using some grass. At this time in consultation with Dr. McDonagh, John was asked to take 200 mgs of Chlorpromazine until the following Wednesday, when his situation would be reviewed. Shortly after, as John discontinued the use of elicit drugs and alcohol, his situation seemed to improve.

It is indicated that John on occasion has created quite a scene both here at the Clinic and at the Metrocentre and Community Friends. Very often this would be loud talk, cursing and swearing and being quite paranoid about other people who John very often would suspect not care about him.

John was transferred to my care on July 5, 1978, and was followed fairly regularly on sessions sometimes weekly and most of the time every second week, up until the present - June, 1979.

Initially John was very talkative and somewhat demanding and testing. He spoke quite openly that he was interested in reactivating or helping to reactivate the Community Friends Group. John generally skips his scheduled appointment and comes unannounced, requesting to be seen. He has sometimes created a scene because the worker was tied up and he becomes very frustrated when he has to wait any length of time. Most of the time John expresses feelings of rejecting, feelings that no one cares, especially his mother and father and sister. Apparently his behavior presents such that it is very difficult for most people who come in contact with John to show any type of acceptance. He boasters most of the time; his appearance is unkempt; and this presents some very serious problems. John has very little insight in terms of what his own behavior is presenting and not aware that his own presentation invites rejection and avoidance by those who come in contact with him. October 18, 1978, John expressed some very depressed feelings, tended to be very dopey and almost to the point of sleeping throughout the interview. His eyes were generally focusing to the right and he found it very difficult to make eye contact with the worker. He describes that "hell of a weekend." He expressed not caring about anything, he was worried about everything, and that his mind was wandering. He describes that his lips felt swollen and he felt like things were crawling all over his body.

John expressed with some hesitation that he had not been taking his Nozinan and Flurazepam as was prescribed by the doctor. "I only take one a day, some days I don't take any." Feeling, he claims, he is afraid that they will make him too sleepy.

After consultation with Dr. Mian, it was recommended that John be referred for an

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E.E.G. and a brain scan. He related that he was in difficulty with the law and was caught stealing and was put on probation. Apparently he was accused of stealing \$60 which he denied. However, he was found guilty and was to do 6 months probation. It was around this time that John expressed his concern regarding his behavior pattern with his girlfriend Helen. Apparently they were accustomed to stealing from the local store and it was customary for the local police to let them go without charges being laid because of Helen being at Braemore and generally was able to manipulate the R.C.M.P. or City Police officials in letting her go.

The results of the E.E.G. and brain scan were both normal.

John has been very faithful to attending Community Friends sessions. He generally is quite talkative and competes very aggressively for most of the time that Community Friends is in session. He generally seems to cope when there is small members in attendance, and seems to get into great difficulty when certain members present who also are competing for attention and time. It was around Christmas time, 1978, that John and Helen announced their engagement. However, John had indicated that he was just going along with Helen's request. This engagement never amounted to very much as they separated approximately a couple of months later and did not see themselves as boyfriend-girlfriend.

This breakup has created a great deal of frustration and angry feelings with John, however, for the most part he seems to have worked most of these feelings out and recognizes that he has played a great deal to do with the relationship and the parting is probably going to be for the best. March 21, it was noted that John has been taking an extra amount of Nozinan. He had indicated that he would use up his two weeks supply received from the Clinic and then receive another weeks supply from Dr. Murphy. In consultation with Dr. Mian, we decided to increase John's Nozinan to the amount of 50 mgs q.i.d. and encourage and see that he sticks to the amount as prescribed. If not, that he immediately or as soon as possible, get back to myself or Dr. Mian.

John as of April, 1979, has also attended the Moditen Group which is held weekly in which John attends every second week. He expresses that he enjoys attending this group, is quite talkative and seems to get a great deal of insight from listening to some of the problems as expressed by other patients in the group. It is interesting to note that John is able to respond to the confrontation he is presently receiving from the various sources of help that he is involved in, individual sessions, Community Friends, and the Moditen Group.

John has had three admissions to the Nova Scotia Hospital. His first admission was August 25, 1971 to October 25, 1971. This admission was as a voluntary patient. His second admission was approximately one month later - March of 1972. His third admission was December 12, 1972 to January 23, 1973. At this time he was a certified patient.

On the 1971 admission, John was diagnosed as Acute Adolescent Situational

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Reaction and Schizophrenia. It was recommended on discharge that he be continued on the course of Largactil and Elavil in appropriate dosages.

On the 1972 admission, he was diagnosed as Personality Disorder - Explosive Type with Borderline Mental Deficiency. His medication at this time was Chlorpromazine 150 mgs t.i.d. and Trihexyphenidyl 2 mgs o.d.

John had a number of admissions to the Cape Breton Hospital - March 29, 1972 to June 13, 1972. This admission was as a transfer from the Nova Scotia Hospital. Second admission was April 5, 1973 to April 12, 1973. This was as a voluntary patient. His third admission was September 10, 1975 to September 18, 1975. This also was as a voluntary patient under the recommendation of Dr. McDonagh. His fourth admission was from November 9, 1977 to November 14, 1977. This again was as a voluntary patient. Finally, his fifth admission was from June 6, 1979.

Admission March, 1972, it is noted that John was initially admitted to the MC3 and treated with Phenothiazines. He found it difficult at first to adjust but later became quite helpful and helped care for some of the defective patients. He socialized well with other patients. However, sometimes he would use profane language, but for the most part settled down to ward routine and on April 19, 1972 was transferred to an open ward. On discharge he was placed under his father's care. Discharge medication was Mellaril 200 mgs t.i.d., Stelazine 5 mgs t.i.d., Cogentin 2 mgs t.i.d. and Fluphenazine 1 cc IM weekly.

During his April, 1973, admission to the Cape Breton Hospital, John was initially admitted to an open ward and again adjusted quite well. He was co-operative to ward rules and got along well with the staff and other patients. He was again discharged in the care of his father and following medication:

1. Chlorpromazine 100 mgs b.i.d.; 200 mgs h.s.
2. Trihexyphenidyl 2 mgs b.i.d.

Diagnosis was Schizophrenia.

His admission in September, 1975, after becoming agitated, anxious, apprehensive and depressed, it was noted that this was activated somewhat by the fact that his father was admitted to the local hospital. At this time Dr. Mian notes that there was no overt evidence of any psychotic manifestations. His mood and affect were of psychomotor excitation. There was no evidence of any delusions, hallucinations, or any organic manifestations.

Again, during hospital stay, he settled down to ward routine and his tension level reduced fairly rapidly. He was discharged on the following medication:

1. Fluphenazine 1 cc I/M q2wks.
2. Haloperidol 2 mgs b.i.d.
3. Chlorpromazine 100 t.i.d.
4. Trihexyphenidyl 2 mgs b.i.d.

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During November, 1977, admission, it is noted that John was regressing, that his hygiene was poor; that he was abusive and verbally aggressive and hostile. Prior to admission while smoking in his bedroom while falling asleep, he burned a hole in his mattress.

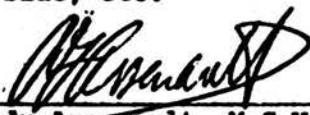
He continued to present a picture of chronic schizophrenia, and was continued on the following medication:

1. Fluphenazine Decanoate 1 cc IM q2w
2. Methotrimeprazine 15 mgs t.i.d. p.r.n.

He was discharged on the same medication. The latest admission of June 8, 1979, was as a result of John being somewhat upset. He was complaining mostly of some somatic complaints, his legs were going numb, severe headaches, etc. Apparently this could have been the result of a change in his boarding house. Some months ago his cousin requested that he find another boarding place. As a result, he moved in with friends who are providing him room and board close to Henry Street in Whitney Pier area. John expressed very little resentful feeling regarding this pressure to move. However, he does feel somewhat that no one cares and whenever he turns to his relatives, mother, father, brothers, and sisters, it seems that the situation ends up in fighting or aggressive and hostile arguing.

Prior to admission John expressed some strong desire that he wished to do away with himself. He indicated that he was hearing the voice telling him that no one cares - do away with yourself. This was a repetitive type of pattern and was constantly on John's mind. Some weeks prior to this last admission, John had been drinking quite heavily and at periods this drinking would last for two or three days before these bouts terminated.

It is thoroughly realistic to expect that John's hospitalization should not be of long term duration. He should be encouraged to continue on his out-patient contact; his contact with Community Friends; and his contacts with the Moditen Group. Hopefully he will not fit in and become too secure in the hospital routine, but will be encouraged to maintain his community pattern and encouraged to continue his contacts out of hospital. It is also probably important to have John's physical status checked as recently he has complained of dizziness, headaches, paralysis of the right side, etc.

  
 \_\_\_\_\_  
 Andy Arsenault, M.S.W.  
 Social Worker

bb

**Audit Checked:** Yes  No



CUMULATIVE THERAPEUTIC RECORD **PRIVATE & CONFIDENTIAL**

HOSPITAL  
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NAME John Pratico

CASE NUMBER 2064

Date

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pt. 20/79

This 24 year old Catholic single male was re-admitted to this hospital on June 5, 1979. Apparently he was not able to function in the community and had been progressively becoming agitated, anxious, displaying poor emotional and impulse control. It was felt necessary that he should be hospitalized for regulation of his medications.

During his stay in the hospital there was no significant change in his condition. He continued to display a somewhat demanding attitude and little insight. However, his condition significantly improved and he was discharged on September 7, 1979.

*M.A. Mian*

M.A. Mian, M.D.  
Psychiatrist

bb

t. 12/80

Since beginning the Moditen Group a year and one half ago, John has attended regularly on a bi-monthly basis. Six weeks ago he went to New Brunswick to visit his brother for three weeks and has not as yet returned. John had been attending Community Friends as well on a sporadic basis.

Current medication is Fluphenazine 1 cc IM two weeks and Methotrimeprazine 50 mg t.i.d.

In Moditen Group John has had several complaints: of periodic inability to sleep, of trouble saying "NO" to unreasonable requests, of side effects of his medication, of persistent problems with anger against his family, of not being admitted to the Day Centre Programme, and that no one really cares about him.

John's behavior in the group is quite boisterous and controlling. He gains control through playing games such as "you can't help me" and "poor me," by arguments, his boisterousness, and at times by non-stop talking. There is a teasing quality to some of his behavior and even in his attention seeking he is a likable young man and he can be quite nurturing to some of the group members. At this time he is more open to confrontation than he has been in the past. Also, John has a problem with alcohol abuse and in the group situation he talks for others. John has changed his living accommodation several times in the past year, at one time sharing his apartment with another member of the group.

bb

*Pam Kennedy*  
Pam Kennedy  
Social Service Department

Audit Checked: Yes  No

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CASE NUMBER 2064

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ril 8/81

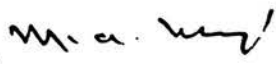
This 26-year old single male was readmitted to this hospital on February 23, 1981 as an informal person under observation by referral of Dr. Paul Murphy. John stated that he was seeing people and hearing voices.

On admission to this hospital, he was very agitated, belligerent, domineering, and demanding - his usual self. He stated that he had not taken any medication for the past ten days.

Behind this admission was a reason for John to feel the way he did. This was due to the recent church fire on George Street. Somehow, John felt that he might be picked up because he was loitering around George Street that night with some of his friends. He would not come out and admit this so, as a result, he resorted to this admission to seek custody and protection in a safe place. Otherwise, there was no psychiatric reason for his admission.

During his stay in hospital, he did not manifest any overt psychotic behaviour, other than his nasty behaviour and disposition. He was treated symptomatically and was discharged on March 10, 1981, on Nozinan 100 mgs t.i.d., Moditen 0.5 c.c. I/M q 2 weeks, and Artane Tab 1 daily.

Since his discharge, John decided to move in with Mr. Francis Burke of New Waterford, where he will keep the house.

  
M.A. Mian, M.D.

MAM:pm

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

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**Date**  
Aug. 10/82

On John's return from New Brunswick, where he stayed with his brother for some months, he related that his stay in New Brunswick was very good, and during this time he managed to work at various gas stations for his board and keep. There is some question whether John's description of his stay in New Brunswick is accurate, because on one occasion Dr. Mian did relate that he received a 'phone call from the out-patient department of the Mental Health Hospital. John was reluctant to return to the needle (Modecate .5 cc's), but on Dr. Mian's advice he agreed to do so.

Although he appeared very well adjusted at first, he quickly ran into difficulty regarding his boarding placement (a cousin in the Sydney area). He was taking friends in without permission and using excess groceries. He had mentioned to staff of the Moditen Group that he intended to return to New Brunswick. However his pattern deteriorated and there was some social stresses. One was there was some question as to whether he would be brought forward as a witness regarding the burning of a church in the Sydney area.

He was admitted to the Cape Breton Hospital February 23/81 and discharged March 10/81. There is some question whether John wanted to avoid being involved in the investigation of the fire incident. A follow-up contact after his discharge was through the New Waterford Satellite clinic. He arranged on his own to stay with a friend, Francis Burke, whom he met while a patient at the Cape Breton Hospital. For some time John continued his stable pattern. His uncle died in September, 1981. At this time he went through an upsetting period and there was a great deal of conflict between John and his mother. Apparently he was accused of taking some money or articles from the apartment. John, being unable to co-operate or get along with Mr. Burke, he moved to another new boarding home on August 20th, 1981 to 231 MacKay Street, New Waterford (Mrs. R.C. Gitten), 862 2181.

At Mrs. Gitten's John continued a stable pattern, attending the clinic, and taking his medications co-operatively, helping out with the housework, and he felt very secure and confident. His physical appearance was much improved, as well as his hygiene pattern. John attended Community Friends occasionally, and it was noted that he was less aggressive verbally, and much more supportive to members in their expression of certain problems.

February 28, 1982, John was seen by Constable Carroll at the New Waterford Satellite clinic regarding the Marshall case. John expressed very little verbally about his feeling over this situation at that time, as well as in the past. He showed outwardly a great deal of anxious movements in his behaviour indicating that something was bothering him. I stayed with Constable Carroll and John until the introduction was completed, and until John seemed to relax.

**Audit Checked:** Yes  No   
F-MR-009-4-81

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(11)

Date

Aug. 10/82

After a few minutes he said he was O.K., and quickly relaxed, showing less shakiness of voice, muscle twitching. John related again very little verbal concern following this session, and expressed that there was nothing to be worried about, everything was going to be O.K. and looked after.

Around May, 1982, John's condition again deteriorated at his boarding house. He appeared at the New Waterford clinic very demanding and physically aggressive, and said that he had not been taking his total medication as prescribed. His speech was with difficulty and he expressed that he had been drinking excessively for the past few days, but now wanted to stop and find himself a new boarding home. Contact with his landlady, Mrs. Gitten on June 10th, 1982, indicated that John left without any notification, and without taking his clothing. The public health nurse was unable to locate him, and a message was left for John to get in touch with the public health nurse if he wished to receive his needle.

June 17th, 1982, John communicated that he had a new address, 423 Arthur Street, New Waterford. The public health nurse asked John to attend the Public Health Clinic for his needle.

In the past few months, John's pattern appears to be constantly improving and he is to be followed up twice monthly at the New Waterford Satellite clinic for supportive therapy, along with follow-up medication - Nozinan 100 mgs t.i.d., Artane 2 mgs daily., and Modecate 25 mgs I/M (to be given by the public health nurse in New Waterford).



A. Arsenault, MSW  
SOCIAL WORK DEPARTMENT

/ew

Audit Checked: Yes  No



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NAME ..... John Pratico .....  
CASE NUMBER ..... 2064 .....

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Date  
January 9, 1983

Since his last C.T.R., he has been attending the clinic to receive his Modecate 25 mgs I/M every two weeks. In addition to that, he is on Methotrimeprazine 100 mgs t.i.d. Otherwise, there is no significant change in his underlying condition. He tends to be verbose, anxious, and tense at times, but he has managed to stay in the community without any difficulty. His personal hygiene leaves a lot to be desired.



M.A. Mian, M.D.

MAM:pm

ly 12/83

John has been attending the Modecate Clinic regularly every two weeks and appears to be very compliant with his prescribed medication.

There does seem to be a slight improvement in his lifestyle, but his personal hygiene still requires some attention. He eats more sensibly in accordance to Canada's Food Guide, decreased his coffee intake and started taking leisurely walks.

In March, John reported that he was having nosebleeds. This was checked by Dr. Gaum and no cause was found. This subsided, following consult with Dr. Gaum.

A support group had started at the Sydney Clinic in April '83 and John attended this group every week and verbalized much enjoyment in this. He was very appropriate within the group and added suggestions to the group structure. He was also beneficial with helping another client with information on social assistance. He remained a dedicated attender until the group came to a temporary close at the end of June due to lack of referrals. He does ask that it be restarted.

He also attends Community Friends in Sydney and enjoys this.

John arrived to group on one occasion with a gift he had made for my baby (crochet blanket) and insisted I take it, because he worked at the local circus to gather money for the material. He was very proud of this.

Presently he attends Clinic every two weeks and is on the following medication:

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
PRIVATE & CONFIDENTIAL

NAME ..... John Pratico .....  
CASE NUMBER ..... 2064 .....

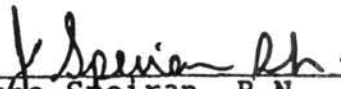
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(13)

Date  
July 12/83  
Continued

Nozinan, 50 mg., tabs 2, t.i.d.  
Artane, 2 mg., daily  
Taba Sun Blocker (SPS-21) p.r.n.  
Modecate, 25 mg., every two weeks

He will be assessed by Dr. Mian as the need arises.

  
June Speiran, R.N.  
Community Mental Health Nurse

/mr

Oct. 20/83

John attended the Modecate Clinic on July 13, 18, 27, August 10, 24, September 7, 21, and October 10, 1983.

His condition remains stable, but I do find him mildly agitated during our interviews. His speech is often pressured and he is slightly aggressive.

John was having some difficulty with his cousin's boyfriend, and John was very proud to tell me that he "punched him out". There is some question as to whether or not John is still living at his cousin's as he seems very friendly with a female client from this Clinic and is often seen at her place. I did not confront John about this.

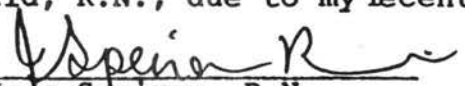
His personal hygiene is still poor, despite his efforts to "dress up". His teeth are severely decayed, and is troubled with toothaches. He attempted to get them fixed through MSI or Social Assistance and they refused. He was encouraged to see a social worker regarding this matter if he wanted to pursue it. He also speaks of occasional "anxiety attacks" (i.e., palpitation, hyperventilation) and controls them with leisurely walks.

He is still active in Community Friends and attended the social group here on September 12, 1983. His main objective at present is to continue his sobriety and he admits to doing very well staying away from alcohol.

John is presently compliant on Fluphenazine Decanoate, 25 mg., I/M every two weeks  
Methotrimeprazine, 50 mgs., tabs 1 t.i.d.  
Trihexyphenidyl, 2 mgs., o.d.

This case is referred to Marie MacDonald, R.N., due to my recent resignation.

Audit Checked: Yes  No

  
June Speiran, R.N.  
Community Mental Health Nurse



# CUMULATIVE THERAPEUTIC RECORD

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NAME John Pratico  
CASE NUMBER 2064

(14)

Date  
Aug. 30/83

John Pratico attends the weekly meeting of Community Friends in Sydney on a regular basis. John is an active, an interested member, who participates appropriately and is particularly supportive of members who require assistance, for example - with grocery shopping and spending their money wisely.

Both Marg Graham and I, as leaders of Community Friends, are pleased with John's progress and involvement with Community Friends.

*Evelyn O'Leary*  
Evelyn O'Leary, RSW  
Social Worker

/ew

Aug. 13/84

John attended the Clinic regularly on the following dates; 02/11/83, 23/11/83, 14/12/83, 04/01/84, and 25/01/84.

It is noted that a medication change took place on November 2/83. The injection of Fluphenazine Decanoate 25 mgs., I.M. was changed by Dr. Mian from every two weeks to every three weeks. Following this reduction in medication, client stated that he felt that he was "more alert". He also stated that he felt quite good about the medication being reduced.

Client seems to cope very well in his present lifestyle as he keeps quite active socially and he also keeps himself busy doing odd jobs, etc. His mood is usually cheerful.

John's condition continues to be well stabilized on the following medication:

Methotrimeprazine, 50 mgs., tabs 2 T.I.D.,  
Trihexyphenidyl, 2 mgs., O.D.,  
Fluphenazine Decanoate, 25 mgs., I.M. every three weeks.

*Marie MacDonald R.N.*  
Marie MacDonald, R.N.  
Community Mental Health Nurse

/mr

Audit Checked: Yes  No

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NAME John Pratico  
CASE NUMBER 2064

(15)

Date

y 28/84

John attended the Modocate Clinic on the following dates: 15/02/84, 07/03/84, 28/03/84, 18/04/84, and 09/05/84.

Client's condition continues to be well maintained on his present medication, and there has been no significant changes since the previous CTR of 02/13/84.

John is always compliant with his medication, and also has a good attitude about keeping his regular appointments at the Clinic.

Marie MacDonald RN  
Marie MacDonald, R.N.  
Community Mental Health Nurse

/mr

pt. 12/84

John continued his regular attendance at the Modocate Clinic and was present on 30/05/84, 20/06/84, 11/07/84, 01/08/84, and 22/08/84. There have been no changes in John's medication routine and his injection is on a three week schedule. During the recent summer months John was very active with the local drop-in centre. His usual cheerful mood persists, and he seems to be able to come up with a positive attitude about everything. No significant change since the previous CTR.

Marie MacDonald RN  
Marie MacDonald, R.N.  
Community Mental Health Nurse

/mr

October 2, 1984

We discussed the situation regarding the retired Chief of Police and his suit against the CBC. John has to appear in court tomorrow, and he was given reassurance regarding this.

M.A. Mian, M.D.  
M.A. Mian, M.D.

MAM:pm

Audit Checked: Yes  No



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NAME ..... John Pratico

CASE NUMBER ..... 2064

16

Date

Feb. 8/85

John Pratico continues to be seen every three weeks when he comes to the clinic for his injection (Fluphenazine Decanoate 25 mg). Since the last recording on this CTR he has maintained a stable pattern. He is an active member of Community Friends, attends the Drop-In Centre on a daily basis, and has a part-time job caring for an elderly gentleman. He is compliant with medication.

*Joanne Chabassol*  
Joanne Chabassol  
Community Mental Health Nurse

/mr

May 21, 1985

John was assessed on the marginal date. There are no extrapyramidal symptoms noted, and he continues to maintain his improvement. He is well stabilized on his current medication and should continue on Fluphenazine Decanoate 25 mgs I/M q3 weeks, Methotrimeprazine 50 mgs Tabs 2 t.i.d., and Artane 2 mgs daily.

*M.A. Mian*  
M.A. Mian, M.D.

MAM:pm

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
PRIVATE & CONFIDENTIAL

NAME ..... JOHN PRATICO

CASE NUMBER ..... 2064

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whole or in part without written consent of  
the Cape Breton Hospital.

Date

pt, 4/85

John Pratico is seen every three weeks at the Cape Breton Mental Health Center. He continues to maintain a stable pattern - there has been no evidence of depression or thought disorder. He is active in Community Friends and the Drop-In Center.

### Current Medication:

Fluphenazine Decanoate, 25 mgs., I/M every three weeks  
Trihexyphenidyl, 2 mgs., daily  
Methotrimeprazine, 50 mgs., tabs 2 t.i.d.

*Joanne Chabassol*  
Joanne Chabassol  
Community Mental Health Nurse

/mr

. 26, 1985

John continues to maintain his improvement and is taking active part in Community Friends and the Drop In Centre. His meds were reviewed today, and I feel he should continue on them as prescribed.

*M.A. Mian*  
M.A. Mian, M.D.

MAM:pm

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

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NAME ..... John Pratico.....

CASE NUMBER ..... 2064.....

Date

March 12 /86

John continues to be seen at the Clinic every three weeks. Was seen by Faye Morrison on 24/09/85 and 06/11/85. Faye Morrison noted that he was doing well.

He has been seen by the undersigned since 26/11/85. Seen by Dr. Mian on 26/11/85.

On 17/12/85 it was noted that he was drooling. John stated it was from Novocaine he received at the dentist's. Refused to see Dr. Mian.

On 07/01/85 drooling subsided. Client was doing well. Talked about his girlfriend.

On 28/01/86 - B/P 148/88. Complained of chest pain. John was encouraged to see his family doctor.

On 18/02/86 John was seen by Joanne Chabassol. John stated he has seen his family doctor who said his blood pressure at that time was 120/80/ Advised him to cut down on his salt intake.

On 11/03/86 John had no complaints. Blood pressure was 138/80. John was doing well.

### Medication at present:

Fluphenazine Decanoate, 25 mgs., I/M q3weeks

Trihexyphenidyl, 2 mgs., daily

Methotrimeprazine, 50 mgs., tabs 2 t.i.d.

*Laura Lee Gillis RN*

Laura Lee Gillis, R.N.

Community Mental Health Nurse

/mr

Audit Checked: Yes  No

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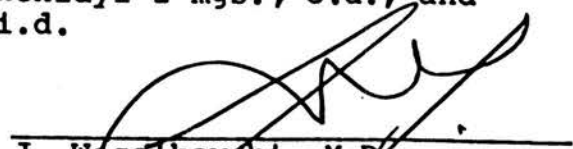
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19

NAME John Pratico  
CASE NUMBER 2064

Date  
April 1, 1986

I saw John on marginal date and he stated that he has been feeling fine with no complaints. He has been taking his present medication regularly. His medication is as follows: Fluphenazine Decanoate 25 mgs., I/M q3weeks, Trihexyphenidyl 2 mgs., o.d., and Methotrimeprazine 100 mgs., t.i.d.

  
\_\_\_\_\_  
J. Wesolkowski, M.D.  
Psychiatrist

/mr

April 22/86

John was seen by Dr. Wesolkowski today who decreased his Methotrimperazine to 50 mgs., h.s. Routine Blood Work was done.

\_\_\_\_\_  
Laura Lee Gillis, R.N.  
Community Mental Health Nurse

/mr

Audit Checked: Yes  No



# CUMULATIVE THERAPEUTIC RECORD

NAME ..... John Pratico.....

CASE NUMBER ..... 2064.....

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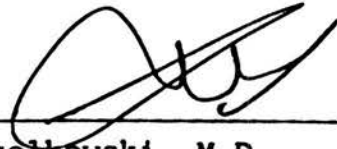
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20

Date

April 22, 1986

The patient stated that he has been feeling quite well with no overt psychotic features. He will continue on Modecate 25 mgs. IM q. 3 weeks. However, his Metrotrimeprazine will be reduced to 50 mgs. t.i.d.



\_\_\_\_\_  
J. Wesolkowski, M.D.,  
Psychiatrist

kt

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
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NAME ..... John Pratico .....

CASE NUMBER ..... 2064 .....

21

Date  
June 24/86

Subjective:

John was referred for counselling in weight reduction. Presently he eats at Loaves and Fishes six meals a week, and he prepared his own suppers at home. He abstains from alcohol, excessive snacking and junk food, and claims not to overeat. He drinks up to twenty cups of coffee per day, each with two sugar and whole milk.

Recently he has been able to reduce cigarette smoking to one package on the advice of his physician. He walks, plays ball and basketball regularly. We discussed caffeine and he took some printed information.

Objective:

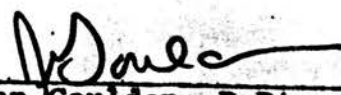
- Height - 5'6"
- Weight - 229.5 lbs.
- Ideal Weight - 135-165 lbs.
- Waist - 42"
- Goal - 38"

Assessment:

John's reported eating habits are adequate and a few small changes may be all that are required for weight loss. He has shown that he can make changes, and wants to try some dietary modifications.

Plan:

John plans to reduce his sugar intake (in coffee) by 75%. To see for further counselling every three weeks.

  
\_\_\_\_\_  
Jean Goulden, P.Dt.  
Therapeutic Dietitian

/mr

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
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NAME ..... John Pratico  
CASE NUMBER ..... 2064

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Date  
July 10/86

John Pratico is seen every three weeks. Since the last recording on this CTR he has continued to maintain a stable pattern. He still has a relationship with Joan Scott and is active in the Drop-In Center Program.

Current Medication:

Methotrimeprazine, 50 mgs., t.i.d.  
Trihexphenidyl, 2 mgs., daily  
Fluphenazine Decanoate, 25 mgs., I/M q3weeks

  
Joanne Chabassol  
Community Mental Health Nurse

/mr

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
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NAME ..... John Pratico  
CASE NUMBER..... 2064

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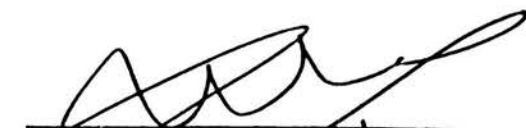
23

Date

Sept. 16/86

I saw John today. He is feeling fairly well. There is no overt psychotic activity and he will be continued on his present medication.

He will be seen again in four weeks' time.

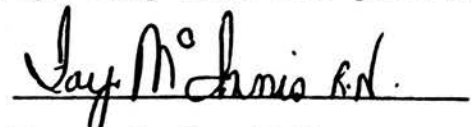
  
\_\_\_\_\_  
J. Wesolkowski, M.D.  
Psychiatrist

km

Oct. 7/86

John Pratico continues to be seen at the Mental Health Clinic every 3 weeks for injection of Fluphenazine Decanoate 25 mgs.

John has maintained a stable pattern. He has moved from a rooming house to his own apartment and is coping well with the extra work and finances. Keeps busy with odd jobs and has an active social life.

  
\_\_\_\_\_  
Fay McInnis, R.N.

/dc

Audit Checked: Yes  No



# CUMULATIVE THERAPEUTIC RECORD

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NAME ..... John Pratico .....

CASE NUMBER ..... 2064 .....

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24

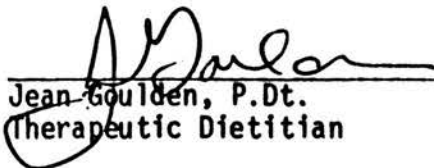
Date

Oct. 29/86

John has attended diet counselling on July 14th, October 7th and October 28th, 1986. He generally eats a varied and balanced diet and has a good understanding of weight reduction principles. He has lost 20 lbs in the past four months which is very good progress.

John has been feeling tired and has had several colds recently which led him to investigate multivitamin supplements. I advised him that, although they won't hurt him, they are not likely to help prevent tiredness or colds.

John has recently moved into a new apartment and has also broken off with a girlfriend of four years. He stated he was "glad he was stable" as the break-up was quite stressful and he had a few nights of poor sleep. He has been keeping busy doing some odd jobs and his own cooking and housework.

  
Jean Goulden, P.Dt.  
Therapeutic Dietitian

/mr

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

NAME ..... John Practico  
CASE NUMBER ..... 2064

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Date  
c. 9/86

I saw the patient today. He is living in his own apartment and is kept busy with cleaning and cooking. He sees his friends and is working. He has no complaints and there is no overt psychotic activity. It seems that he is stabilized on his present medication.

He will be continued on Fluphenazine Decanoate 25 mg. I.M. q three weeks and Methotrimeprazine 50 mg. t.i.d. and Trihexypenidyl 2 mg. daily.

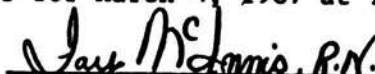
He will be seen again in 12 weeks' time.

  
J. Wesolkowski, M.D.  
Psychiatrist

km

Feb. 10/87

I have seen John Pratico on the following dates since last recorded CTR. 28/10/86, 18/11/86, 09/12/86, 30/12/86, 20/01/87, and today, 10/02/87. During this time period John has maintained a stable pattern. He has been seeing the Dietitian and has been consistently losing weight. John is pleased with his progress in this area. On his last visit John complained of having side effects from medication "jumping movements of extremities while sleeping". He was assessed by Dr. Sothy who decreased his Nozinan from 50 mgs., t.i.d., to 75 mgs., at h.s. John reported that this had resolved his problem. His next scheduled appointment is for March 4, 1987 at 11:00 a.m.

  
Fay McInnis, R.N.

/mr

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

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NAME JOHN PRATICO.....

CASE NUMBER..... 2064.....

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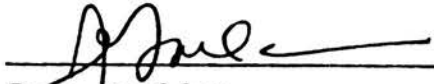
Date

ar. 4/87

John reports that he has recently been started on medication for high blood pressure by his family doctor. He claims to feel less light-headed. No complaints since decreasing his oral medication (January 20, 1987) and he is keeping busy.

He continues to take an active interest in his reducing diet and has been trying new foods with success. He has been following high fiber guidelines with good results and in general is managing his diet very well.

To return to clinic in 3 weeks time.

  
Jean Goulden,  
Therapeutic Dietitian

/dc

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

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NAME ..... John Pratico .....  
CASE NUMBER ..... 2064 .....


(27)

Date  
March 4/87

On February 13, 1987, John telephoned the Mental Health Clinic to say that he had been feeling very tired, sleepy and "dragged out" for the past few days. He stated that he did not feel like getting out of bed and he spoke to Dr. Roxburgh at that time who advised him to discontinue taking his tablet medication since he was on depot medication.

I contacted John on February 17th by telephone to see how he was doing. He told me that he had not discontinued the medication basically because he felt that he would end up in hospital if he did and he felt that his problem was a physical one and so he had visited his family doctor who placed him on medication for his blood pressure at that time. On today's visit John informed me that he has had several tests done related to his problem with dizziness and that he will be going back to his own doctor on March 10th for the results from these tests. His family doctor, Dr. Pandey, has placed him on Serc 4 mg. for vertigo and he is feeling much better.

km

  
Fay McInnis, R.N.

Audit Checked: Yes  No



# CUMULATIVE THERAPEUTIC RECORD

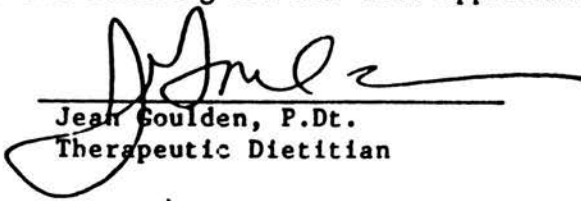
NAME John Pratico

CASE NUMBER 2064

CAPE BRETON HOSPITAL  
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Date  
March 25/87

John attended diet counselling today. He reported having had the flu over the past week but otherwise had no complaints. He has been busy with odd jobs, and continues <sup>to manage</sup> his diet and budget well. He was given some high fibre recipes which he plans to try. As I will be out of the building for his next appointment, he will be seen in six weeks time.

  
Jean Goulden, P.Dt.  
Therapeutic Dietitian

/mr

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
PRIVATE & CONFIDENTIAL

NAME John Pratico  
CASE NUMBER 2064

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29

Date  
March 25/87

I saw John today for his injection of Fluphenazine Decanoate, 25 mgs. Blood Pressure 122/82. He continues to do well. Has lost another two lbs. in the past three weeks and is quite excited about his success thus far. Assessed by Dr. Sothy today. Nozinan reduced to 50 mgs., at h.s. from 75 mgs., h.s.

*Jay McInnis, R.N.*  
Jay McInnis, R.N.

/mr

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
PRIVATE & CONFIDENTIAL

NAME ..... John Pratico .....

CASE NUMBER ..... 2064 .....

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the Cape Breton Hospital.

(30)

Date

April 8, 1987

I received a telephone call from Mr. Wally Spicer from Halifax (424-4800). He will be cross-examining John at the Marshall Inquiry. We discussed the basic questions of John's credibility, reliability, and competency in 1971 versus 1987. He also questioned me regarding the recommendation I had made earlier about the length of the cross-examination. He is going to contact me again in a couple of weeks when he is in Sydney.



M.A. Mian, M.D.

/pm

April 15, 1987

I saw John this morning for his injection of Fluphenazine Decanoate, 25 mgs. Blood Pressure 114/80. John stated that he has done very well with his reduction in his medication and has had no specific problems. He continues to manage his diet quite well, weighing in today at 194 lbs.

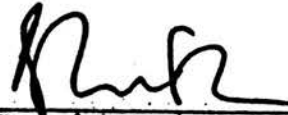


Jay McInnis R.N.  
Jay McInnis, R.N.

/mr

May 6, 1987

Claims to feel anxious and restless during the day and at night as well with disturbed sleep. This seems to have been precipitated following stomach upset. He denies any overt psychotic symptoms. He was given four days supply of Nozinan 10 mgs. a.m. in addition to his usual medication. He will be reviewed periodically.



P. Sothy, Psychiatrist

km

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
**PRIVATE & CONFIDENTIAL**

NAME ..... John Pratico .....  
CASE NUMBER ..... 2064 .....

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(31)

Date

May 6/87

John called me yesterday (May 5th) to inform me that he had been ill over the past week with "influenza". He had been to his family doctor who had prescribed only Gravol for two doses and John was still feeling somewhat nauseated and weak from the flu. He arrived today for his injection, however and it was noticeable that there was some increased restlessness and anxiety. He told me that he had not been sleeping well for the past four nights and that he was unable to sit still for any period of time. Based on this I had Dr. Sothy see him and he prescribed Nozinan, 10 mgs., a.m. X 4 days for John to see if this would decrease his anxiety level. Dr. Sothy told John to come in and see him next week if this continued. John agreed to call me next week to let me know how he is progressing.

*Fay McInnis, R.N.*  
Fay McInnis, R.N.

/mr

May 27/87

John was seen today for his injection of Fluphenazine Decanoate, 25 mgs. Blood Pressure 120/78. John stated that he has had no further problems with anxiety or restlessness since last seen on May 6th. John is doing well at present.

*Fay McInnis, R.N.*  
Fay McInnis, R.N.

/mr

June 17/87

John continues to do well and has been busy painting and working temporarily. He has increased the fiber content of his diet with good results. He has made very good progress with weight control, having lost 39 lbs., over the past year. His weight loss has slowed recently; however, he plans to continue as he has been doing. John will return in three weeks time.

\_\_\_\_\_  
Jean Goulden, P.Dt.  
Therapeutic Dietitian

/mr

Audit Checked: Yes  No



# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
PRIVATE & CONFIDENTIAL

This report is confidential and for your information only.  
Not to be released, copied or published in whole or in part without written consent of the Cape Breton Hospital.

NAME .....John Pratico.....

CASE NUMBER.....2064.....

(32)

Date

June 17/87

Remains well. Seen today for his injection of Fluphenazine Decanoate, 25 mgs. Blood Pressure 130/74. Assessed by Dr. Sothy. There were some changes made in his medication. See CTR today's date.

*Jay McInnis, R.N.*  
-----  
Fay McInnis, R.N.

/mr

June 24, 1987

I met with Mr. W. Wylie Spicer, from the Royal Commission on the Donald Marshall, Jr., Prosecution, at the Holiday Inn. We discussed John Pratico and the forthcoming inquiry in September. He taped most of the conversation, which was mainly about John's mental capacity in 1971 and at the present, and also about the effects of an open hearing versus a closed hearing on John.

*M.A. Mian*  
-----  
M.A. Mian, M.D.

/pm

July 8, 1987

John was seen today for his injection of Fluphenazine Decanoate, 25 mgs. Blood Pressure 110/70. He was also assessed by Dr. Sothy. John informed us that he was admitted to City Hospital last week for a "breathing problem" and was monitored throughout the evening and the night, and was told that he has bronchial asthma. John stated that he was given medication, Theolair, and has since quit smoking, it is now eight days since he has had a smoke. He was somewhat discouraged, however today, because he had gained seven pounds, possibly due to the fact that he has quit smoking. He was seen by the dietitian and will be seen again on his next visit. Next scheduled appointment is for July 29th 11:00 a.m.

*Jay McInnis, R.N.*  
-----  
Fay McInnis, R.N.

/mr

Audit Checked: Yes  No

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NAME ..... John Pratico.....

CASE NUMBER ..... 2064.....

33

Date

uly 8/87

John was seen for nutrition counselling today. He reported a respiratory crisis for which he was taken to hospital by ambulance, and treated for 18 hrs, as above. He has had an uncharacteristic weight gain, and felt that his abdominal area was bloated, however he had no G.I. complaints.

We discussed the possibility of the weight gain being due to either new medication, Theolair, or to quitting smoking. He will continue his usual eating habits and we will assess further his condition at next interview.



Jean Goulden, P.Dt.,  
Therapeutic Dietitian

:pp

ly 29/87

Remains well. Nozinan was decreased to 20 mgs. h.s. He will be reviewed periodically.




P. Sothy, Psychiatrist

km

y 29, 1987

John has had a cold for the past four days and is treating it symptomatically. States he is keeping busy making plans for his sister's wedding, which will occur on October 17th. He is walking and exercising daily. He quit smoking for twenty-five days then started again due to hand tremor. He now smokes one package every two to three days but hopes to quit again. Fluphenazine Decanoate 25 mgs I/M was administered. Blood pressure 132/80. He was seen by Dr. Sothy. Appointment given for three weeks' time. Also, he will see Dr. Mian in three weeks' time.

  
Sr. Veronica Richards, R.N., B.A.  
Community Mental Health Nurse

/pm

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
**PRIVATE & CONFIDENTIAL**

NAME .....John Pratico.....

CASE NUMBER.....2064.....

34

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the Cape Breton Hospital.

Date

Aug. 12/87

TELEPHONE CONTACT:

John telephoned this afternoon. Since I was unable to be contacted I returned his call. He stated that he continues to be bothered by a cold and is breaking out in sweats as a result. He saw his family doctor approximately one week ago and was prescribed Co-Actifed. John was wondering what he should do now that his cold symptoms are back. Since seeing his family physician and receiving Co-Actifed was so helpful the last time, I encouraged him to go the same route. He also wondered about the possibility about getting nicorettes since he plans to try to quit smoking. Other than the symptoms from the cold John is doing well and is maintaining his stability. He will be seen by Fay McInnis on August 18, 1987.

*Sister Veronica Richards RN BA*  
-----  
Sister Veronica Richards, R.N., B.A.  
Community Mental Health Nurse

/mr

Audit Checked: Yes  No

# CUMULATIVE THERAPEUTIC RECORD

CAPE BRETON HOSPITAL  
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NAME ..... John Pratico .....

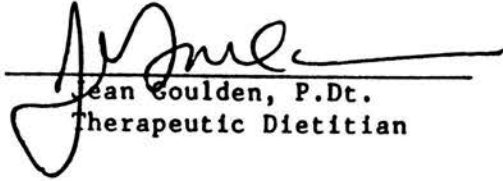
CASE NUMBER ..... 2064 .....

(35)

Date

Aug. 19/87

John talked today at length about problems and events in his life (sister's upcoming wedding, recent death of an uncle). He complained of a prolonged headcold, but has been eating well. He has lost 2 1/2 lbs. in the past six weeks and plans to continue with his diet.

  
Jean Goulden, P.Dt.  
Therapeutic Dietitian

/mr

Audit Checked: Yes  No