

SYMPTOMS OF CONSCIOUSNESS

The Spark

Robert A. Burton*

Yale University, New Haven, CT, USA

*Corresponding author. Email: raburton@aya.yale.edu

The woman was at a routine clinic follow-up. Her previous treating resident had diagnosed a right hemisphere stroke of unknown cause, possibly secondary to birth control pills. A brief exam showed moderate left-sided weakness and difficulties with coordination—unchanged from the last two clinic visits. As always, her lab tests were normal. There was nothing more to do. I suggested that she return to the care of her family doctor in Ukiah.

“But what about my arm and leg?” she asked, good hand on hip. “Four months of physical therapy and there’s no improvement. Surely there must be something you can do.” She paused just long enough to savor my discomfort before making a dismissive downward gesture of her hand.

Three months later, she made an unscheduled drop-in visit to the clinic. “Check this out,” she said, strutting up and down the small waiting room corridor. Her limp was gone; she looked at me and proudly snapped the fingers of her previously clumsy hand.

“Wow,” I said.

“Prayer,” she said.

“Prayer?”

She stood alongside my desk. “Are not you going to ask me to sit down and tell you about it?”

I motioned for her to have a seat.

“After my last visit, I was touch and go with suicide. My local pastor recommended a healer he had heard on TV. Our congregation raised enough money for the two of us to Greyhound down to LA to see Katherine Kuhlman. We got there in time for her Sunday church meeting. She saw me sitting in the top row of the balcony and said, “Will the lady from Ukiah stand up, raise your good arm, and sing the praises of the Lord.” My pastor helped me to my feet. Miss Kuhlman said that my bad arm would be healed if I believed. “I believe,” I shouted at the top of my lungs. And just like that, my bad arm rose by itself. It is been fine ever since. Same with my leg.”

As she talked, I flipped through her previous diagnostic scans. They were inconclusive, but at that time, the only available noninvasive imaging—the radioisotope brain scan—was relatively insensitive for the detection of small strokes.

When she finished, I did a thorough exam. She was entirely normal.

“Thanks for listening.” She handed me a box of home-made cookies. “So you and the other residents will remember the value of faith.”

In response to hearing the story, the head of the clinic informed me that a famous Minnesota neurologist had a spark-gap machine in his office for treating cases of so-called hysteria. “He claimed pretty good results—about the same as placebo. ‘The bigger the spark, the better’, he used to say.”

Cite this article: Burton, R. A. 2021. The Spark. *Cambridge Quarterly of Healthcare Ethics* 30: 712, doi:10.1017/S0963180121000207

© The Author(s), 2021. Published by Cambridge University Press.