The Catatonia Foundation

Are there any other remarkable recoveries you'd like to share?

Dr. McCall:
There are two other remarkable recoveries I'd like to share because they're so interesting. By this time, I was now a junior attending, and this was around 1989, working at the sister state mental hospital. We had 700+ patients in this hospital. It's really quite large — not unusual for the time, but now, these days, it is unusual in 2024 to have such large numbers of patients. And a patient was brought to my attention, that he was on the geriatric unit within the State Psychiatric Hospital, and there was concern that he either had some kind of profound dementia (he was completely uncommunicative), but the neurologist that was working — we had a full-time neurologist at the hospital — said, “We should at least look at him as a possible person with catatonia/catatonic stupor.”

At the time, I had a randomized clinical trial comparing intravenous barbiturate medication, which is sort of like lorazepam. We were using amobarbital or barbiturate. We're comparing that intravenously against a saline placebo, just basically injecting the patient with regular water versus a drug.

We wanted to prove to ourselves that amobarbital as a sedative would be effective in rapidly relieving catatonic stupor. So I met this guy, and I don't know any other way to describe him other than he looked like he had just come out of a war prison camp. He was skeletal, he ate nothing, he had a nasal gastric tube stuck down his nose to give him feedings into his stomach and had been that way for months. For months! He was staring unblinking for long periods of time and was completely unmoving. This was the ultimate caricature of what a lot of people think catatonic stupor looks like. It doesn't always look quite that dramatic. And that's one of the tricky things. But this guy, I could see why someone thought that he was a hopeless case, that this was actually someone with some sort of severe form of dementia.

So we proceeded, saying, maybe this is catatonic stupor, and proceeded to infuse the amylobarbital intravenously. Within 10 minutes, for the first time probably in a year or more, he sat up and talked and said he was hungry. We happened to have some cake in the staff break room and we fed him cake and gave him liquids and he just chowed down on these like the hungriest person in the world. And then he walked, and I was like — this was like a resurrection. I had never seen anything like it, so rapidly. So that was gratifying.

The other case that's worth mentioning was something more recent, within the last year and a half. I was practicing ECT in South Carolina in addition to in Georgia, and we had a fellow that was referred to us from the psychiatric hospital I was working at there. They were preparing to

send him to hospice because they thought that he had a progressive dementia called Lewy body dementia, for which there really is no treatment. He was, again, not eating, not talking, not moving. They thought nothing can be done, so we have to prepare for the end. And I saw him and he had rigidity and staring and mutism. And I thought, this looks to me like a catatonic stupor. So we said, let's not proceed with a hospice referral.

He received probably six ECT sessions over a period of a couple weeks. And of course, as before, he walked out of the hospital, eating and drinking and conversing and really quite happy with his own life.

Stories like these, just, they can't help but make you want to continue to push forward.

© 2026 The Catatonia Foundation. All rights reserved. This transcript may not be reproduced, republished, distributed, or posted elsewhere without prior written permission, except for brief quotations with proper attribution as permitted by law. Lightly edited for clarity and readability. thecatatoniafoundation.org