

## **Case records 1908-1917.**

### **Contributors**

Ticehurst House Hospital

### **Publication/Creation**

1908-1917

### **Persistent URL**

<https://wellcomecollection.org/works/qqfstcdy>

### **License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>


H.

48.

CASE BOOK.




  
 ACCOUNT BOOK MAKERS & MANUFACTURERS OF STATIONERY  
**SHAW & SONS,**  
 Paper & Book Printers,  
 LOCAL GOVERNMENT PUBLISHERS,  
 AND  
 LAW STATIONERS,  
 FETTER LANE,  
 LONDON, E.C.  
 No. 16650 Date 1907  
*In ordering another Book the name as this is  
 is only necessary to give the above number  
 with date as buttons of all books made by*

The Library of the  
 Wellcome Institute for  
 the History of Medicine  

  
 Western Manuscript  
 6408  
 Accession Number  
 348316

A  
 B  
 C  
 D  
 E  
 F  
 G  
 H  
 I  
 J  
 K  
 L  
 M  
 N  
 O  
 P  
 Q  
 R  
 S  
 T  
 U  
 V  
 W  
 X  
 Y

July 17. 1908 6408

W. J. Andrews

April 9. 1909  
Sidney Cayland  
W. J. Andrews

May 8. 1908

Hamilton Grace  
Henry G. Dixon  
Frank Fairport

July 29. 1908

Grace J. Courtispe  
Frank Fairport

5 Nov 1908

Hamilton Grace  
W. J. Andrews  
Frank Fairport

Nov 16. 1908

Sidney Cayland  
W. J. Andrews

5 May 1909

Hamilton Grace  
W. J. Andrews  
Frank Fairport

Feb. 15. 1909

W. J. Andrews  
L. & Shadwell  
Lunacy

12 May 1909

Hamilton Grace  
Grace J. Courtispe  
W. J. Andrews  
Frank Fairport

31 Jan 1912

Henry G. Dixon  
Frank Fairport

July 26. 1909

Grace J. Courtispe  
Henry G. Dixon  
Frank Fairport

8 Nov 1909

Hamilton Grace  
Henry G. Dixon  
Frank Fairport

10 Feb 1910

Hamilton Grace  
Henry G. Dixon  
Frank Fairport

April 12. 1910  
Sidney Cayland  
W. J. Andrews

7 May 1910

Hamilton Grace  
W. J. Andrews  
Frank Fairport

July 27. 1910

Grace J. Courtispe  
Henry G. Dixon  
Frank Fairport

5 Feb 1911

W. J. Andrews  
Frank Fairport

May 12. 1911

Henry G. Dixon  
W. J. Andrews  
Frank Fairport

July 17. 1911

W. J. Andrews  
S. J. Tomlinson  
Lunacy

July 20. 1911

Frank Fairport

W. J. Andrews

Nov. 15. 1911

W. J. Andrews  
Henry G. Dixon  
Frank Fairport

Ellen G. Foley  
L. & Shadwell  
Lunacy

FEB. 19 1912

Commissioners  
in  
Lunacy

THE

### MEDICAL CASE BOOK.

29 April 1912

W. J. Andrews  
Hamilton Grace  
Frank Fairport

30 Jan 1913

Hamilton Grace  
Frank Fairport

Nov 14. 1913

W. J. Andrews  
Commissioner in Lunacy

Ellen G. Foley  
L. & Shadwell  
Lunacy

29 July 1914

Hamilton Grace  
W. J. Andrews  
Henry G. Dixon  
Frank Fairport

7 Nov 1912

Hamilton Grace  
W. J. Andrews  
Frank Fairport

5 Feb 1914

Hamilton Grace  
W. J. Andrews  
Frank Fairport

Hubert Bond

S. J. Tomlinson

15 May 1914

W. J. Andrews  
Henry G. Dixon  
Frank Fairport

London:

SHAW & SONS, FETTER LANE AND CRANE COURT, E.C.

Printed and Published by the Board and Forms of the Local Government Board required by Boards of Guardians, Urban and Rural District Councils, Overseers, Joint Boards, &c. &c.

Lunacy E. (Style-3)

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y



## CASE BOOK.

Rules 12 and 13 made by the Commissioners in Lunacy with the approval of the Lord Chancellor, dated June 26th, 1895.

12.—Within seven days after the admission of a Patient there shall be entered in the Medical Case Book for Patients the following particulars:—

(a.) A statement of the name, age, sex, and previous occupation of the Patient, and whether married, single, or widowed, and a copy of the statement of facts contained in the medical certificates accompanying the reception order.

(b.) An accurate description of the external appearance of the Patient upon admission—of the habit of body and temperament; appearance of eyes, expression of countenance, and any peculiarity in form of head; physical state of the vascular and respiratory organs, and of the abdominal viscera, and their respective functions; state of the pulse, tongue, skin, &c.; and the presence or absence, on admission, of bruises or other injuries.

(c.) A description of the phenomena of the mental disorder—the manner and period of the attack, with a minute account of the symptoms, and the changes produced in the Patient's temper or disposition; specifying whether the malady displays itself by any and what delusions, or irrational conduct, or morbid or dangerous habits or propensities; whether it has occasioned any failure of memory or understanding; or is connected with epilepsy, or ordinary paralysis, or general paralysis.

(d.) Every particular which can be obtained respecting the previous history of the Patient—what are believed to have been the predisposing and exciting causes of the attack; what were the previous habits, whether active or sedentary, temperate or otherwise; whether the Patient has experienced any former attacks, and, if so, at what periods; whether any relatives have been subject to insanity or other nervous disease, or phthisis; whether the present attack was preceded by any and what premonitory symptoms; and whether the Patient has undergone any and what previous treatment, or has been subjected to restraint of personal liberty.

13.—Subsequent entries describing the course and progress of the case, and recording the medical and other treatment, with the results, shall be made in the Case Book for Patients at the times hereinafter mentioned, that is to say, once at least in every week during the first month after reception, and oftener when necessary; afterwards, in recent or curable cases, once at least in every month, and in chronic cases, subject to little variation, once in every three months. But all special circumstances affecting the Patient, including seclusion and mechanical restraint, and all accidents and injuries, must be at once recorded. A printed copy of this and the last preceding rule shall be inserted at the beginning of every Case Book for Patients.

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y



Beauregard, Charles Victor Albert Aubrey De Vere, Duke of St. Albans } .	144.186
Bindloss Captain William Robert	170
Bentley Miss Beatrice Mary Jane	133
Birkenhead Miss F.A.	200
Brauer Colonel Arthur James.	220
Bryner. P. A.	255.

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

Charrington, W<sup>r</sup> L<sup>r</sup> F.  
Cresswell

297. G. R. 51.  
282

The Duke of Le. Albans.

185

C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

~~Fitzhugh Miss. 18~~ 81.A's. 47. 21.

Foskell Mr. Herbal 20. 20

Fitzhugh Miss. 18.

Fitzhugh - Dr. Maurice

321. T. 136 51

Finch Miss

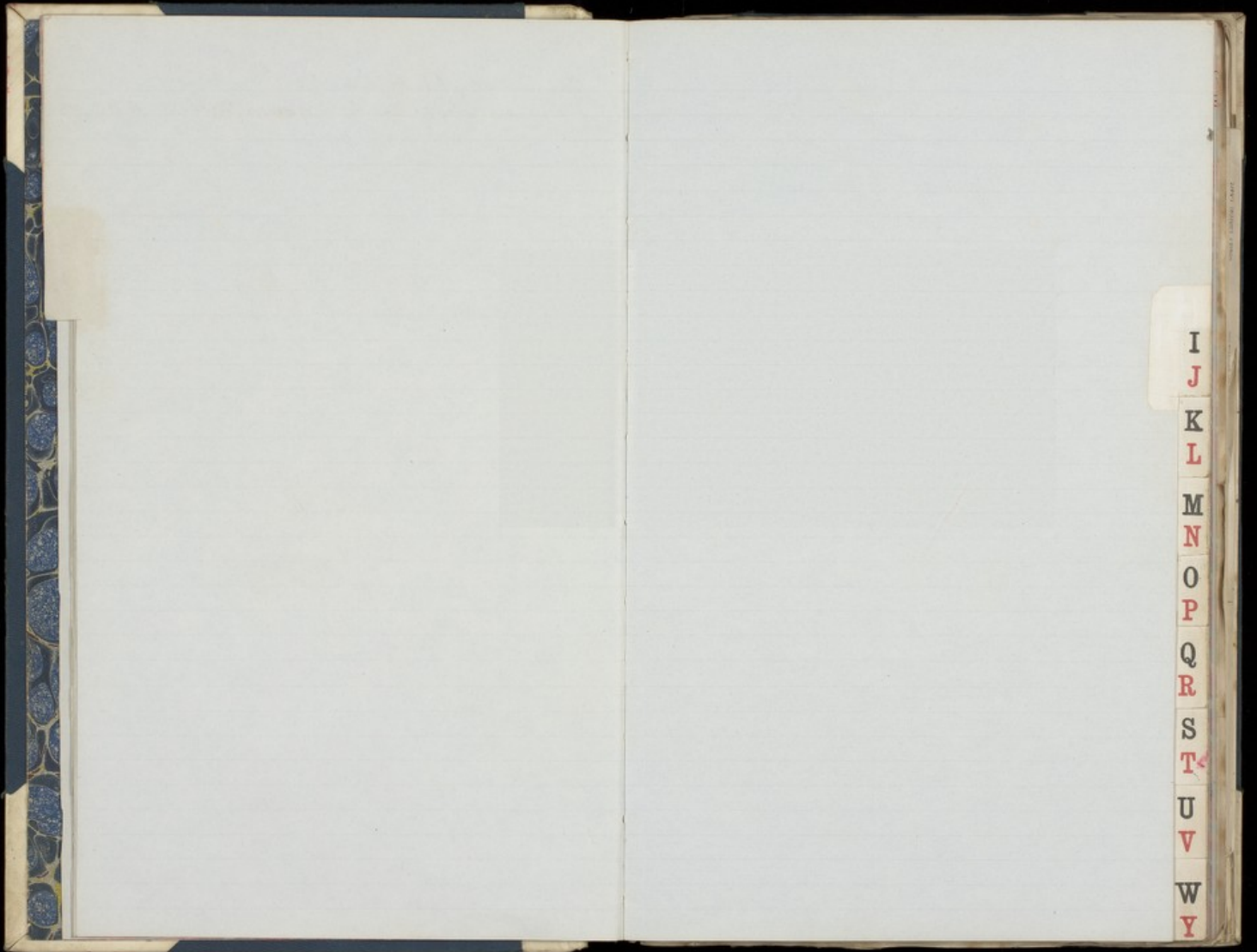
257. 288.

E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

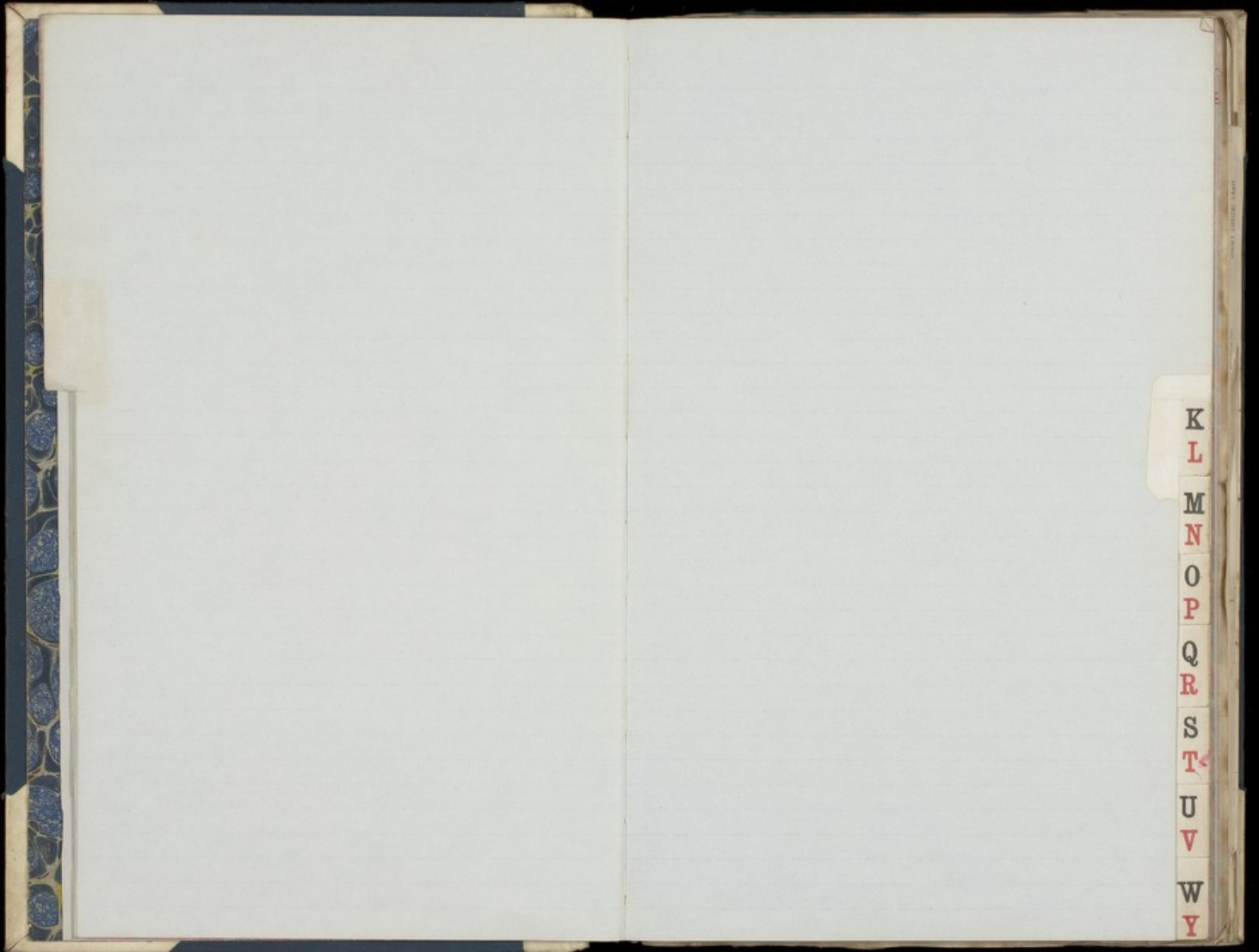


Grinold by Mr. Arthur 80  
Hardinge Capt. de Hon George Arthur, R.A. 90  
1237

G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

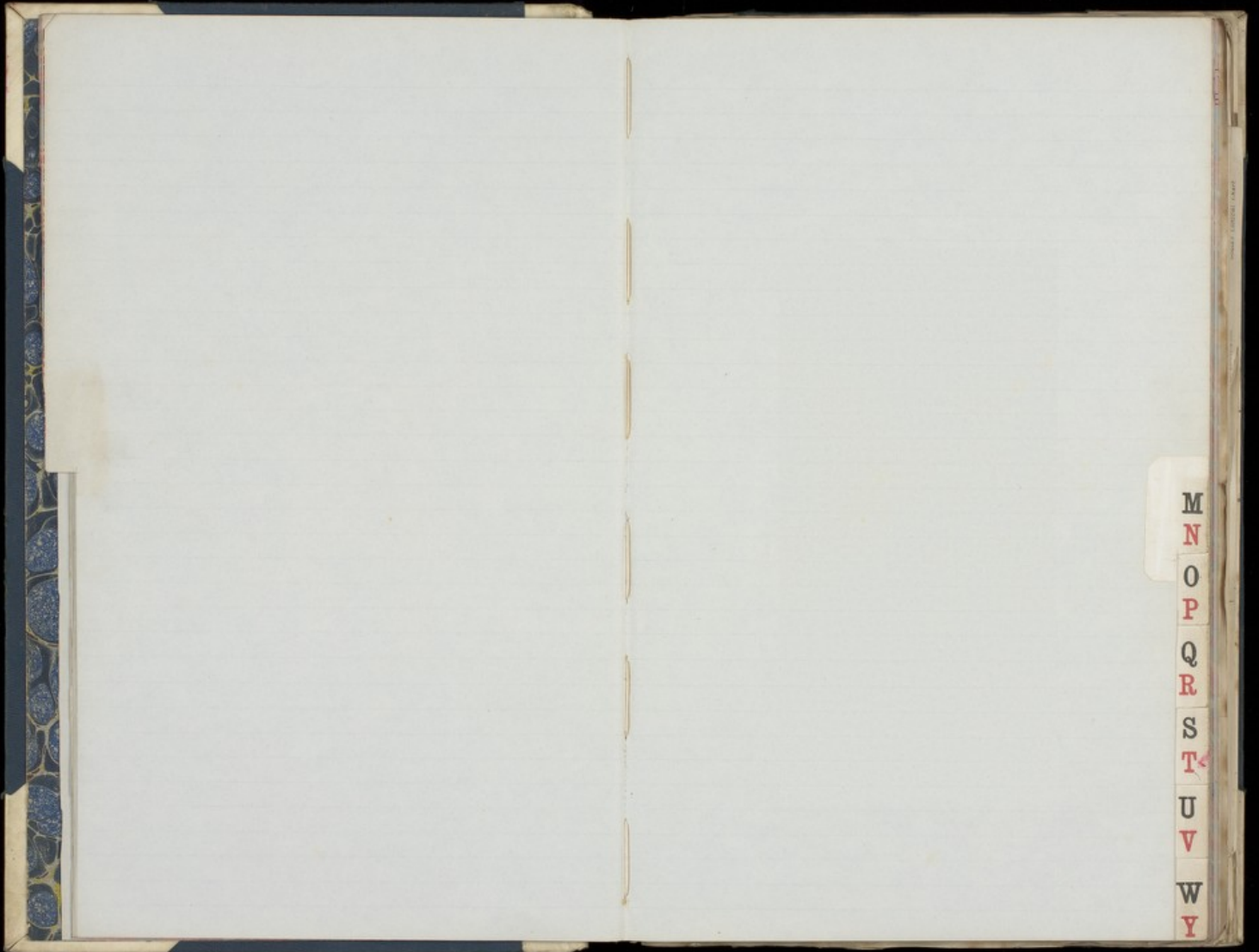


I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y



K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y





M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

Rev<sup>d</sup> Thomas George Orlow  
Oliver Mt. E. F. E.

119  
108.244

O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

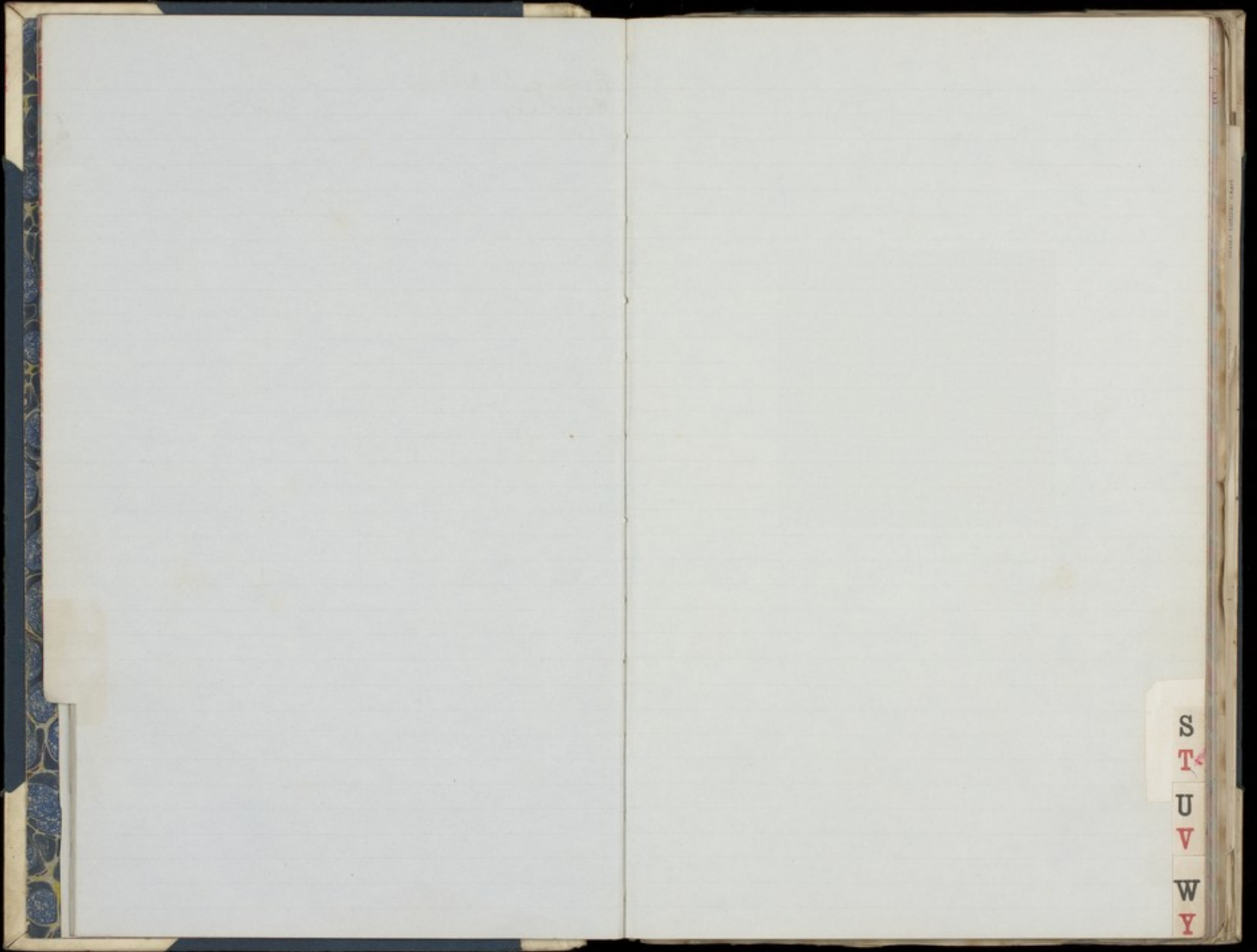
Reading, St. Hedrick,  
Rice Lady

3157

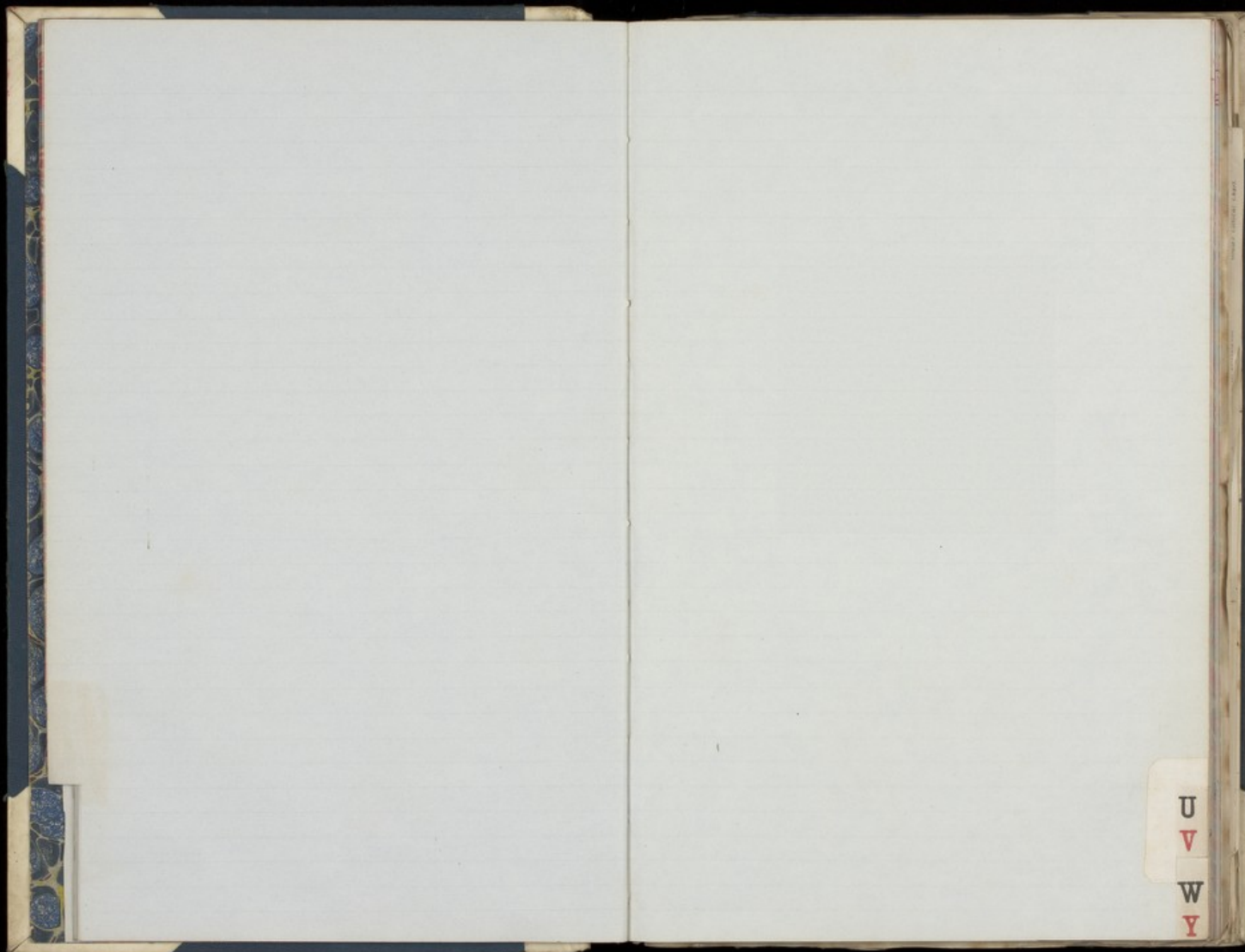
1.70

Q  
R  
S  
T  
U  
V  
W  
Y





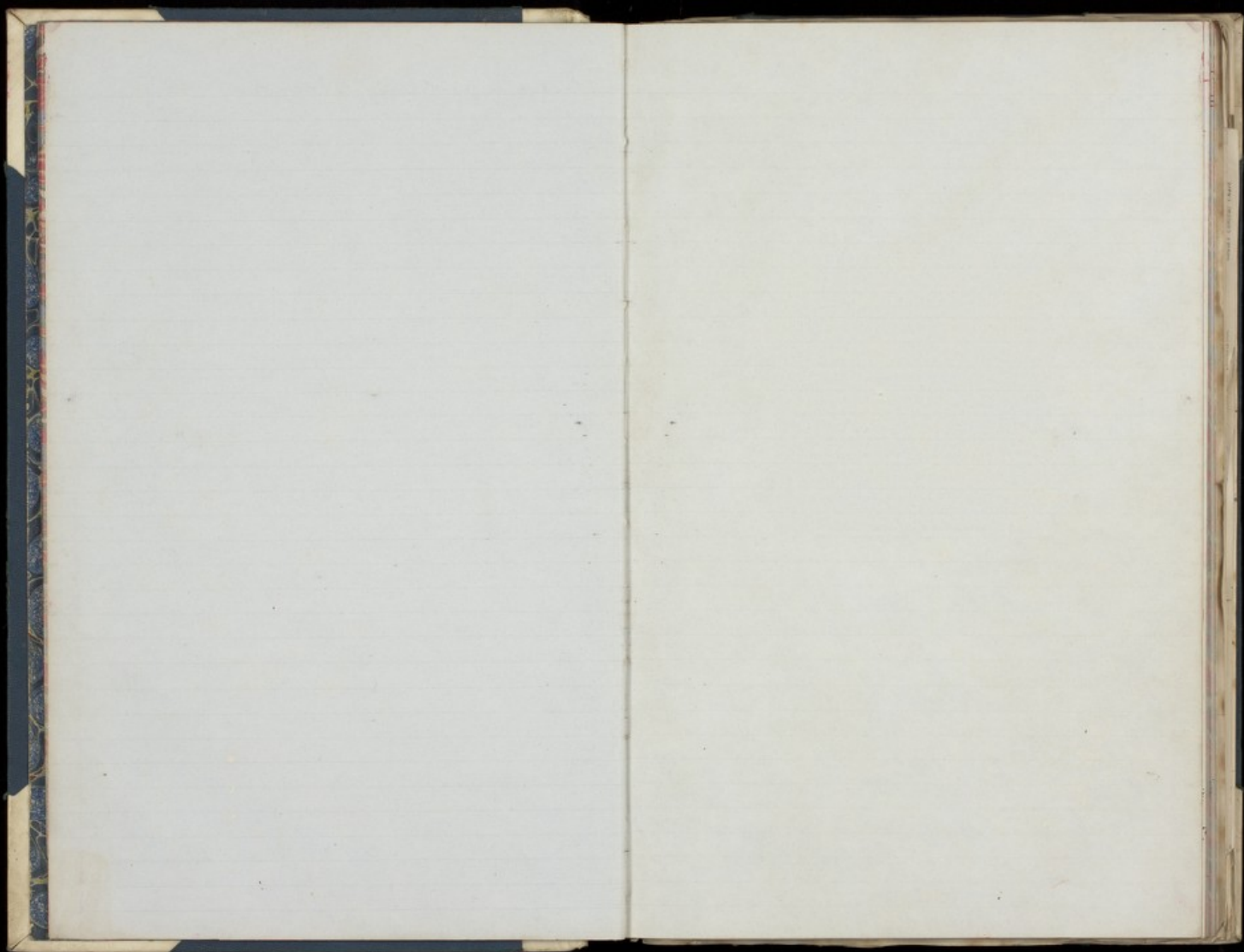
S  
T  
U  
V  
W  
Y



U  
V  
W  
Y

Watson Miss Cicely Eleanor 50

W  
Y





1908

- Apr. 1 (cont'd) he still talks of his schemes for making money and is apparently suspicious of those in attendance on him. 1131
- Apr. 3. He slept last night for two hours, talking himself quietly for the remainder of the time. His pulse (100) is weak: temperature normal. Is taking nourishment well. 1131
4. He slept for only one hour last night, talking quietly to himself for the greater part of the time. He has some hæmorrhoidal catarrh with some coarse scales on the bases and is taking an expectorant mixture. Is still in a weak condition but takes nourishment freely. The bowels are comfortably open, and there is no rise of temperature. His conversation is confined chiefly to financial matters, and schemes for the betterment of those about him. 1131
5. Has had another bad night in spite of a dose of *Veronal* 9.00 and is being tried today with hourly doses of *Ver. Antin.* 7.50. He continues to talk a great deal and this morning struggled to get out of bed. The bowels are acting well and he continues to take nourishment. 1131
6. Mr. Reading was talking during the night but no sleep. He was given *Veronal* 9.00 at 8.30 p.m. At that time he was very talkative and incoherent, with frequent outbursts of laughter. In the earlier part of the day he was inclined to be sleepy. He told that his uncle had been to see him in the afternoon: this is untrue.

1908

- Apr. 6 (cont'd) He boasts much of his physical strength and has threatened to kill one of his attendants with a hammer, or by throwing him out of windows. 1131
7. The patient has had altogether five and a half hours' good sleep since the last note and has taken liquid nourishment freely. The bowels have acted well and this morning he is stronger and although talkative and rambling, is not excited. Up to 5.30 p.m. Yesterday he has shouting at the top of his voice, apparently in response to "voices". Had *Veronal* 9.00 and *Cal. pot.* at 10.00. 1131
8. He has had two hours' sleep during the night: was given *Veronal* 9.00 at four p.m. and *Veronal* 9.00 at nine p.m. His physical condition has improved and he continues to take food well. He is not so excited but is still very talkative: amongst his many demands is one that the village constable should be with him, in uniform, and another that I should wire to Scotland Yard for police protection for him. He imagines that he is an Army Captain. 1131
9. He has had five hours' continuous sleep during the night: the bowels have acted well twice, and he is taking food. Is not excited this morning, but still talkative, was in a more good humoured manner. He had *Ammon. Brom.* 9.00 with Dr. Hyslop. 7.40 at four p.m. and eight p.m. yesterday, and also *Veronal* 9.00 at 10 p.m. 1131
10. He had altogether five hours' sleep during the night. Is

1908

## Mr. Frederick Reading - (Contd)

- Apr. 10. (Contd) Talking whilst awake. The pulse (100) is rather weak: there is no rise in temperature, and the bowels here again acted well. He refused lunch, <sup>and breakfast</sup> today but is, with much persuasion, taking a fair amount of liquid food. He was given Bismarck  $\text{gr} \text{xxv}$  and Cal.  $\text{gr} \text{v}$  last night. 11/11/08
11. He had five and a half hours' sleep last night: still talks a great deal but is quieter and is better physically. Is taking nourishment well. He has occasional doses of Dig. Mucph. acal.  $\text{gr} \text{xxv}$ , Dr. Dodgson  $\text{gr} \text{xx}$ , and Dr. Hagen  $\text{gr} \text{ij}$ , with Veronal  $\text{gr} \text{xxv}$  at bedtime. 11/11/08
12. The patient has slept well and is taking his food. He is stronger but continues to talk a great deal in a disjointed way of his schemes for making money: speaks of his Capital sometimes as three thousand pounds, at others as £30,000 and £300,000. Took Veronal  $\text{gr} \text{xx}$  last night. 11/11/08
13. He has had a good night: the bowels have been well moved and the tongue is cleaner. Is taking food well, and the temperature is normal. He is constantly talking quietly while awake, of his schemes and of his physical strength, saying he could fell an ox with his feet, or fight a lion. As a matter of fact he is weak, and very shaky on his legs. 11/11/08
15. During the last two nights he has had an average of three and a half hours sleep. Is taking food well and the bowels are acting comfortably. Pulse 100 and of better volume. Temperature normal. whilst awake he is constantly talking. 11/11/08

1908

## Mr. Frederick Reading - (Contd) 4

- Apr. 17. In the last two nights he has had a very fair amount of sleep and continues to take nourishment well. The bowels are acting comfortably. Pulse 100: temperature normal. Is still very talkative and has an idea that if he can smash the windows his friends will come and immediately take him away. He is often asking for a police-whistle or a trapeze. He is still very weak. 11/11/08
19. He had no sleep last night but slept well the night before. Is taking nourishment well: temperature normal. He is constantly talking whilst awake. He tells me that he is going to buy the world and become Emperor of it. 11/11/08
22. The patient did not sleep last night, except in a fitful way for about two hours. The bowels are acting, and he is taking nourishment satisfactorily. He is taking Dr. Thompson's  $\text{gr} \text{ij}$  with camomile, twice daily. 11/11/08
25. He has slept for longer periods since the last entry: his general condition is much the same: talking much, at times hilarious, at others depressed and suspicious of those about him. There is no rise in temperature: pulse variable in rate and volume (from 100 to 120, frequently weak.) He is taking Veronal  $\text{gr} \text{xxv}$  nightly, at present. 11/11/08
26. Last night he slept for four hours and a half, but previously struck at his attendant, causing his nose to bleed. He is quieter this morning and seemed to enjoy his breakfast. 11/11/08
28. Yesterday he was given Bismarck  $\text{gr} \text{v}$  four times during the day



1908

W. Frederick Reading - (Cont<sup>d</sup>)

Apr. 28. (Cont<sup>d</sup>) With normal pr<sup>vii</sup> at night, but slept only from 1.30 a.m. to 2.40 a.m., for the remainder of the time talking, sometimes himself, and at times to B. H. Hewington, who he said was standing outside his door. He chased me when I saw him, calling me a 6-foot and a thief, telling me that he is the "Mayor of England" and "Head of the Volunteers": will "buy up Canada" and "win this place", etc. The temperature is normal; pulse 128 and of poor volume. The conjunctivae are somewhat suffused. He is taking food well. 11/11/08

29. He had three hours' sleep last night: the bowels are well formed and he has taken food well, though much persuasion was required. The treatment has been discontinued, normal pr<sup>vii</sup> being given at bed-time. Evening temperature 99.6°. 11/11/08

30. Last night he had altogether three and a half hours' sleep, talking constantly, in a quiet way, whilst awake. The temperature is normal: pulse 120, but variable in volume and rate, especially during periods of excitement. His mental condition is one of exaltation. This morning he tells me that he is "master of the world". He continues to take nourishment freely, but only with much persuasion. 11/11/08  
He is now taking Vig. Sarsph. acid. by xv with R. Sod. ph. by xvij as directed. 11/11/08

May 1. He had no sleep last night, but was quiet from 11.30 p.m. to 1 a.m. and from 1.40 a.m. to 3 a.m., at other times he talked. The pulse was very weak during the evening, and he was given

1908

W. Frederick Reading. (Cont<sup>d</sup>)

May 1. (Cont<sup>d</sup>) Vig. Sarsph. acid. by xv, R. Sod. ph. acid. by xv, and Sp. St. as. by xv. at 10.15 p.m. The pulse this morning is 100 and much improved in volume. The conjunctivae continue to be very inflamed. The temperature is normal. 11/11/08

May 2 - Yesterday he had normal pr<sup>viii</sup> at 3 p.m. & showed pr<sup>vi</sup> in the evening. He had 5 1/2 <sup>hours</sup> sleep in two portions - the bowels being also well opened during the night. This morning he is a far better condition - the pulse 100 and 90. His conversation is more rational and he speaks as one who is coming out of a nervous illness. But he is by no means certain yet. Yesterday, after lying perfectly quiet he suddenly became semi-delirious, shouting at the top of his voice, evidently in fear of dangerous persons coming to attack him. He is taking food excellently - his tongue is not quite so clean today. A feature ~~at~~ though <sup>to be expected</sup> part of this attack has been the freedom of the tongue from fur etc. This probably has been due to the Pod. My. which he has from time to time. 11/11/08

1908

## W. Frederick Reading - (Cont'd)

- May 4. <sup>on Sunday</sup> ~~last~~ night, he had four and a quarter hours' sleep, and last night two hours only. He is in a very weak state but has been taking his food well. He seems now to be here under the influence of voices, apparently listening to them intently and answering them quietly. 11774
- 7. He has been restless and excited, and at times very noisy, getting very little sleep, since the last note. Is taking a satisfactory amount of nourishment and the bowels have been freely open. Paraldehyde has been tried, but with no appreciable effect. Sometimes he will remain quiet for an hour or two but evidently under the influence of voices. 11775
  - 8. Yesterday at 3 p.m. he was given Veronal gr xxij and at 11:30 p.m. gr vj. He had altogether six hours' sleep and today he has been quiet and taken food well: pulse improved. 11776
  - 9. Last night he had Veronal gr xxij, and slept well for six and a half hours altogether. He is better this morning; talking in a confused way, but quietly. Continues to take food well. The bowels not having acted yesterday, he has been ordered Mist. Sennae co. grj. The Hydroquinone + Steophanthum mixture is being continued twice daily. 11777
  - 10. He sat up for two hours yesterday: had Veronal gr xxij at night, followed by six and a half hours' sleep. The bowels are well open: he is taking food well and his general condition has improved. 11778
  - 13. Since the last note he has been sleeping for periods

1908

## W. Frederick Reading - (Cont'd)

- May 13 (cont'd) of from four and a half to six hours and has been sitting up for some time each day. He continues to take food well and the bowels are acting satisfactorily. He is at times very noisy, shouting "voices" and laughing loudly. Is very incoherent and confused. 11779  
 At present he is taking Veronal gr xv at night.
- 16. There is no change in his mental condition: he gets a fair amount of sleep each night and is taking his food well. The bowels are acting well. The pulse is still weak. 11780
  - 20. For the last three nights he has had four, seven, five and a quarter, and three and a half hours' <sup>sleep</sup> satisfactorily. He continues to take food well and the bowels are acting comfortably. He is very noisy at times and occasionally impulsive, trying to jump out of bed with the avowed intention of smashing the window. He threatens, now and again, to strike one or other of his attendants and talks in a wild, excited, and incoherent manner. 11781
  - 25. Since the last note he has been sleeping for from three and a half to five hours at a time. His mental condition shows no improvement. The bowels are well open and he is taking food well. The pulse keeps weak and is variable in rate. 11782
  - 29. Yesterday Mr. Reading was taken out to sit for an hour in the grounds, but became aggressive, wanting to frighten his attendants, and kicked at Dr. Vidler on the shin. The



1908

## W. Frederick Reading - (Cont.)

May 29 (Sat) Patient is still very talkative, incoherent, and confused, but has improved physically. He sleeps rather badly but takes food well and the bowels are acting comfortably. Urine and temperature normal. *WFR*

June 1. The patient continues to sleep poorly, and mentally there is no change. He attempted yesterday to bite and kick his attendants, whilst out in the grounds, but this display of violence was of very short duration. He is in good physical condition. Urine and temperature normal. Appetite good. *WFR*

• 5. The mental condition remains the same. He is allowed to bite out for an hour or so daily: at times, after listening intently, keeping his eyes shut the while, he will suddenly start shouting loudly, doubtless in response to voices. The bowels are well open, and he is taking food well. He is now taking a mixture of Dr. Stephant.  $\frac{ij}{x}$  and Dr. Hyson.  $\frac{ij}{x}$  twice daily. *WFR*  
and Veronal  $\frac{iv}{xv}$  at night.

• 10. There is no change in the patient's mental condition. He gets out each day if fine, he takes food well and the bowels are comfortably open. His sleep is variably usually from periods of three to six hours. He is taking Veronal  $\frac{ij}{xv}$  with Dr. Valerian  $\frac{ij}{xv}$  nightly. *WFR*

July 5. There is no change to note. He is still taking the Veronal and Valerian: continues to go out, and is taking his food well. He is in very good physical condition. *WFR*

1908

## W. Frederick Reading - (Cont.) 10

July 12. Since the last note he has become a little clearer mentally and does not appear to be troubled so much by voices. He is sleeping much better and is taking his food well. He goes out daily and is in very good physical condition. *WFR*

• 25. He continues mentally clearer, and to sleep better. He takes daily exercise and is taking food well. *WFR*

Aug 1. He remains quiet and is much more rational. He is walking daily in the grounds and is taking food well. Also he continues to sleep much better, getting in a rule about six hours at a time. *WFR*

• 26. The general improvement in his condition is maintaining. He is quiet and rational: is taking daily exercise, and is eating and sleeping well. *WFR*

Sep. 2. Sleeps well - his appetite is good: continues his Veronal powders and  $\frac{iv}{xv}$  of Dr. Steph. bis die. Gets daily walking exercise & occasionally plays billiards. C. W. J. B.

Sep. 6. Lunched <sup>social</sup> in the dining room at his own request. Complains of looseness of bowels, so Dr. Stephant advised  $\frac{iv}{xv}$  bis die. (from  $\frac{ij}{xv}$ ) C. W. J. B.

Sep. 22. He complains sometimes of his "weakness" but on the whole progresses well. The "voices" trouble him at times. He sleeps well & takes regular exercise. The looseness of bowels is better. C. W. J. B.

1908

Mr. Frederick Redding (contd)

Sep. 22<sup>nd</sup> He played golf today with his attendant & enjoyed the exercise. He has had all his meals in the dining-room since the 6<sup>th</sup> with C.W.P.B.

Sep. 25<sup>th</sup> He has played golf every day lately & says he feels better. The voices have not troubled him lately. C.W.P.B.

Special Report and Anticipation (Oct. 10. 08)

He is the subject of aural hallucinations. Earlier in the year he improved so much as to lead to hopes that he would recover. A sudden attack of acute mania intervened, during which he was very ill. This subsided and left him somewhat weaker in mind, and under such aural hallucinations. These vary in intensity, but it is very doubtful if he will ever lose them. Occasionally, under their influence, he becomes very ill-tempered.

He is in good bodily health and condition.

(Signed) H. H. Lewington -

Dec. 10. He still comes to the dining-room but is quiet and disinclined to converse. He is slow in grasping the purport of a question. He is dull in expression. His bodily health is good.

Dec. 25<sup>th</sup> Condition not satisfactory: he has some hesitancy in his speech and slight inequality in pupils. It is inclined to ramble in his speech when he behaves strangely at the dinner-table: this seems con-

1908

Mr. Frederick Redding

Dec. 25<sup>th</sup> contd. complained of feeling sickly so had some soup instead of coming to the dining-room in his room. Is taking Veronal gr. 1/2 every night. C.W.P.B.

Dec. 26<sup>th</sup> Vomited a little at 11 p.m. the vomit containing some curranls from some cake he ate yesterday: is inclined to be excitable & is remaining in his room: he had a quiet night: was ordered gr. 1/4 of Calomel.

Dec. 28<sup>th</sup> He takes gr. 1/2 of Veronal every night & so sleeps well: is taking his food fairly well with bowels acting regularly by enemata. He is very strange in his manner & voice: he utters in speech; his pulse varies, it is at times occasionally very rapid running up to 140 but this evening is 84: voices trouble him much. C.W.P.B.

Dec. 29<sup>th</sup> Has had a quiet night. Urine S.G. 1018. Had no afternoon tea. Sugar was ordered Pro. Sod. gr. V. Ess. Zingib. m. S. ag. ad 3i. bis die.

31<sup>st</sup> Very feeble mentally: does not seem to know where he is lying or saying: while talking to him the evening he unbuttoned his trousers & began, while lying on the sofa, to masturbate. Bowels moved naturally. C.W.P.B.

1909. Jan. 1<sup>st</sup> Has slept well, bowels well moved by enemata. 2<sup>nd</sup> Very restless all yesterday; imagined people were hiding about the room & slept after 3.30 a.m.



1909

Mr. Frederick Reading

- Jan 2<sup>nd</sup> cont<sup>d</sup> Bowels moved by enema, he bolts his food and will sometimes refuse to drink as he thinks there is poison in it. C.W.P.B.
- 10 p.m. Temp 100.4 pulse 89. Has been constantly trying to stand on his head, very restless, incoherent, says 3<sup>rd</sup>
- 3<sup>rd</sup> Reaction till 3.15 a.m. slept well after: bowels moved by enema, motions greenish, pulse 100 Temp 100.4
- 4<sup>th</sup> Has had a quiet day: the rest in bed is doing him good: Temp. normal in the morning 100.6. at 8 p.m. skin moist, pulse 109, has taken food well C.W.P.B.
- 6<sup>th</sup> Still in bed appearing satisfactory C.W.P.B. the bowels are open daily, the motions natural in color
- 7<sup>th</sup> The patient was quiet yesterday till 7 p.m. when "voices" disturbed him, the being restless excited & called aloud being poisoned, he had only 2 1/2 hours sleep in the night, but was quiet C.W.P.B.
- 8<sup>th</sup> He slept from 10 p.m. till 4.10 a.m. was restless after but quiet: pulse 100, temperature has been a little below normal for two days C.W.P.B.
- 11<sup>th</sup> The patient lies quietly in bed, occasionally when the "voices" trouble him he becomes excited & bowsels acting well & takes his food fairly well though he is doing in his way of taking it, throwing it about. Pulse 96 temp. slightly sub-

1909

Mr. Frederick Reading

- normal, he continues to take venereal fr. 12 every night. C.W.P.B.
- 12<sup>th</sup> Has been fairly quiet today: this evening his face is rather flushed temp. 99°, pulse 108. C.W.P.B.
- 13<sup>th</sup> On each thigh he has a patch of erythema the size of the palm of one's hand, dotted over with small petechiae: he has a discolored area on the left right shin resulting from a bruise, noticed a fortnight ago, cause unknown, and also a smaller one near the right knee: on the dorsum of the right foot he has a patch similar to those on the thighs. He says he has a "black billiard ball" in his stomach "preventing the food going through". Pulse 96. Temp. normal: bowels acting regularly. C.W.P.B.
- 14<sup>th</sup> There is another erythematous patch on the left ankle. As he has been restless at night & coughed lately the dose of Veronal was increased last night to 15 grains he had five hours sleep. Yesterday his attendant Warner found seminal stains on his night shirt C.W.P.B.
- 16<sup>th</sup> The temperature was 100° at 2 p.m. today but fell to 99° at 4 p.m. Bowels acting well and he is taking his food well, he is very restless at times,

15 1909

Mr. Frederick Reading

- Jan. 16<sup>th</sup> 1909 moving about in bed & rubbing his legs against each other (this probably accounts for the red patches on them). He had no a good night's sleeping only from 11 - 3.30 & was talking after that, being apparently troubled by "voices" C.W.P.B.
- " 22<sup>nd</sup> The patient has been going on quietly for the most part. At times "voices" excite him, he has quiet nights with his pulse & normal temperature. At times occasionally a slight above normal. His pulse varies. Sometimes running up to 120. C.W.P.B.
- " 27<sup>th</sup> At times excitable evening, talking loudly and shouting. He has to be fed very carefully as he would bolt his food without mastication. He often puts his food out on the plate when in his mouth again & when he has been he will put back in the glass from his mouth when drunk it. Think he is possessed of great strength. Talks continual nonsense C.W.P.B.
- " 24<sup>th</sup> Mr. Reading had a struggle with one of his attendants today. While out of bed he rose from his chair & called the attendant an opprobrious name & threw his arms around him. In the struggle both fell on the floor. No injury resulted. C.W.P.B.
- " 29<sup>th</sup> Mr. Reading has a slight cold today. He talks a good deal & imagines he is Captain of the Hamarania and the Lusitania, also "head of the

1909

Mr. Frederick Reading

16

- London Fire Brigade". His temperature varies between normal & 100°. Bowels act regularly. C.W.P.B.
- Feb. 2<sup>nd</sup> Temperature rises above normal almost daily. The patient's physical condition is good. He talks a good deal. Today he told me he was the "late mayor of London". C.W.P.B.
- Feb. 9<sup>th</sup> Very noisy, shouting & singing loudly & occasionally using rather obscene language. He wanted to tear up his clothes, and did ~~tear~~ tear his nightshirt.
- Feb. 12<sup>th</sup> A restless night, though quiet. Temperature variable, sometimes rises to 100°.
- Feb. 13<sup>th</sup> When getting off his couch knocked his left eye against the table causing a slight bruise. He had no sleep & was talking in the night. C.W.P.B.
- " 17<sup>th</sup> The temperature last night was 101° 6. Rather a restless night. He has some herpes about the lips & nose. C.W.P.B.
- " 22<sup>nd</sup> A sleepless night, talking restless. He slept several hours this morning. He is taking his food well. The temperature continues to rise erratically. He is excited at times, & generally in high spirits, talking & singing loudly. This evening he was busily arranging a cushion, some illu-



## Mr. Frederick Reading

bread papers & antiseptics in an aimless way, on top of each other on the table, and continually moving & re-arranging them in a different way. C.W.P.B.

Feb. 24<sup>th</sup> Another bad night, no sleep & temperature this morning subnormal, pulse qd. he is very shaky on his legs: he had Isonal  $\frac{1}{2}$  at bed-time C.W.P.B.

25<sup>th</sup> The Isonal has not had a good effect so veronal has again been given: from 10 pm to 3 a.m. he was talking & laughing, slept from 3 a.m. to 6 a.m. He was more excited than usual last night. Scantling stains were found on his right cheek at 9.45 pm. ~~Scantling~~ There is no tremor of tongue, lips or hands nor any alteration in his speech. C.W.P.B.

March 11<sup>th</sup> His temperature rises every night to 100° or near it. his mental condition is the same as a rule he is jovial & noisy but sometimes he is inclined to be angry & abusive & then uses rather obscene language. He eats & sleeps well & his bowels are moved daily. C.W.P.B.

27<sup>th</sup> He has been doing better lately than he has been able to walk in the grounds several times the last few days: last night his temperature, which to 7.70

1905

Entered in error: is copied in Dr. A's book 47 p. 21

Miss E. M. Fitz Hugh

18

from Vol. 45, p. 255

Sept. 3<sup>rd</sup> On account of Miss Fitz Hugh throwing down a glass about a paper-made mug was given her today, which she deliberately broke up & tore to pieces, saying that she could not use it. C.W.P.B.

4<sup>th</sup> Ordered Puss. Antim. Sarc.  $\frac{1}{2}$  to die p.c.

5<sup>th</sup> Vomited after one of the doses of Antim. Sarc. As she has lately been disturbing Miss Reading by going to see her, <sup>(then 7th's)</sup> her nurses shut the door & locked her out to keep her out, whereupon she seized Nurse Grimshaw by the shoulder & shook her & the nurse seized her in return and, happening to have the keys in her hand at the time, they caused bruises on the back of Miss Fitz Hugh's right hand & the patient has a scratch on her face which was probably caused by a hat-pin as the hats of both patient & nurse came off in the struggle: in addition to shaking the nurse she hit her on the shoulder. As she again vomited today, the dose of A.T. was reduced to  $\frac{1}{4}$ . C.W.P.B.

10<sup>th</sup> Her violent habits continue & her hands are often dirty with faeces: she pulled her trousers outside the window: she had another struggle with a nurse today & made a grab at her: as the nurse had a needle in her hand the patient's hand was

1908

Miss E. M. Fitz Hugh

- Sep. 10<sup>th</sup> and 15<sup>th</sup> scratched. C.W.P.B.  
 15<sup>th</sup> Troublesome, while having her bath threw water over nurse Grinslow, & punched her, & yelling the other nurse to leave her night dress in a rage: her dirty habits continue. This morning, while in another room, I heard a loud scream from Miss Fitz Hugh as found her struggling in bed with four nurses holding her down: she had attacked one of the nurses for checking her in her dirty habits.
- 25<sup>th</sup> Today Miss Fitz Hugh seized Nurse Grinslow by the hair & nurse Rice coming to the rescue Miss F. tore the latter's apron to pieces: a few days ago she asked me "if she could not get time back" and said "she wanted last May back": her dirty habits continue. C.W.P.B.
- Sep. 30. Yesterday morning the patient again attacked nurse Grinslow, pulling her by the hair, and kicking her: she afterwards ransacked her wardrobe and attempted to destroy her dressing-gown. She is very untidy, abusive, and filthy in her habits. W.M.
- Nov. 1. This morning Miss Fitz Hugh broke her waist belt and tore her blouse and bodice: There is no change in her mental or physical condition - She is still very

Miss E. M. Fitz Hugh (Cont'd) 20

- Nov. 1. (Cont'd) impulsive, and her contacts with her surroundings. W.M.
- " 11. Yesterday morning she tore her underclothing and pulled some buttons off her boots, and whilst walking she took off her hat and pulled down her hair. She is very suspicious of those about her and falsely accuses the nurses of stealing things from her. She is very cunning, deceitful and untruthful. W.M.
- " 25. She is at present very threatening, saying she will kick Dr. Lee, Jennings, and also her nurses. W.M.
- " 27. This morning she struck nurse Greenwood on the head and kicked her in the stomach. She is very ill-tempered and vindictive and does not appreciate anything that is done for her. W.M.
- Dec. 14. Has visited last week by her brother Mr. William Fitz Hugh & his wife. Since the visit she has spent much of her time in bed but is up today & has written than usual. She is always full of schemes to go to one place or the other, & says if she can go on better, but seems to be utterly incapable of showing her fitness for the plans she forms. W.M.
- Dec. 25<sup>th</sup> Her habits continue to be very dirty. C.W.P.B.
- " 26<sup>th</sup> Her dirty habits continue: she complains of head pain in bed & about return home saying it is the pain on exam<sup>n</sup> beyond the small animal pills. C.W.P.B.

1907

Miss E. M. Fitz Hugh

Jan 8<sup>th</sup> Has complained of severe abdominal pain for 2 or 3 days, chiefly in the right iliac region: there is some slight ovarian tenderness but nothing else abnormal can be made out. C.W.P.B.

Jan 10<sup>th</sup> The abdominal pain continues so Antipyrin was ordered in gr. v doses.

6<sup>th</sup> Pain is less severe

11<sup>th</sup> The patient had a rectum tube & complains of abdominal pain: on examining abdomen found it distended above the pubes & on passing a catheter into the rectum about 14 inches of urine. The nurse says she has lately had incontinence of urine. The

specimen of emptying the bladder being 7. expressed having a much relieved: there is tenderness above the right ovarian region: she has an offensive vaginal discharge & douches were ordered today. C.W.P.B.

12<sup>th</sup> When the nurse was trying to pass the catheter she passed a pint of very offensive greenish yellow matter came from the vagina: Miss Fitz Hugh felt easier after this & passed water naturally. C.W.P.B.

13<sup>th</sup> The patient has complaints of abdominal pain & inability to pass urine so the catheter was again passed: pain much relieved by hot hip bath. C.W.P.B.

14<sup>th</sup> Pain continues: sleep badly: there is a collection

1907

Miss E. M. Fitz Hugh

of pus bulging forward the posterior vaginal wall & leaking out by a small opening: vagina hot & tender: nothing felt per rectum & abdominally there is nothing definite: she can stand deep pressure all over the abdomen but says there is tenderness in a spot close to the pubes: it still smells & is inclined to the catheter was passed at 2:30 p.m.: passed at 9:50 p.m.: temperature 100.8 at 4 p.m. & 100.2 at 8 p.m. C.W.P.B.

Jan 9<sup>th</sup> 14 Had a good night: after gr. v. of veronal: catheter passed at 9:30 a.m.: about 1 pint of dark colored urine drawn off: temperature normal, pulse 98. Says she feels more comfortable: she is now taking Pot. Bic. gr. x Pot. Acet. gr. xx Sp. Chlo. ʒi. M. ʒi. 3/4. At 11 a.m. 3/4. At 3 p.m. 4<sup>th</sup> hour. C.W.P.B.

15<sup>th</sup> Had 6 grs. veronal & slept 4 1/2 hours. Passed a large quantity of pus during the night, & douching & hip bath brought away freely: bowels well moved by enema: passed catheter at 8:45 a.m. so she has passed no urine: pulse 100 temp. normal: complaints of pain: labia surrounding parts tender & inflamed from the irritating discharge. C.W.P.B.

3 p.m. Passed catheter: urine lighter in color, sp. 1006. Abdomen: pain is comparatively free from per. C.W.P.B. Pulse 100 Temperature normal



1909

Miss E. M. FitzHugh

Jan. 16<sup>th</sup> Semp. at 10 p.m. 100° Pulse 108. Sals catheter and Miss off about one pint. Pus has come away throughout the day. The vagina is being douched with 1% formalin twice a day. She is taking eggs & milk with brandy. C.W.P.B.

" 16<sup>th</sup> Had venereal g. still but had a bad night. Pulse 112 Semp. 100.1. Tongue furled. Bowels well moved by enema. Pus catheter at 9 a.m. She says the pain is very severe; tenderness on deep pressure in left iliac fossa region. C.W.P.B.

" 17<sup>th</sup> Miss FitzHugh was operated on today under chloroform by Dr. Satt of Dr. Thomas' Hospital. A double pyo-salpinx was found which had opened into the vagina behind the cervix and also into the rectum. Incisions were made in both places and a large quantity of very offensive pus evacuated. A drainage tube was left in. Dr. Satt's opinion is that the tubal mischief has been going on for several years. The patient stood the anaesthetic & operation very well. C.W.P.B.  
At 7 p.m. the temperature rose to 102.8 & the pulse to 130 & she complained of severe pain: at 10 p.m. gr. of morphia was given hypodermically. She went to sleep in 20 minutes. C.W.P.B.

1909

Miss E. M. FitzHugh

Jan. 18<sup>th</sup> The patient had a restless night, sleeping from 10.30 till 11.45, with <sup>but</sup> only short periods of sleep. Complains of pain in chest, abdomen & rectum. Temp. at 2 a.m. 99° at 6, 100.4°: she had some brandy at 3 a.m. & also a cup of Borriol, and a bit of some milk; very little discharge: at 7.30 urine drawn off by catheter: at 9 a.m. had another  $\frac{1}{4}$  gr. of morphia. Abdomen distended & painful so hot fomentations with turpentine were applied. Six Douche (2% formalin) brought away very little pus. Semp. at 9. 98.8, pulse 130, respirations 40. Morphia gr.  $\frac{1}{4}$  was given at 10 p.m. An aperient pill was given at 10 a.m.

She complains of severe pain in the chest and difficulty in breathing: tension position seems to be just in for an hour occasionally, when relieved by. She passed water naturally. C.W.P.B.

Jan 19<sup>th</sup> The patient slept from 10.45 p.m. until 12.15 a.m. from that time till 3 a.m. very restless & talkative. Complains of pain in right chest some poulticed at 2 a.m. She took during the night a glass of lemonade, half a glass of milk at 10 a.m. & a little brandy at 10 a.m. also a cup of tea at 5.45 a.m. She vomited twice in the night again at 7 a.m.

Jan 19. cont. Temperature at 10 p.m. was 99.5, at 2 a.m. 98.5 and at 6 a.m. 98.2 At 9 a.m. her pulse was 124 and respirations 25.

Free gas in periton. The abdomen is distended & tympanitic with cool cavity as the dullness in the flanks & vomiting has taken place. There has been place many times in fact when she has disappeared C.O.S. Taken nourishment this pulse is already

130, respirations 30; temp. at 10 p.m. 100.2  
C.W.P.B.

20<sup>th</sup> A very restless night, much pain and only 1 1/2 hours sleep, though she had 1/2 gr. morphine at 10 p.m. vomited all nourishment. Bowels much distended stender reaction of bowels. An olive castor-oil enema had no result.

1/2 taking cold champagne & vomiting continues. Pulse already 130. Temp. fell to 96.8. at 6 a.m.

at 11 a.m. 98.4. At 11.40, commenced giving her 1/20 of strychnin hypodermically. The drainage tube came out last night. Vomiting is contin. night & morning but brings away very little discharge. Irid nutrient cream of peptonised milk egg brandy but they were not retained. Strychnin 1/20 given again at 7 & 11 p.m. morphine 1/4 at 12 p.m. At 10 p.m. Temp. 98°. Pulse 140 Resp. 40

Jan. 21<sup>st</sup> About 3 1/2 hours sleep at intervals

Jan. 21<sup>st</sup> cont. very talkative & restless when awake: unable to keep down any nourishment, bowels acted 3 times, motions light & loose, the first being formed, the others loose; the abdomen is now quite so distended. Temperature subnormal, pulse 116, tongue very dry. Strychnin 1/20 given at 8.45 a.m.

C.W.P.B.

12.45. Strychnin 1/20. Pulse fuller & 116. Still vomits all nourishment. Talking continues but not retained. Repeated Strychnin 1/20 at 1 p.m. again at 6.40 Vomiting continues but has retained nourishment a little longer in the stomach.

8.30. Bowels moved again, loose motion: vomiting continues. Pulse 120 Temp. 99.8. 10 p.m. Still vomiting. ~~gave~~ <sup>ordered</sup> minor doses of Dr. Sodi's hourly. gave hypodermic of Strychnin 1/20 & morphine 1/4. C.W.P.B.

22<sup>nd</sup> Miss FitzHugh has retained her nourishment & had some sleep, in the early morning the bowels were moved & ~~she awoke~~ she awoke in a state of great exhaustion: she died at 4.5 a.m. she was conversing to the last & passed away quietly without suffering. C.W.P.B.

See Case Book 47. p. 21. Entered in error in this book.





1908. Mr. Herbert William Foskell.

Date of admission September 7<sup>th</sup> 1908

Age 42.

*Physical State* He is in good condition and bodily health and his organs are all sound. His pulse is about 80 irregular; his arteries are rather hard; tongue furred. He has a small scar below the corner of the left upper maxilla where he made the attempt to cut his throat.

*Mental State* He had many delusions, the chief one being that he has contracted Syphilis, of which disease he has no sign whatever. He thinks that he has by some means infected all the members of his family with the disease except the two young children of his landlady.

Weight 9 st. 12 lbs.

Wine



1908

Mr. Herbert William Foskett cont.

Medical  
Certificate.

1.

He tells me that whenever he goes out he is watched by people, and has been so watched for five weeks, and he expects to be arrested for giving syphilis to a child and a baby of his landlady, he not having touched either of them, and not having evidence of having syphilis himself. Also he told me that he had tried to cut his throat three weeks ago, but had not had courage, and only made two slight cuts. Having written letters resigning clubs and sealing business, he returns evasive answers when I ask what he intended to do. His father, William John Foskett told me that he had been suffering from the fear of arrest and the delusion of being watched and had said something about his not seeing him any more.

Walter Broadbent M.D. M.R.C.P.

50 Brunswick Square.

Hove. Sep. 6<sup>th</sup> 1908

1908

Mr. Herbert William Foskett

Medical  
Certificate.

2.

He said he had syphilis and given it to several others. All his symptoms he said were syphilitic. He has never apparently had the disease. He says he is being watched and followed now and also during his holiday by men. All people passing this house are watching him and he thinks he ought to give himself up to Justice.

His brother Reginald states that during his holiday he feared arrest, first for imaginary libel, and then for having communicated syphilis to a number of persons. That the hotels emptied when he came in, he made an attempt to cut his throat and was immediately brought home and the marks on his throat were seen by me.

Charles Boards Richardson

40 Wilbury Rd. Hove

Sept. 6<sup>th</sup> 1908

1908

Mr. H. W. Fosskett

History

1908

Mr. H. W. Fosskett

Sep. 8<sup>th</sup> Refused to take a powder (vernal gr. 1/4) last night and says he did not sleep well. complained that "fumes" rising from his pillow kept him awake. depressed & moody. Tongue furred, capillary poor. Was given gr. 1/4 of Calomel in his food. (c. 10.15)

- 9<sup>th</sup> Bowels well moved by the calomel and his tongue is cleaner. complained again of the "fumes" said that he shifted his head to the other end of the bed to avoid them. He is very persistent in his delusions about syphilis & showed me a pustule on the back his left elbow as further evidence of syphilis. He declares that during the last fortnight while under treatment in the doctors house at Hove something was done to him to transfer the syphilis from him to other people & that now those people are suffering for his sins. though it was so "transferred" he keeps to the delusion that he still has the disease himself. he also fears arrest for some libellous speech he made in connection with some mining company in & asked me if "those men" (allusion) were not detectives who had come to arrest him. He was persuaded to

explained this delusion by saying it was the "transference" (c. 10.15)

1908

Mr. H. W. FOSTER

- Take gr. E. of Veronal this evening. The Justice was dressed with a toxic powder Cap. 12.
- Sep. 10<sup>th</sup> Continues to talk about his fears of arrest and about his syphilis; he went for a walk with me this afternoon & talked cheerfully though, not once referring to his troubles: C. G. J. B.
- Sep. 11<sup>th</sup> Refused his usual last night. Had a somewhat restless night; asked my advice as to whether he should give himself up at the police station or what he should do, as his arrest was inevitable. C. G. J. B.
- 12<sup>th</sup> Had Veronal gr. viii last night had 5 hours sleep; refused his dinner last night & ate but little breakfast today; goes out walking daily with his attendant; is some delusion's content. C. G. J. B.

## Medical Staff

## Ment

He has many grave delusions and hallucinations. He has the idea that he had contracted syphilis, this being not so. He is afraid that he will infect others and in consequence he desires to keep to his rooms & not go outside. He believes that detectives are after him.

Mr. H. W. FOSTER

for having infected certain children. He believes that fumes are put into his bed. He talks to himself and is depressed in appearance and in conversation. He is in good condition and his bodily health is satisfactory.

H. H. N. Sep. 11<sup>th</sup> 1908.

Sep. 13<sup>th</sup> He had 1 gr. Calomel last night which acted satisfactorily; mental condition unchanged; he was refused to shake hands his reason being that he is not worthy to do so.

Sep. 14<sup>th</sup> He had a restless night and is as usual depressed & gloomy. His appetite He does not take his food well. Ordered him the following R. liq. morph. Hyd

℞. Podophyllum an m ℞

℞. Rlii m ℞

℞. Card. Co. 4 xv

aq. Chlor. ʒ ʒi ʒi

also Veronal gr. x h. s. C. G. J. B.

He went for his usual walk this morning and his attendant had some difficulty in getting him to come back again, as he wished to



1908

Mr. H. W. FOSKETT

- Sep. 14<sup>th</sup> cont. give himself up at the police station. *C.W.J.B.*
- Sep. 15<sup>th</sup> He had a fairly good night, sleeping for five hours. *C.W.J.B.*
- Sep. 16<sup>th</sup> Had a "bilious attack" today, with headache & nausea & a furred tongue & the medicine was discontinued & only a venereal powder given at night with calomel. *C.W.J.B.*
- 17<sup>th</sup> Is considerably better, had a rather restless night. *C.W.J.B.*
- 19<sup>th</sup> Had a good night & is looking better. he has not referred to his delusions for the last three days and seems brighter. *C.W.J.B.*
- 21<sup>st</sup> Is not so depressed & sleeps well better. today he asked me to examine his penis as he thought "the discoloration was more marked", & that he thought something had been given him to cause this change. he still doubts he is "not worthy to shake hands". he goes out daily and says the walks do him good. *C.W.J.B.*  
He is taking a mixture containing *S. Præp.* *in viâ* & *S. Nuc. Vom. in V. ter die* & a *viâ* venereal powder occasionally. *C.W.J.B.*

Mr. H. W. FOSKETT

- Sep. 25<sup>th</sup> His delusions about syphilis continue, but he has lost those about the libellous speech he made (see note of 9<sup>th</sup> inst)
- Sep. 27<sup>th</sup> He has a carbuncle on the neck which is rather painful and which he looks on as further evidence of syphilis & it is being dressed with sublimed fange wrung out of 1 in 40 Carbolic Acid. he sleeps fairly well without venereal & he again referred today to the necessity of giving himself up to justice. his general condition, apart from the carbuncle, is satisfactory. *C.W.J.B.*
- Sep. 28<sup>th</sup> He refused to have his neck dressed this morning on the grounds that he considered it wrong for him to allow anything to be done to better his condition. he still insists on the necessity of giving himself up & at the police court. *C.W.J.B.*
- Sep. 30. He still declares that the carbuncle is evidence of syphilis, and refuses to shake hands for fear of infecting me. He is depressed and miserable, but is eating and sleeping well. *H.W.*
- Oct. 7. He is practically well of the carbuncle. is not quite so depressed. is taking his food better, and sleeping well. *H.W.*

Oct. 8. He is suffering from marked melancholia. He has an unformed belief that he is suffering from syphilis, and he is afraid to shake hands or touch things for fear of communicating it. He says that he is a criminal for having infected many and he wants to give himself up to the police. For one or two nights he heard someone shout "Dog-bound" outside his bedroom door.

He is in good condition though in rather poor health. He has had a severe carbuncle on his neck which, with <sup>distaste for</sup> food has pulled him down. In other respects he is in a satisfactory state.

(Signed) H. W. F.

11. For the last three days he has taken but little food and was fed by the tube this evening with a pint and a half of milk with Benger's food and two eggs. 11/14
13. He is being fed twice daily with the tube: is sleeping but poorly and is rather more depressed again. 11/14
16. He is now being fed three times in the day: is still very depressed, but is sleeping fairly well and the bowels are kept well open with castor oil. 11/14
19. After much persuasion he took some beef-tea today. 11/14
20. Today he says he has altered his mind and that he will not take food unless "by force". Accordingly he is being fed again as usual. 11/14

Medical  
Report  
and  
Certificate

Oct. 25. Mr. Foskett took his lunch today: apparently the fasting has improved him considerably and he seems inclined to be more reasonable: he looks better and is not so depressed and miserable. Weight. 9 st. 6 lb. 11/14

31. He is taking his food now and is sleeping rather poorly, having an occasional vomit powder for <sup>or</sup> ~~or~~ <sup>or</sup> ~~or~~ in the whole his condition has improved. He is not so lethargic and gloomy. 11/14

Nov. 4. He continues to take his food and is sleeping a little better. There is no change in his mental condition since the last note. 11/14

14. He has gone back in his mental condition and has been again fed with the stomach tube. 11/14

20. He is very melancholic and although he will sometimes take a very fair meal but as a rule he has to be fed. He gets fair nights with morose gr<sup>o</sup> - 11/14

Dec. 1. He has been ordered a mixture of R. Podoph. ʒj, Lig. Aspid. each ʒij, Gum ad ʒij - ʒi + ʒj. This he refused to take and he has been given the first dose with the nasal tube. 11/14

7. He has to be fed as a rule: he will only take a meal occasionally, and is extremely depressed and melancholic. He has the delusion that he is giving syphilis to everybody in the house. 11/14

17. He is at present taking his food, with occasional feeding by the tube. He is still melancholic and much depressed. 11/14



1908

Mr. H. W. Fookitt

Dec. 25<sup>th</sup> He continued in the same depressed & miserable condition but has not refused his food for the last week. C.W./B.

Dec. 26<sup>th</sup> He refused his food today and was fed by tube at 2 p.m. (Chicken broth & which was added Ol. Ric. 3/4) C.W./B.  
In the evening took his food as usual. C.W./B.

Dec. 28<sup>th</sup> Had rather a restless night & refused his food this morning - was fed by tube. C.W./B.

29<sup>th</sup> Was fed by tube at 10 a.m. C.W./B.

30<sup>th</sup> Fed by tube at 7.45 p.m. C.W./B.

31<sup>st</sup> He goes out daily, continues in the same depressed condition & refuses to speak, when he sees it is to the effect that he is not worthy of treatment, that he should not be here & ~~is~~ shows signs of himself at 6 p.m. & 4 a.m. C.W./B.

1909. Jan 1<sup>st</sup> Fed by tube at 2.15 p.m. C.W./B.

6<sup>th</sup> No tube feeding since the last note; he has taken his food fairly well; he persists in his delusions about syphilis. C.W./B.

13<sup>th</sup> He dressed himself this morning, a thing which he has not done for some time; he had a good night & is taking his food fairly well.

20<sup>th</sup> The patient has been getting a better of

1909

Mr. H. W. Fookitt

late and has taken his food, though sometimes he requires a great deal of coaxing; he has lately been more ready to talk about himself & his delusions. C.W./B.

1909. Feb. 6<sup>th</sup> Continues to be very depressed, he will sometimes talk about his delusions, at other times refuses to speak or to allow his pulse to be felt. Was given today Acid. Hydroch. 3/4 & Li. Nuc. Vom. 1/4 in 8 to 10 p.m.

Feb. 25<sup>th</sup> His health has improved: he goes out for daily walks, takes his food fairly well & sleeps with the aid of veronal (gr. B) when he does say anything it is connected with his delusions about syphilis. C.W./B.

March 11<sup>th</sup> There is not much change to note; he is perhaps not quite so depressed, but he refuses to converse with others; he goes into the library daily but does not speak or read & sits silent with his hand resting on his hands. C.W./B.

29<sup>th</sup> Goes on much the same; now & then he brightens up a little; he takes his food fairly well the good nights. C.W./B.

April 5<sup>th</sup> Unchanged mentally; he is having a cold



1909

Mr. H. W. Fossell

- April 11<sup>th</sup> and Shower bath every morning c.w./B.  
He was ordered a mixture of bark, Vinous &  
Lith. Hydrochloric Acid but refuses to take it.  
c.w./B.
- 12<sup>th</sup> The dose of veronal was today reduced from  
gr.  $\bar{x}$  to gr.  $\bar{viii}$ .
- 18<sup>th</sup> He has good nights & takes his food well.  
He goes out daily but cannot be induced  
to read or occupy himself in any way.  
He attended evening service in the Chapel today.  
c.w./B.
- M.B. The veronal was reduced to gr.  $\bar{v}$  on the  
16<sup>th</sup>.
- May 14<sup>th</sup> No change to record: part of veronal was  
found inefficient so he is now taking  
gr.  $\bar{vi}$  when good nights. c.w./B.
- May 15<sup>th</sup> The patient was visited by his brother being  
on the 5<sup>th</sup> he has improved considerably, he  
is not so moody & will sometimes occupy  
himself by reading. c.w./B.
- May 25<sup>th</sup> The improvement continues, he reads & will  
take a drink: his father visited him on the  
20<sup>th</sup> inst. the patient behaved rationally & kind.  
He was rather depressed when his father left him.  
He continues to take veronal gr.  $\bar{v}$  every night.
- July 4<sup>th</sup> Mr. Fossell's improvement continues, he is  
much more communicative & now we can talk

1909

Mr. H. W. Fossell.

so miserable as he did. He has quiet nights  
& takes his food well. c.w./B.

July 15<sup>th</sup> Mr. Fossell today went to Leambridge Wells  
to see Kent & Sussex and much enjoyed the  
day's cricket. He still takes veronal every  
night & sleeps well. He is much less reserved  
and no longer sits moping in his room but occupies  
his time now by reading. c.w./B.

Aug. 11<sup>th</sup> Some of the patient's blood was today  
sent to the C.R.A. for Wassermann's reaction.  
He is considerably better than he was and  
will converse, but his progress is slow.  
c.w./B.

Aug 27<sup>th</sup> I have his day sheet and examined  
the above <sup>range</sup> patient and beg to report  
Physical  
Report  
that with regard to his mental  
condition. He is suffering from melancholia  
he is depressed and has fears that he  
may infect Syphilis & others. He is  
dull and somewhat difficult to arouse  
& action. He has improved considerably  
of late. And with regard to his bodily  
condition he is in good bodily health  
and condition. And I hereby certify  
that he is still of unsound mind and  
a suit on from the set award under a treatment  
dated the 27<sup>th</sup> day of Aug. H. H. N.

Mr. Herbert W. Foskett

Sep 21.

The course of this case is very disappointing. He has been brought up to a certain point of improvement, when it was hoped, a further might be expected to do much toward complete recovery. But the one element that is wanted is absolutely lacking - help from the patient himself. A carefully considered scheme for his going to Lyme Regis among valued friends, other schemes, all schemes have been on one side, his met on his part with pronounced resistiveness. A recurrence of restlessness, insomnia and other troubles show that it will not be safe to discount in any way this negativism. He needs to be taken when likely to offer the least resistance. Certainly he went out for an 18-mile tramp with an attendant, enjoyed and derived benefit from it.

H.W.F.

Mr. Herbert W. Foskett

October 9.

The patient has this day been seen by Dr Savage, who does not feel over confident about Mr. Foskett's ultimate recovery. He can not see that anything better can be done for him than trials at the seaside or elsewhere.

H.W.F.

October 24

Mr. Foskett has his father with him now, the latter staying in the village and taking him out each day for long walks. He reports improvement, the patient's conversation being more natural and less self-centered. He takes much interest in neighboring churches & villages. He is sleeping very fairly & eats well.

H.W.F.

December 16

The experiment of his people being near him has been continued, & visits as well as the latter being in the village. The former brought her violin and thus the patient was led to resume his old musical practice. He has pleased with the band at some treatments in the Hall. He has tried at my home repeatedly, and



47 1909

Mr. H. W. Foskett

Dec. 16  
(cont.)

Talked as well and read as if he had never been ill. He is quite a different man, enjoying life and he is most industrious in reading the paper and various books about tariff reform, in which, together with political happenings, he is most interested and self-informing. He has more than once told me that there is no health whatever that he would repeat to himself attempt on his own life.

It is proposed that he shall write letters on leave of absence, by way of trial

*H. W. F.*

20 Dec. 1909.

Patient was today allowed out on leave of absence to 132 Marina St. Leonards-on-Sea for two months accompanied by an attendant.

15. Jan. 1910.

Patient was discharged today relieved, by the authority of the physician (H.W.F.)

Jan. 11<sup>th</sup> 1910.

I have seen Mr. Foskett three times <sup>including today</sup> since his going on leave. He has done very well, his facial appearance, on each occasion showing that he has regained ordinary cheerfulness & interest in things around him, especially in politics & cricket he

48

Mr. H. W. Foskett

1910 cont.

shows great knowledge & keenness. It cannot be said that he has lost the idea that he had syphilis some years ago, it is impossible for me to say that he did not have it; she still believes that he injured others with it. This is an unfortunate belief, but not one that can be demonstrated to be a delusion, though it is not the fact in my opinion. But it can be seen from his face that he attaches no importance to the idea, it has evidently no effect on his general comfort of mind. Still in default of his specifically accepting my assurance that he could not have caused such injury, it cannot positively be said that he has definitely recovered & accordingly he is to be discharged as only relieved. His brother & sister notice nothing wrong with him & he has said nothing to the former about his belief. H.W.F. (H.W.F.)



1909

Miss Cicely Eleanor Watson 50

*Date of admission* March 11<sup>th</sup> 1909 on an Urgency Order

*Sex age* F. 21 (on the petition of her mother <sup>Watson</sup> Mary Blake  
Single Church of England.

*Medical Cert.*  
*Category I* She was sitting huddled over the fire with her skirts up to her knees and would have remained so. When addressed she would not reply but threw herself onto the sofa without any regard to her petticoats, and covered herself entirely with a rug, head & all. Refused to speak or allow me to feel her pulse. Is uncontrolled and unmanageable. Violent if thwarted. Her moods vary from complete apathy to sudden restlessness and excitement. Refuses food. Will hardly attend to the ordinary calls of nature. Entirely regardless of appearance. Untidy in her hair and dress, actively resisting any interference. She is quite unable to appreciate the necessity of conforming to the ordinary usages of society in the ways of cleanliness, food-taking and other requirements for health. It is impossible to properly control or treat her under her present conditions in a private

ment. She is not fit to be in a house where other visitors are, for she will, if interfered with, do violence to those about her.

Dated this Eleventh day of March 1909

(Signed) John E. Ranking  
of Hanover House, Sunningwell.

*Physical condition and appearance.* Tall, well-nourished, but pale; eyes grey-blue, hair light-brown; expression of countenance vacant; no peculiarity in form of head.

She had a truss above the region of the pulmonary valve for conducted with upwards or downwards; the heart apex is normal in situation; the respiratory organs are normal.

The abdominal organs are normal & the menses regular.

*Mental condition.* She laughs in a foolish way when asked a question, and will not reply, or if she does it is only "yes" or "no". She is quite regardless of appearances, sitting cross-legged with her dress any how & her legs exposed, unbothered about her hair; she sometimes gets up suddenly & makes to the piano on which she begins drumming, or makes to the door & tries to get out.

*Medical*

*Certificate 2.* She is very apathetic, would not look me in the face would only answer questions with yes or no, and only after considerable intervals; does not remember where she came from yesterday nor how she came; frequently laughs in a foolish way when asked a question. Ellen Reeves, Nurse, The Vineyard, Litchurch, says that she is dirty in her way of talking, would not wash herself, is constantly laughing about nothing.

(Signed) A. Warren Woodruffe M.D.

Litchurch. Susses

Dated this 12<sup>th</sup> day of March 1909

1909.

Miss Cicely Eleanor Watson

**Medical Statement** She is undergoing an attack of recurrent mania. She sits huddled up on a chair or sofa - speaks only when spoken to and as if occupied with her own thoughts and smiles vacantly. Her memory is much affected. She is often restless and impulsive, lets her hair down and wants to go out of the room. She runs to the piano and plays in an irrational manner. She has to be dressed and washed. She is in good condition and well nourished but anemic: she has a tonic murmur.

Dated the 17<sup>th</sup> day of March 1909

(Signed) H. K. W.

March 17<sup>th</sup> Miss Watson became somewhat excited today when her spoon fork as her nurse on a sudden impulse: she probably has auditory hallucinations. c.w.j.B.

25<sup>th</sup> Has been going on comfortably since 25<sup>th</sup>. She eats & sleeps well & goes out regularly: she has several every night: the dose has been reduced from gr.  $\bar{X}$  to gr.  $\bar{v}$  c.w.j.B.

April 3<sup>rd</sup> Condition unchanged: she sleeps well now with only grs.  $\bar{v}$  of several c.w.j.B.

Miss Cicely Eleanor Watson

April 6<sup>th</sup> Rather excitable today: she pulled off her nurses cap, dashed a neat plate against the wall & smashed a flower vase by throwing it down: she was lying on the sofa when nurse wanted to get her & the catch she did not wish to go, hence her behaviour c.w.j.B.

April 11<sup>th</sup> Has been going on fairly well: has good nights with only grs.  $\bar{v}$  several. After a night or two has slept without any. Miss Cole reports that the patient threw a silver fruit knife at her c.w.j.B.

April 12<sup>th</sup>

**Report** She is of unsound mind, she sits smiling and apparently apathetic, engaged with her own thoughts. Occasionally it is evident that she has aural hallucinations; on one occasion she slapped her nurse's face because she was "told to do so". She is impulsive and throws things at her nurses & others in fits of momentary irritability: she is somewhat anemic but her health has improved since admission: her condition is excellent

(Signed) H. K. W.

April 12<sup>th</sup> 1909.



April 26<sup>th</sup> A week ago she pulled off her husband's hair - 2 times in a row. With that exception she has been quiet & has had several good nights without a sound. General health satisfactory. c.w.j.B.

• 28<sup>th</sup> She has several hallucinations & voices: she has for some time past been practising bad habits. c.w.j.B.

May 5<sup>th</sup> She has been quiet & has given no trouble lately. c.w.j.B.

May 20<sup>th</sup> The patient has an occasional sp. dose of veronal. She is very impulsive and today smashed her nose in the face. c.w.j.B.

• 28<sup>th</sup> No change. c.w.j.B.

May 30<sup>th</sup> Miss Watson slept badly. She was troubled by voices. Insultation came on today. She has been again guilty of bad habits. c.w.j.B.

June 5<sup>th</sup> Today Miss Watson smashed two large flower pots, throwing them at one of the attendants. c.w.j.B.

• 21<sup>st</sup> Her bad habits continue. She was today ordered a vaginal injection of salicylic acid. c.w.j.B.

July 6<sup>th</sup> Her general health is good & she has been behaving better lately. c.w.j.B.

July 21<sup>st</sup> Miss Watson is going on satisfactorily. She has

July 21<sup>st</sup> cont. one rainy, walking or cycling and her general health is good: she has not to be concernedly worked now and no longer has a nurse in her room. c.w.j.B.

18 Sept. 1909. Patient has continued to improve and today was allowed out on leave of absence to St. Leonard's. N.E.

21 September For a considerable time past the patient has been improving, through the efforts of Dr. Watson, looking to the improvement of which Miss Watson has been liable, it is very necessary to take time in managing the case, especially at the time of menstruation. Such a time has lately passed successfully. She reads a good deal and works, but she is not a very sociable sort of young lady, being quite ready to sit by herself for hours. Her bodily health is better than on admission. N.E.

October 19 Miss Watson improved more rapidly, and she was sent into lodgings at St. Leonard's with her maid and an attendant. She had some work there, taking interest in cycling and

57 1909

Miss Cicely Eleanor Watson

58

Oct. 19 could not see her. It is more than probable that she has her voice, as she is over quiet when others are with her and often seems to be listening to something beyond. She also has the characteristic eye hand-shake and lessened affection of Dementia Praecox. She however looks well & bright when interested. It is proposed to transfer her to "night care" under Miss Macnab.

H. W. Newson

30 Oct. 1909 Miss Watson has this day been removed to the care of Miss Eileen Macnab at 131 Manilla St. Leonard-on-Sea - as relieved - by the Authority of the Petitioner, Miss Mary Blanche Watson. D.S.

A number of blank pages follow  
and have not been photographed.



has been normal for a week, again rose to  
99.8. his moods vary, he is generally good temper  
ed & cheerful. c.w.j.B.

April 11<sup>th</sup> The temperature has been rising to 99° &  
a little higher for several evenings. his  
general condition is good he goes out walking  
every day & takes his food well. c.w.j.B.

May 4<sup>th</sup> He is getting on fairly comfortably. at times  
in a bad temper but usually inclined to be  
jovial & cheerful. c.w.j.B.

12<sup>th</sup> He gets out every day in doing well. the temper-  
ature has risen a little during the last few  
days but not above 99.4° c.w.j.B.

25<sup>th</sup> The temp. has been normal lately & the patient  
quite comfortable. c.w.j.B.

June 11<sup>th</sup> The temperature yesterday rose to nearly 100° so  
he was kept in bed given Calomel ʒiʒ &  
Linn. Hb. ʒiʒ. The bowels were well moved  
the temperature today is normal. c.w.j.B.

15<sup>th</sup> The temperature has remained normal & the  
patient is in good health & spirits. c.w.j.B.

25<sup>th</sup> He is going on comfortably. c.w.j.B.

July 25<sup>th</sup> The temperature is normal & his general health satis-  
factory. c.w.j.B.

Oct 28.

The patient was transferred "at his request"  
to Trinity House to the care of Major  
Neilly. J.D.

A short time after his removal  
to Trinity House, it was reported  
to me that this gentleman had  
some epileptic seizures, and died  
shortly afterwards.

For a considerable time before  
his leaving General Hospital  
of the disease was more than sus-  
pected chiefly on account of  
persistent rise of temperature.

There were few other signs, except  
perhaps the complete way in which  
any symptom was developed as it  
arose; he chattered more, he became  
more incontinent at times, more violent,  
more irritable than ordinary cases  
of mania. The diagnosis was only  
absolutely confirmed by the method of  
his death. J.D.

A number of blank pages follow  
and have not been photographed.



1909

Mr. Arthur Grimoldby

from 40.138

Date of admission May 1<sup>st</sup> 1909 on the petition of his father  
George Henry Grimoldby, Surgeon.

Sex & age Male 24. Single

Previous occupation Architect.

Mr. Grimoldby has been here as a Voluntary  
Boarder since August 1907 & previous to that he  
was the same at St. Leon, Lincoln.

*Medical Certificat*

I

He is very adverse to give a definite answer to any direct question & is morose in speech & manner. His facial expression suggests a weak mind. He has ill defined delusions of persecution but refuses to enter into details.

*Facts communicated by others*

Mr. Joseph Fother, Superintendent, Exeter House says that on more than one occasion he has complained of hearing voices & that he has heard him talking to imaginary persons.

(Signed) Charles Herbert Fagan M.D. M.R.C.S.  
Belmont, Wadhurst, Sussex.

Dated the 30th day of April 1909

*Medical Certificat*

Case II

Inability to at once comprehend the various questions I put to him, showing frequently great hesitation before replying & utter lapses of memory on quite recent events, making painful efforts to remember & constantly applying his hand to his head before doing so. He evinces great reticence, only speaking when addressed.

Mr. Joseph Fother, Superintendent of Exeter House states that the above named person

is subject to hallucinations, shown by answering imaginary voices though no one in the room but the Superintendent. On another occasion he complained of having no sleep due to bad language used by persons in the room above his though none present, also charging the maids with using foul language to him.

(Signed) Augustus Senasserini Vance Beckman

The Lodge, Litchhurst, Sussex.

Dated this 30th day of April 1909

*Medical Statement*

He is of unsound mind. He is not fully developed either in mind or body. He is liable to attacks of brooding ill temper in which he scowls, answers questions slowly or rudely, or not at all. These attacks are undoubtedly connected with delusions of suspicion & aural hallucinations. He is tall & weedy, with a small lower jaw and high narrow palate, irregular teeth and the general appearance of a degenerate. There is no sign of physical disease, except anaemia.

Dated the sixth day of May 1909.

(Signed) H. Hays Hewington





Mr. Arthur Guinness

July 25<sup>th</sup> and 26<sup>th</sup> and has had his meals in the dining room.

C. W. J. B.

Notice of Removal  
 Order of the Board of Directors, the 1<sup>st</sup> day of May 1909.  
 I hereby give you notice that Mr. Arthur Guinness, a Private Patient, received into this House on the 1<sup>st</sup> day of May 1909 was on the 30<sup>th</sup> of July 1909, removed to St. Andrew's Hospital Northampton not improved by the Authority of the Petitioner George Henry Guinness

Signed, H. Hayes Surgeon

Dated the 30<sup>th</sup> day of July 1909

Consent  
 I, the undersigned, a Commissioner in Lunacy, hereby consent to the removal, on or before the 2<sup>nd</sup> day of August 1909 of Arthur Guinness a Private Patient in Exchequer House, Exchequer to St. Andrew's Hospital, Northampton

Given under my hand this 19<sup>th</sup> day of July 1909

S. T. Tinsdale Clerk. A Commissioner in Lunacy

Order  
 I George Henry Guinness the undersigned being authorized to discharge Arthur Guinness a Private Patient in Exchequer House, Exchequer hereby order & direct that the said Arthur Guinness be removed thereon to St. Andrew's Hospital

Mr. Arthur Guinness

Northampton.

Signed G. H. Guinness  
 Guinness



1909

Captain the Hon. G. A. Hardinge R.A. 90

Date of admission May 5<sup>th</sup> 1909  
 Age 44. Single  
 Previous occup. Captain in the Royal Navy, H.M.S. Douglas.  
 Religion Protestant.  
 Medical Certif. He has a vacant expression & altered manner:  
 Case I marked loss of memory; accuses people about him of robbing him; says things have been put into his medicine to poison him; tremor of hands inequality of pupils; talks as if he were still on his ship; refers to his room as his cabin &c.  
 His sister, Mrs. Field, of Ashurst Park, Langton, Kent, says that when staying with her he accused servants of robbing him. He frequently addresses relatives as if they had come to see him on his ship. His memory was very bad & his manner altered.  
 (Signed) F. Mauser M.D. & Surg.  
 of The Priory, Emsbridge Wells  
 dated this 5<sup>th</sup> day of May 1909.



## Medical Certif.

## icati II

Memory most defective, puts things down & forgets where when accuses servants of having stolen them; has some hesitation in speech, very tremulous lips, pupils very inactive: at times uses wrong words: suddenly goes off into heavy sleep when sitting in his chair  
 Mary Hout, housemaid, Beacon Court, Crowborough, Sussex says he hides his things under his door forgetting where they have been put says the maids go in at his window & put them in some other place

(Signed) G. Watson Griffin  
 of Beacon Court, Crowborough  
 Sussex

Dated this 4<sup>th</sup> day of May 1909.

## Physical condition

He is squarely & strongly built: he has some <sup>traces of</sup> ~~traces of~~ strabismus the right pupil is a little larger than the left: his muscles, respiratory & abdominal organs are sound: the pulse is   
 the tongue clean & the skin normal.  
 He has no bruises or other injuries: he is tattooed on both forearms: his knee-jerks are active  
 He bears a tumor  
 The pupils are sluggish but react to both light & accommodation

## History

Hereditary predisposition is entirely denied. There is an undoubted history of alcohol, but it is quite probable that this factor, at least of late, has been a result of mental incompetence. From small signs it is likely that this mental incompetence has existed for a year or more, unappreciated. The actual attack is stated to have lasted only six weeks; as a fact the patient was in command of a large unit less than two months ago. It was stated to me that his memory was unimpaired two months ago. He says that he has not contracted syphilis at any time, though he has had gonorrhoea twice. He has consorted at times with prostitutes of low class.

For three or four weeks the patient has resided in a hospital in the house of a doctor at Crowborough, and on becoming excitable and restless he was certified and brought here.

1909

Captain Hon. G. A. Hardinge R.A.

- May 6<sup>th</sup> He seems to be very pleased with his surroundings etc. to be quite comfortable. c.w.j.B.
- " 9<sup>th</sup> He has taken his meals in the dining-room until today when he only appeared at breakfast: he shows his typical memory by the many questions he asks: he complains to Mr. Tolson that his man has gone ashore & not returned & told him to place him under arrest when he came back: he also complains that there is no lock to the door of his "cabin" and that there is "nothing to prevent anyone coming in & assaulting him". c.w.j.B.
- " 11<sup>th</sup> He is very forgetful & inconsiderate: he complains about the den, saying they are chairs & there is no table: he is restless: he has quiet nights & takes his food well.
- " 13<sup>th</sup> He takes his meals in the dining-room again or fairly comfortably: he is much inclined to find fault & does not seem to realize his position here. c.w.j.B.
- " 15<sup>th</sup> He refuses his medicine until he has had it "analysed": he has today been suffering from shooting pains down his right sciatic nerve causing his knee to give way & make him inclined to fall: there is no loss of R.F.

Captain Hon. G. A. Hardinge R.A.

- The sciatic pain was treated with Sulphat. Bellad. in bandage. c.w.j.B.
- May 16<sup>th</sup> He mistook a tie-pin & accuses his man & suspect of having stolen it: he says his leg is better today. c.w.j.B.
- " 20<sup>th</sup> He has not complained of his leg any more: his general health is good, also his appetite: his memory is very bad e.g. after talking to me all through a meal, he will on meeting me in the corridor afterwards hold out his hand & say "how do you do" & "where have you been that I have not seen you lately?" c.w.j.B.
- " 25<sup>th</sup> He seems to be quite comfortable & pleased with the place but he has been rather troubled lately by an idea that a court-martial is to be held on him & that he is to be "turned out of the service". c.w.j.B.

### Medical Statement

He is restless, argumentative & voluble. His memory is seriously impaired. He says that he knows this place well, and has played cricket several times with the J. Quigari on the ground here. He has delusions of persecution, that people steal his things, tamper

1909

Captain the Hon. G. A. Hardinge

with his bathwater & so on. There is considerable tremor about his lips and it is probable that the patient is an early case of General Paralysis. He is in good condition and apart from the physical symptoms of General Paralysis he is in good health.

May 10<sup>th</sup> 1909. (Signed) H. H. N.

June 6<sup>th</sup> Captain Hardinge said to Venner today "if I am to be locked in my cabin, there is nothing for it but suicide". His memory is very bad e.g. he could not find his way to the chapel this evening though he has been there many times and been ~~shown~~ shown the way only a few minutes before.

**Report.**

He is more unaffected with respect to mental condition than he was on admission. His memory is very much impaired. He is possessed by many delusions of suspicion and persecution. Each night he hears people coming up the stairs to break into his room to injure or murder him. With respect to bodily condition he is in good condition, but has become rather weaker than he was. The physical condition points to general Paralysis. (Signed) H. H. N. June 7<sup>th</sup> 1909

1909

Captain the Hon. G. A. Hardinge

June 11<sup>th</sup> He is in good condition states his food well; the delusions of persecution continue. He thinks he has committed some offence for which he is to be brought to account ~~or~~ on half-pay.

c. w. J. B.

15<sup>th</sup> He has conjunctivitis due to some linniment he was using getting into his eyes from his fingers. He is having supplies of zinc ointment applied (p. 2 & 3). He takes his food very well, plays billiards & is able to walk on the stairs or comfortably, except when disturbed by his delusions of persecution.

19<sup>th</sup> The conjunctivitis has disappeared; he has a bruise on the left knee sustained while playing cricket. His general health is good. He is often restless in the early morning, getting up about 3.30 or 4 a.m. & wandering in & out of his room.

c. w. J. B.

July 12<sup>th</sup> His general health is satisfactory but his memory gets worse & worse. He is constantly losing things & accusing people of taking them. He has the same question repeatedly having forgotten the answers to them.

c. w. J. B.

July 25<sup>th</sup> He is argumentative & irritable and often rude. He flatly contradicts one but is much annoyed if anyone contradicts him. He has delusions of



- July 28. cont<sup>d</sup>. Suspicion & persecution. He now no longer at all realize his position here. c.w.P.
- August 1<sup>st</sup> He gets more disconnected in his speech. He generally has some freedom to dilate upon. c.w.P.
- August 2<sup>nd</sup> Captain Hardinge had an altercation with his attendant Vidler this morning, as he (Capt. Hardinge) wished to go out of bounds & Vidler had to restrain him. c.w.P.
- 9<sup>th</sup> The patient's mental condition deteriorates. He will often mutter to himself & himself change without cause. He is restless & pleur & will conduct one in a very rude manner & become somewhat abusive if things do not please him. His memory gets worse. c.w.P.
- 10<sup>th</sup> Some of the patient's blood was today sent to the C.E.A. for Wasserman's reaction. c.w.P.
- Aug. 24<sup>th</sup> Patient's mental condition is becoming much worse. His articulation is more faulty. He is now less inarticulate. C.H.S.
- Aug 31<sup>st</sup> Patient talks continuously at table in a disconnected & inarticulate manner laughing frequently in a good humored way. C.H.S.
- Sept 1<sup>st</sup> Said two men tried to get into

7  
his cabin and murder him last night. C.H.S.

- Sept. 21. This patient is failing more rapidly than in usually the case. His memory is almost abolished. His speech is now unintelligible, both from local affection and cerebral degeneration. The body's condition is also manifestly poorer. The quick active step is replaced by slow uncertain gait; general alertness and vigour have gone, and are shown by listlessness and some apathy. There doubtless arises from cerebral power. Letters cannot be written. There is a cachectic appearance, and to the experienced eye there are many little signs of rapid & inevitable decay. H.H.
- Sept. 18 Patient has taken very little food for two days so was ordered Calgriff. This although slow in action has had the desired effect and patient is this evening much better. D.S.

1909

Capt. the Hon. G. A. Hardinge

Oct. 30

Patient varies much from day to day while he may take a fair amount of food <sup>one day</sup>, the next he <sup>may</sup> take very little. He is also very changeable in his moods at times good-humoured but often very irritable & perverse. He does not sleep well, often getting up in the middle of the night and dressing - imagining that it is time to get up. He is losing in weight while his gait has become unsteady & staggering.

Nov. 25

Patient appears to be getting worse daily, he is gradually losing the power of speech - and especially words he cannot pronounce. He does not sleep well, has incontinence of urine & feces and requires continuous attention day and night. He will stand up and micturate in his sitting room or in the corridors, in fact anywhere when he feels the need. There is also constant dribbling. So

1909

Capt. the Hon. G. A. Hardinge 100

that when near him, the smell of decomposing urine is marked. His bowels have been acting with some degree of regularity lately but as a rule are very difficult to keep open.

Dec. 22

Patient is still able to move about and up and down the stairs, but the cachectic look has become more pronounced lately. He has very little appetite for his food and does not sleep well.

1910

Jan 22<sup>nd</sup>

The patient has some knowledge & considerable amount of trouble. Three nights ago he became very excited & thought for hours & longings to get away to "commit suicide", under the impression that he had fired the big guns of his ship and murdered people. He hit any part of those words in if he got the chance, and was never quiet for a moment. Some slight tremors were incurred in the struggle but there are nearly



1910

gone. The incidents shared became quiet, both his food and behavior as before smiling and content. It is noticed that both his speech and conversation have improved since then. Today after Paraldehyde is quiet and restful, taking his food. As a precaution in case another Naroxym comes on, and this is quite probable, he has on what is called a hind bit, which he is quite proud. The bowels are obstinate, but when not so are opened in his bed, trousers or other convenient place. There is no control over them or his bladder, his general strength is perhaps a little greater than it was three weeks ago.

Jan 21<sup>st</sup>

The patient during the last week or more, has been in a stage of excitement & restlessness, when at his worst, he says that he must commit suicide, then when a little better, says that he must have been had to have said so.

Capt the Hon. G. A. Hardinge.

1910.

Jan 21<sup>st</sup> cont.

He has however made one or two attempts to get to the window & throw himself out. When quieter, he calmly says, "I am dead. I am dying; and at these times takes his food well. He never however had he <sup>now</sup> attempts to bite or scratch his attendants, except for his loss of control of the sphincters, is very clean in his habits, & expresses great distaste at wetting or dirtying his bed. He is kept to his room. He has had from Zipp =  $\frac{1}{4}$  Paraldehyde as a mixture, for the last few nights. There does not seem to be any further paralysis, though his features appear to have altered somewhat. Since the last note, there has been little change in the patient's condition; He continues the Paraldehyde brought at night, & with its aid secures a fair amount of sleep. He is a little quieter on the whole, though he varies from day to day. Today I have permitted him to come downstairs for a short time, as I thought the change would do him good. There are still a few bruises (slight) on his face & body, caused by his struggles. His appetite is capricious, though he generally manages to secure a fair & often good amount of food each day. He is somewhat calmer.



## Capt. The Hon. G. A. Hardinge.

1910.

Feb 7<sup>th</sup>: The patient remains in about the same condition as in the last note. The night before last however, he struggled a good deal all night, (having refused his draught), the result was that in restraining him from his attempts to get to the window, his face & chest were slightly bruised: His hypnotic has been changed from Paraldehyde Zipsittij to Veronal gr. viij - x. (HRSB)

15<sup>th</sup>: Condition much about the same except that he appears to be getting a little weaker, he is not quite so noisy. The other night he had a slight cough but this appears to have gone. Appetite & bowels are in good order. (HRSB)

26<sup>th</sup>: The patient remains about the same, he is weaker & somewhat weaker. He still has Veronal gr x nightly, & with this sleeps very fairly; The patient appears now no longer to think of suicide. His bowels are somewhat troublesome. (HRSB)

March 3<sup>rd</sup>: He has changed but little since the last note except that more care is required in feeding him, as he tends to roll the food about in his mouth instead of swallowing it. He has been a little sick at times. He has been so constipated that castor oil has been given him, together with an injection of olive oil per rectum, this has had the desired effect. (HRSB)

## Capt. The Hon. G. A. Hardinge.

9<sup>th</sup> March 20<sup>th</sup>: His condition has not improved since the last note, he is gradually getting weaker. On March 10<sup>th</sup> while being assisted into bed, he knocked his face against the attendants elbow, sustaining a (left) black eye: (HRSB)

April 3<sup>rd</sup>: He has taken his food very badly of late, & sometimes scarcely took anything to eat all day. Yesterday however he took plenty. He likes chiefly on Bengis cocoa, buttered eggs, milk etc, & has been sleeping better. He is now much more demoralized & childish, though on the whole well-behaved. (HRSB) The above-mentioned black eye has now gone. (HRSB)

April 10<sup>th</sup>: There is little change. He is now eating well. If anything he seems a little better, & came down to the Hall the other day to be weighed & potted the red on the billiard table. (HRSB)

15<sup>th</sup> Special Report  
He is suffering from General Paralysis, He is much demoralized, he has no memory for anything. He has several hallucinations & ideas of persecution. Frequently he refuses all food for days together; he has become considerably weaker of late in the usual course of the disease. HRSB

May 1<sup>st</sup>: No change. (HRSB)

26<sup>th</sup>: Is absolutely demoralized & like a child, takes his food pretty well & sleeps well, having Veronal gr viij nightly. (HRSB)

June 8<sup>th</sup>: The patient takes his food well: he has occasionally a little dysphagia & he prunes & is

1910 Captain The Hon. G. A. Hardinge

June 8<sup>pm</sup> his attendants would well as strongly as when he makes a great noise shouting; he always does this when his attendants are putting him to bed. c.v.g.s.

9<sup>pm</sup> Capt. Hardinge has a swollen ear on the morning; his attendant says that the patient frequently seizes hold of his ear & rubs it hard between his hands. c.v.j.B.

10<sup>th</sup> The patient vomited this afternoon at 2.20. he had eaten his lunch as usual; his attendant on seeing that Captain Hardinge was not looking well took his temperature at 4 p.m. & found it was 100°; he saw for me & I found his pulse was 116 & Respiration 30; he was at once put to bed. at 7.40 the patient had a seizure which his attendants say commenced with twitching of the left side of the face. I saw him immediately & found him comatose & breathing stertorously; an enema of half an ounce of turpentine was given with good result & he became less comatose about 8.30 this pulse & respiration became less rapid, but the temperature had risen to 100.6°.

1910 Captain The Hon. G. A. Hardinge

June 10<sup>th</sup> and He passed water freely after the enema had acted: no paralysis: pupils do not react to light. At 10 p.m. the pulse was 98. Temp. 99.4° respiration 25. he had regained con-

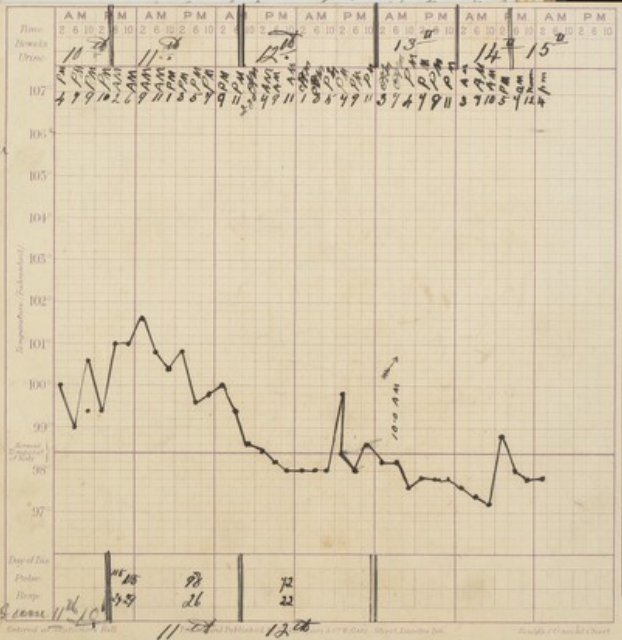
4 HOUR CHART.

DISEASE.

The Hon. Capt. Hardinge  
Name  
Age 45  
Sex  
Case Book No.

Notes of Case

Date of admission  
May 5<sup>th</sup> 1907  
Result Dies July 25  
1910



scious. He was sick half-an-hour later: at 2 p.m. his pulse was quiet (108) but he

Captain The Hon. G. A. Hardinge

June 8<sup>th</sup> (cont), his attendant works well strongly, when he makes a great noise shouting; he always does this when his attendants are getting him to bed. c. v. g. s.

9<sup>th</sup> Capt. Hardinge

morning: his pulse 94

10<sup>th</sup> The patient

he had an attendant

was not there at 4

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

at 7.40

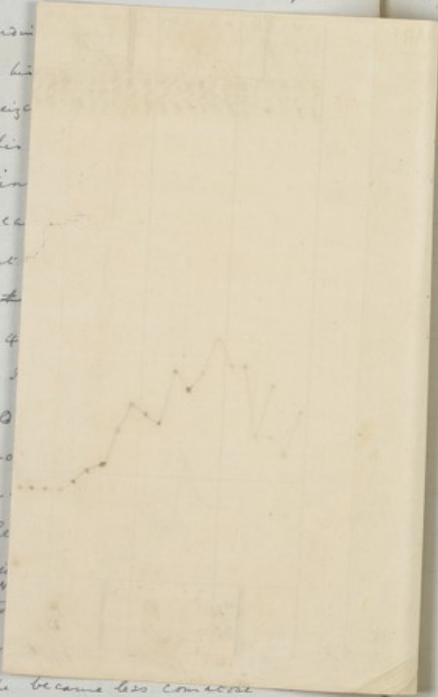
at 7.40

at 7.40

at 7.40

at 7.40

at 7.40



his pulse respiration became less rapid, but the temperature had risen to 100.6°

Captain The Hon. G. A. Hardinge

June 10<sup>th</sup> cont He passed water freely after the enema had acted: no paralysis: pupils do not react to light. At 10 p.m. the pulse was 98, temp. 99.4 respiration 28. he had regained consciousness and smiled on being spoken to but made no reply. c. v. g. s.

Temp 99.4

11<sup>th</sup>

Captain Hardinge passed a quiet night & had a little sleep: the temperature at 2 a.m. was 101° at 6 a.m. 101° at 9 a.m. 101.6° his pulse at 9 a.m. was 120 Resp. 26: he smiles on being spoken to but does not speak: he has swallowed some milk & a little cocoa: he had another temperature enema this morning and the bowels have been thoroughly well cleared out.

12<sup>th</sup>

Captain Hardinge is very comfortable this morning: the temperature enemata have had an excellent effect: he is rising as well now as he was before the seizure: he had 5 hours sleep after the usual dose of 4.6. His temperature at 11 p.m. yesterday was 99.4 today it is normal. At one p.m. he had some cocoa steep tea was sick half an hour later: at 2 p.m. his pulse was quiet (108) but he



1910 Captain Mc Hon. G. A. Harding

- June 12 cont. seemed well. At 5 p.m. the temperature was 98.0° the pulse 84. At 6.30 an enema of turpentine swab was given with fair result. The temperature at 7.15 rose to 99.8 but at 9 o'clock was again normal. c.w.p.B.
- 13<sup>th</sup>. Temperature normal: no more vomiting: at 8.30 had a turpentine enema which acted well. he shouted several times in the night & had only 3 hours sleep: pulse 96. Res. 22. Tongue clean. c.w.p.B.
- 14<sup>th</sup>. He had no sleep last night, and shouted out several times: the temperature is 97.4° Pulse 84: the bowels were fairly well moved after an enema at 9 a.m.
- 15<sup>th</sup>. He slept for four hours after giving of Veronal: yesterday he went into his sitting room: at 5 p.m. he had an enema which acted well. He had four or five small bruises on his abdomen. The temperature at 5 p.m. yesterday was 98.8. at 10 a.m. today 97.2
16. Slept from 10-1, noisy after: bowels well moved by enema: he has been kept in bed since the 14<sup>th</sup>. Tongue fairly clean, pulse 108: taking Peppermint jelly drops: he will not allow temp. to be taken c.w.p.B.
- To Fol. 237

Mr. Ernest Frederick Edmund Olivier

admitted  
Age  
May 11<sup>th</sup> 1909, upon the application of Charlotte Ann Olivier Spinale formerly of Wilmersport Guisford in the county of Surrey but now residing at San Remo in the Republic of France a sister son of the next of kin of the above named Ernest Frederick Edmund Olivier and the Petitioner for the order for the inquiry in this matter.

- Sept 14 1907. Patient this afternoon made an attempt to throw some articles out through the window when on being remonstrated <sup>with</sup> by his attendant he seized a violin struck attendant on the head inflicting a wound on the left side 2 1/2 in in length 1/4 in in depth. at same time smothering the violin. D.D.
- Sept 19. 1909. Patient 6-day on a sudden impulse took off his shoes and rushed out of the house running in the direction of the "Sables" pulling his coat off while running. On being asked why? he stated that he wanted to let D<sup>r</sup>. H. Newington know that his room was too hot. He was overtaken & came back quickly accompanied by D<sup>r</sup>. H. N. D.D.

*History*

Hereditary predisposition admitted: has never done any good: worked for the army and then for the law: broke down some years ago and was at Moorcroft. For the last four years has been living in a private house with attendants: no particular cause suggested. Is more or less a vegetarian as is his sister his Committee. Has had periodical outbursts of violence lasting two or three days. The question of epilepsy in connection with them has been raised.

*Medical Notes*

He suffers from chronic mania and mental enfeeblement. Auditory hallucinations are very marked, the patient stopping in the middle of a sentence to listen to some unseen persons voices. He tells me that he has under an irresistible impulse struck his companion on the back of the neck. He has not his bed.

As to wit respect to Bodily Health and Condition, the latter is good, and as to the former it appears to be satisfactory except that there is some suspicion as to the condition of the left lung.

May 17<sup>th</sup> 1899

(Signed) H. Hays, Newington.

1909

Mr. S. F. S. Olivier

- May 12<sup>th</sup> The patient had a quiet night, sleeping about six hours.
- 16<sup>th</sup> He is going on comfortably, he goes out walking daily, takes his food well & is quiet as a rule in the night, though he sometimes gets up wanders about his room.
- 17<sup>th</sup> He speaks very little, & sometimes when talking will stop & listen to "voices", he amuses himself occasionally by playing his violin. c.w.p.B.
- 25<sup>th</sup> He is going on as before: his attendants say he will sometimes kneel down as if to pray when out of doors. c.w.p.B.
- June 1<sup>st</sup> He is going on quietly & comfortably, takes his food well, when out walking with him a few days ago he suddenly went down on one knee (as reported above by his attendants): he could not give any reason for it. c.w.p.B.
- 8<sup>th</sup> The patient is quite quiet as a rule, he attends the band practice sometimes wanders about the music room in an aimless way, he has very little to say. c.w.p.B.
- 15<sup>th</sup> The patient goes on comfortably again. c.w.p.B.
- 25<sup>th</sup> He changes. c.w.p.B.
- July 2<sup>nd</sup> Mr. Olivier today threw his chamber attendants

1909

Mr. S. F. S. Olivier

- violently down on the floor, smashing it & saying he said he was "God to do this" c.w.p.B.
- July 19<sup>th</sup> He is quiet in his habits, today he re-trieved his towels in his chamber attendants and threw the contents out of the window. c.w.p.B.
- August 1<sup>st</sup> He changes, he will often throw himself flat down on the ground wherever he may be. c.w.p.B.
- Aug 31<sup>st</sup> Patient this morning jumped out of bed and after a trifle snatched the attendants' watch from his pocket and threw it out of the window, he was evidently suffering from unreal hallucinations. He was sent quite afterwards made a good breakfast.
- Sept 21<sup>st</sup> Two days ago Mr. Olivier <sup>at 5</sup> impulsively, walked out of his room up the passage throwing off his slippers on the floor. He walked out in his stocking feet, discarding his coat & waistcoat in the Vineyard Garden, and got to my porch with the attendants who had shown him. He came back quite excitedly. He told me that he had come down to tell me that his room was unbearable, but the radiator had been brought into use. He came to



Sept 21. Contd. Chapel in the evening. His habits have become filthy. In his bedroom he has garments on to paper in which he has wrapped them and then thrown all out of the window, wiping his fingers on the curtains, blinds or toilet cover. He doubts he is underpin one of the most impetuous persons to which he is liable in regular course of his disease. His bodily health is good, he diet his self vegetarian.

Oct. 30 Patient was today visited by two of his sisters with whom he had lunch and tea. He has not committed himself in his bed-room lately. Very often his handkerchief is marked with numerous stains. These are probably blood stains the result of frequent and strong blowing of his nose - a habit he indulges in frequently. He goes out daily for walks. Sleets well and takes his diet very well. O.S.

Nov. 14 Just at the end of the service in the chapel this evening - when all the others were kneeling patient stood up and would not sit down when his attendant made an indication for him to sit down - patient struck him a blow on the ear. Immediately after the occurrence patient appeared to be very humble & penitent. O.S.

Nov. 15. This morning patient suddenly jumped up off his seat - he was playing his violin - and kicked at the furniture in his room - smashing a press door. He also slammed the door leading into his room in the face of an attendant - When asked why? he replied it was a joke. He very soon quieted down and did not commit himself further during the day. O.S.

Dec. 16<sup>th</sup> The patient has been better lately, but occasionally his habits are very filthy, and he can never be quite trusted. His bodily health is fair, though he looks somewhat pale & anemic. O.S.

1909

Mr. E. J. S. Olivier

Decr. 26. Patient today in a fit of bad temper smashed a pane in the window of his sitting room - he did not injure himself - when spoken to, later on the subject he made no reply - merely hanging his head down & appearing guilty.

1910.

Jan 29

Yesterday the patient when out for a walk, wished to go on too far, & would not turn back when requested by his attendant: he then tore up his felt hat & threw it away, finally picking up some stones to throw at the attendant: He is hateful, & untidy in his habits & dress. Physically he is well. (HRSB)

Jan 30<sup>th</sup>

The other day (26<sup>th</sup>) Mr Olivier while in the lavatory, was rather a long time, & the attendant, looking in to see what ~~the~~ he was doing, was struck in the face & had his watch chain snatched at by the patient, in the struggle the patient fell against something & sustained a slight cut over the left eyebrow. This is now almost well & the patient is again quiet. (HRSB)

Feb 7<sup>th</sup>. The patient was visited on Feb 7<sup>th</sup> by Miss Olivier.

Yesterday he knocked over a jug & smashed a window in an impulsive fit of temper afterwards he was very apologetic. (HRSB)

Mr. E. J. S. Olivier

1910 March 6<sup>th</sup>

until yesterday the patient has been fairly quiet, but on that day in a fit of temper, he took his violin & threw it on the ground & jumped on it, smashing it to atoms. At times he can be very pleasant. (HRSB)

13<sup>th</sup>

On March 7<sup>th</sup> Mr Olivier threw a stone at & smashed a pane of glass in <sup>an</sup> ~~the~~ patient's (Mr Jones) window. (HRSB)

March 29

Mr. Olivier is better again. His appearance has changed - his countenance is smiling and serene, and the colour better. I cannot help thinking that there is a close resemblance between his condition & that of a man who has just recovered from a severe attack of mania. (HRSB)

May 1<sup>st</sup>

As last note a trifle brighter. (HRSB)

26<sup>th</sup>

No change, has been quiet of late & brighter. (HRSB)

June 2<sup>nd</sup>

The patient has lately had several attacks of epilepsy & today vomited blood on the floor of his sitting room: he has had no gastric symptoms & probably the blood came from the nose & was swallowed. He is looking serene as he has been a good deal lately. His sleeping habits continue. C. W. J. B.

- 3<sup>rd</sup>

Patient has a quiet night & no more vomiting or epistaxis.

- 28<sup>th</sup>

This evening Mr. Olivier passed water in his



1910

Mr. E. F. E. Olivier

June 23<sup>rd</sup> handkerchief, putting it with his trousers for the purpose - his attendant Collier being the man stepping on the floor asked him why he did not go to the lavatory - Mr. Olivier replied "I will do as I please", threw the handkerchief in Collier's face, rushed at him & struck him in the face - a struggle ensued & Mr. Olivier then threw Collier's waistcoat & smothered his watch chain, got him down on the sofa - ~~was standing over him when~~ Mr. Jordan hearing a noise went to see what it was, & found Collier on the sofa & Mr. Olivier standing over him. Collier's left eye is much bruised & swollen.

C. W. J. B.

June 24<sup>th</sup> Mr. Olivier has bruises on both sides of his face from the struggle yesterday - he has behaved quietly since.

C. W. J. B.

July 23<sup>rd</sup> Today while during the cricket match, the batsman, who was with his attendants in the pavilion, suddenly sprang forward & seized a member of a butterfly-net belonging to Mr. Fitzgibbons boy, the net being in the boy's hand at the time - these attendants seized him & he struggled violently, striking one of them & cutting his lip. He was at once taken back

1910

Mr. E. F. E. Olivier

June 23<sup>rd</sup> to his room C. W. J. B.

behind quietly since the last lunch is good. C. W. J. B. there his chamber attendants C. W. J. B.

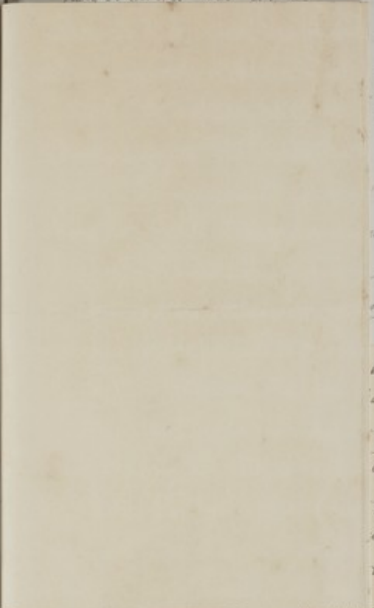
Highlands today Mr. Olivier & other attendants it against me & lower wing & range 1897. in attendance however today.

June 23<sup>rd</sup> 1890. lady hospital of C. W. J. B. hand with spoke to C. W. J. B. then his arms round C. W. J. B.

1. museum's knee caused C. W. J. B. when dropping down on C. W. J. B. making it is a little C. W. J. B. saying in door. C. W. J. B.

was respiration today & C. W. J. B. of the bandage & the 1890. C. W. J. B. little affair: appeared with C. W. J. B. stepping & bandage which C. W. J. B. needed of again. C. W. J. B.

To p. 214 243



God & The Bible is wrong  
 Mr. Olivier is the Pearson  
 I don't say that you  
 write nothing to save  
 Treason  
 How terrible can  
 in ward by that which  
 you & my own J. M. PARENTS





1910

Mr. E. F. E. Olivier

June 28<sup>th</sup> 1910. The child meeting it with his trousers on

I went out for a walk  
afternoon wearing  
for a walk with  
the water collector to half  
way to Wadsworth &  
got on very fair.  
By which the heat is  
still on & no sign of  
rain, I hope it may  
gain of the 23<sup>rd</sup> of column  
the sheep in the fields.

I heard from Edith &  
Corky (I am not sure)  
not want to keep it,  
& I do not want to  
by which the child is  
from the stage place

Washington  
Hoping to see you again  
I remain  
your sincere  
Ernest Olivier

July 28<sup>th</sup> Today while during the cricket match, the  
patient, who was with his attendants in the  
parlour, suddenly sprang forward seized  
seemingly a butterfly net belonging to the  
FitzGibbons boy, the net being in the boy's hand  
at the time; these attendants seized him  
who struggled violently, striking one of them  
& cutting his lips; he was at once taken back

1910

Mr. E. F. E. Olivier

July 25<sup>th</sup> out to his room. c.v.p. p. 13.  
August 4<sup>th</sup> The patient has behaved just as since the last  
note: his general health is good. c.v.p. p. 13.  
" 11<sup>th</sup> Mr. Olivier today threw his chamber curtain out  
of his window. c.v.p. p. 13.  
" 15<sup>th</sup> While passing the Highlands today Mr. Olivier  
picked up a small stone which it against one  
of the windows, without however doing any damage. c.v.p. p. 13.  
Sept. 1<sup>st</sup> 1910 While out with his attendant he was today

My dear ~~Careless~~ <sup>Trickster (Hesperus)</sup> ~~Establinment~~  
Miss Charlotte Olivier, September 5<sup>th</sup> 1910  
I am indeed a fair vessel of  
I had become a very angry  
repeated on a paper & sending  
me, what have they done  
that you cannot fly on  
God & the South is wrong  
me in time to be peace  
I don't say that you  
write sending to your  
Tranway  
How tall are you  
inwardly I am afraid  
you are good to your PARENTS

boor, badly exposed, of  
hands with asphix to  
thus his arms round  
c.v.p. p. 13.  
men's knee caused  
and dropping down on  
making, it is a little  
sleeping in doors. His  
c.v.p. p. 13.  
as respired today &  
of the bandage & the little  
little affair: applied with  
teffing a bandage which  
welled off again. c.v.p. p. 13.  
To p. 244 243



1910

Mr. E. F. E. Olivier

June 25<sup>th</sup> and handkerchief meeting it with his tongue & August 11<sup>th</sup> 1910  
 the purpose of the patient's throat I have worried  
 with the noise (at night)  
 did not go to bed to them out a little  
 I will do a split in two not out of the  
 in Collin's room & smash it a little  
 in the face more and I did so.  
 from Collin's I hope the event of it  
 chain, for he smashes on the ground  
 own hair & I will fight as

June 24<sup>th</sup> Mr. Olivier I must write to you  
 face from the she about it (as)  
 quickly since the I can't always too to  
 July 23<sup>rd</sup> Today which do a hug of you peace  
 patient, who was I believe you happy  
 permission, and is is his letter to  
 removed up to write & hurry  
 Fitzgibbon's boy I remain  
 as the time your E. Olivier  
 she struggled on P.S. I certainly shall  
 & entering his ask propology for  
 you & I hope this reason & time

1910

Mr. E. F. E. Olivier

July 21<sup>st</sup> out to his room. c.w.p.B.  
 August 4<sup>th</sup> The patient has behaved quietly since the last  
 visit: his general health is good. c.w.p.B.  
 • 11<sup>th</sup> Mr. Olivier today threw his chamber window out  
 of his window. c.w.p.B.  
 • 15<sup>th</sup> While passing the Highlands today Mr. Olivier  
 picked up a small stone which he threw at one  
 of the windows, without doing any damage. c.w.p.B.  
 Sept. 1<sup>st</sup> While out with his attendant woman today,  
 Mr. Olivier met Miss Cox, lady Superior of  
 the Vineyard: he shook hands with her & spoke to  
 her, and then suddenly threw his arms round  
 her neck & kissed her. c.w.p.B.  
 • 15<sup>th</sup> Mr. Olivier has a "housemaid's knee" caused  
 by his habit of suddenly dropping down on  
 his knee when out working: it is a little  
 inflamed & he is staying in doors: lin-  
 ead's is being applied. c.w.p.B.  
 • 24<sup>th</sup> The enlarged bursa was aspirated today &  
 a plaster applied.  
 • 25<sup>th</sup> The patient pulled off the bandage & the bursa  
 was found to have very little effusion: applied again.  
 • 26<sup>th</sup> Applied another stopping bandage which  
 however the patient pulled off again. c.w.p.B.  
 To p. 244 243



Rev<sup>d</sup> Thomas George Onslow

Admitted May 6<sup>th</sup> 1909  
 Age 82  
 Widower  
 Previous occupation Clerk in Holy Orders

Medical Certificate I.

Facts indicating insanity observed by myself at the time of examination: Delusions of people in his house with intent to rob him; a woman with three children trying to extort money from him. Illusions of people sitting in the same room with him. Delusions of being ruined and of not being able to meet expenses; halting in his talk and incoherent.

Facts communicated by others viz. Henry Charles Ravenhill, Butler, 41 Brunswick Square, Hove, that on the nights of April 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup> & 27<sup>th</sup> he has, on awaking from sleep in the early hours of the morning, assaulted his butler and cook and attendant in a furious and murderous manner & has used threatening language: attempted to strangle

Rev<sup>d</sup> Thomas George Onslow.

his butler, emptied the chamber pot over the cook who hastened to the butler's assistance, and tried to bite her. On May 1<sup>st</sup> chased his son, Major Onslow, round the dining-room, using abusive & threatening language & gesture.

(Signed) Henry Seymour Branfoot  
 51, Lansdown Place  
 Hove

Dated this First day of May 1909.

Medical Certificate II. For some time past he has had delusions, saying he sees people sitting on his chairs & annoying him. Also different kinds of animals running about indoors. He says that now for the most part these have disappeared owing to being frightened by the explosion, the latter being a delusion. Henry Charles Ravenhill his valet states that on April 26<sup>th</sup> he awoke at 12. m. & violently assaulted him. John Cross, his attendant states that the patient imagines he hears the voices of his wife & sister, now dead. That he was also violent & very abusive.

Grace Beatrice Dobson, cook house-keeper, says he still states that strange people and animals are in the house.

(Signed) Henry W. Saylor F.R.C.S.  
of 36. Brunswick Square  
Hove, Sussex

Dated this Third day of May 1909.

## History

Was in Holy Orders but has not done any work for years past. Has been a man of violent temper for years, with a sarcastic

tongue. Has been married twice. His last wife he treated badly with his tongue but has not been given to vice or alcohol. When his wife became ill some few years back he became suddenly changed to her, and tried to make up for past treatment. He was very sorry for her and his own conduct. This deepened into virtuous melancholia after her death. A year ago at the dinner-table he spoke to his son of the latter's wife as a bitch - quite unimpaired of the presence of either. He has had marked visual & aural hallucinations. No hereditary predisposition. He is not suicidal. He has attacked his men from delusions that people are after his money. He takes his food well. The bowels are constipated. makes water freely

- May 6<sup>th</sup> He slept for only 3½ hours: restless & talking when awake c. 10. P.M.
- 7<sup>th</sup> Another restless night; only 2½ hours sleep: talking at times c. 11. P.M.
- 8<sup>th</sup> A quiet night. 5 hrs. sleep. takes his food well & seems quite comfortable. the bowels

1909

Rev<sup>d</sup> J. G. Onslow

- May 8<sup>th</sup> cont. are moved by enema every morning. He has delusions about dogs & people being in his room outside his window. c.w./B.
- 12<sup>th</sup>. The patient gets on very comfortably. He eats fairly well & takes his food well. c.w./B.
- 16<sup>th</sup>. But for a little coughing at times he is very well upon not walking when the weather permits. c.w./B.
- 20<sup>th</sup>. The patient is looking very much better than on admission. He is quite happy & comfortable & takes his food well. The bowels are moved by an enema every morning. The delusions of dogs & in his room continue & he also says that one twin is in his bed & that they make a great noise. c.w./B.
- 21<sup>st</sup>. He is doing very well. The "twins" seem to cause him some trouble as he does not know what to do to keep them quiet. He suggests to his attendant that they should each have an enema to quiet them. c.w./B.
- 25<sup>th</sup>. Progress very satisfactory. c.w./B.

Medical  
Statement

He is suffering from senile insanity. He is changeable in temper, at one time cheerful and amiable, at another time he is morose

1909

Rev<sup>d</sup> J. G. Onslow

and suspicious. He has aural & visual hallucinations. His memory is much impaired. He is in very good condition, while the health is quite as good as could be looked for at the advanced age of 82.

May 10<sup>th</sup> 1909 (Signed) H. H. N.

- June 1<sup>st</sup>. The patient's condition is satisfactory. c.w./B.
- 8<sup>th</sup>. He goes out in the grounds daily, & eats well. c.w./B.

Report.

He is the subject of senile dementia with hallucinations of sight & hearing. His memory is almost gone, he forgets the names of his attendants, whom he sees every day. He sees articles & animals on the floor, he hears people coming to take his room from him. One night he maintained that two killers had been born in his bed. He is in good condition in very fair health, taking into consideration his great age (82).

Signed H. H. N. June 7<sup>th</sup> 1909

- June 15<sup>th</sup>. The patient's progress is satisfactory. He sometimes is restless at night through his delusions & hallucinations, but as a rule sleeps quiet most of the night. He takes his food well. c.w./B.
- June 17<sup>th</sup>. He has been disturbed at night by delusions of



1909

Rev. J. G. Onslow

- June 17. cont<sup>d</sup> people in his room & last night he had only two hours sleep: he continues to take his food well. c. w. J. B.
- 25<sup>th</sup> He is getting on very comfortably. c. w. J. B.
- July 4<sup>th</sup> Progress satisfactory: his nights are sometimes <sup>disturbed</sup> by his delusions of animals <sup>sketching</sup> in his room and his bed. c. w. J. B.
- July 19<sup>th</sup> The patient gets on comfortably enough: he takes his food well & his general condition is satisfactory. Last night he had a delusion that a bull was attacking him and in struggling to defend himself he caused abrasions on both hands. c. w. J. B.
- 28<sup>th</sup> He had a disturbed night owing to "three monkeys" in his room: he thinks "they must be relations" c. w. J. B.
- Aug 9<sup>th</sup> The patient is doing well though his nights' visions in the shape of cats rats &c occur usually disturb him: his general condition is good. c. w. J. B.
- Sept 21. This patient goes on contentedly on the shade. He varies a good deal from hour to hour as might be expected in one of his age and uncertain cerebral blood-supply. He hears voices very evidently - and has optic

1909

Rev. J. G. Onslow

Sept. 21  
Contd.

hallucinations to a marked extent. He sees cats and rats in his bed, he sees hedgehogs, whom he recognises, outside his room window, when no one is present. He laments his loss of money, and disorientation is a marked feature. But mostly he is a quiet, contented old gentleman.

H.D.

Oct 27

As patient's bowels were not acting regularly he was given Cal. gr. J which produced the desired effect. He goes out daily weather permitting for walks which he enjoys. He is sleeping well & taking his food well.

Nov. 15

As patient is coughing something more than usual it was considered advisable that he should remain in bed for some time. D.S.

Nov 22

Patient's cough is not so frequent and he is getting on comfortably. D.S.

Dec. 15

Patient is still in bed very seldom having any attack of coughing. Is taking his food well & sleeping fairly well. D.S.

1910.

Rev. J. G. Ouslow

Jan 26<sup>th</sup> The patient has of late had a little mild bronchitis, which is subsiding under treatment. He frequently states that he has been delivered of twins, ~~frequently~~ sometimes black ones, & wishes the attendant to give him an enema & so assist their birth.

Yesterday his right hand was found to be grazed & bruised; the attendant reports that this is of <sup>frequent</sup> occurrence, when he fights with imaginary <sup>persons</sup> patients he often strikes himself & so makes the fight more realistic. HRSW

26<sup>th</sup> A slight bruise, cause unknown was discovered today on the left hand of the patient; it is practically only a blood discoloration. The other bruises mentioned before are still present, & doing well. HRSW.

Feb. 23<sup>th</sup> Until today there has been no change in the patient's condition. Today however he suddenly turned pale & faint, so he was put back to bed & a stimulant administered. His temperature rose to 102° his respirations to 56, pulse to 100. The urine was also high colored & was found to contain a fair quantity of albumen. He picked up quickly during the day & his pulse, respirations & temperature fell to normal. HRSW

Rev. J. G. Ouslow

1910.

March 1<sup>st</sup> The patient had a good night, & is practically himself again. No cause has been found for the attack. He has been given a stimulating & diuretic mixture.

His urine still remains somewhat scanty & high colored. HRSW  
3<sup>rd</sup> Except for the scantiness & high color of the urine together with a slight cough, there does not now appear to be much wrong with the patient considering his age. His bowels have acted well & his appetite is good. HRSW.

Special Report April 19<sup>th</sup> He is suffering from senile dementia with various delusions, & hallucinations. He has seen cats & dogs, & hears the voices of his old servant, & others in the room, when no one but his attendant is with him. He is feeble from advanced age & requires much care & nursing. Apart from this he is in good condition of health. HRSW.

May 1<sup>st</sup> No change. HRSW.

"30<sup>th</sup> The patient had a bad night owing to delusions about cats & only had two hours sleep. He was sleeping quietly at 10 a.m. HRSW.

31<sup>st</sup> Last night the patient slept for 7 hrs. HRSW

June 7<sup>th</sup> Mr. Ouslow has knocked the skin off the back of his right hand. It is getting on com. HRSW  
foreably. HRSW.

1910

Rev. S. G. Onslow

- June 14<sup>th</sup> The patient had a poor night owing to his usual delusions, he objected to the enema this morning & struggled with his attendants; he has an ecchymosis on the outer side of the right knee c.w.f.B.
- " 20<sup>th</sup> He has a small growth in front of the left ear which is suggestive of epithelioma; he had a bad night owing to his hallucinations of sight and hearing. c.w.f.B.
- August 6<sup>th</sup> The patient goes on fairly comfortably except when disturbed by his hallucinations. c.w.f.B.
- Sept. 11<sup>th</sup> He has again an abrasion on his right hand from his restless movements; it is being treated with Broun's ointment; he seems a good deal, occasionally having a very disturbed night from his hallucinations; when this is the case he is kept in bed for the day; he has an occasional vomit of calomel. c.w.f.B.
- " 20<sup>th</sup> The patient requires much care & nursing; his hallucinations have disturbed him a good deal lately, generally dogs were figuring among them, lately his old delusion that there were <sup>returned</sup> twins in his bed & he would not be easy in his mind until each of the

1910

Rev. T. G. Onslow

- twins had received an enema to quiet it. c.w.f.B.
- October 1<sup>st</sup> The patient is getting on fairly comfortably. c.w.f.B.
- Nov. 7<sup>th</sup> He is as well as can be expected considering his age; he generally seems to be happy and comfortable except when he has a disturbed night. c.w.f.B.
- " 28<sup>th</sup> The patient is as usual; he enjoys his food & seems quite happy & contented; the epithelioma in front of his left ear is ulcerating; it is being treated with resorcin ointment. c.w.f.B.
- Dec. 2<sup>nd</sup> He is going very well; he has 15 hours sleep in 24 hrs i.e. eight hours during the day. Nov. 30<sup>th</sup> & seven hours in the night; he enjoys his food; the epithelioma seems to have lessened in size. c.w.f.B.
1911. Jan. 2<sup>nd</sup> He is getting on comfortably. c.w.f.B.
- " 31<sup>st</sup> He seems happy & comfortable; he generally sleeps well & thoroughly enjoys his food; the epithelioma of the left ear has almost disappeared since the resorcin treatment; he has a hematoma auris on the right side. c.w.f.B.
- March 2<sup>nd</sup> The patient is looking very well. c.w.f.B.
- " 18<sup>th</sup> He is going on very comfortably. c.w.f.B.



1911

Rev. T. G. Onslow

April 10<sup>th</sup> He goes on fairly well considering his age  
 & infirmity. c.w.P.

May 14<sup>th</sup> He has a bruised face & hand from having  
 hit himself about. c.w.P.

" 20<sup>th</sup> He has lately been holding his head to the  
 left as if there was some stiffness or pain  
 in his neck, but it has now disappeared  
 as a rule he sleeps pretty well & enjoys  
 his food. c.w.P.

June 2<sup>nd</sup> He has had some trouble with his bowels for  
 several days & this morning his rectum had  
 to be emptied by the finger & had syringe  
 was removed & he had a good action afterwards.

" 4<sup>th</sup> Bowels well relieved & he is better & about  
 P.M. every night as he cannot retain urine. c.w.P.

July 12<sup>th</sup> He is fairly comfortable. c.w.P.

Aug. 3<sup>rd</sup> He is as well as can be expected at his age  
 c.w.P.

Aug. 15<sup>th</sup> He is very frail & feeble, not having strength to  
 sit up. he generally sleeps well & takes his  
 food well. he has failed a good deal lately. c.w.P.

Aug. 21<sup>st</sup> This evening while his attendant was giving  
 him his dinner the patient had an attack of  
 heart failure & was called to his seat  
 when immediately he found him breathing his last. he

Name of Asylum,  
 Hospital, or House.

TICEHURST HOUSE

*cept*

NOTICE OF DEATH.

Date of Reception Order, the 4th day of May 1909.

I hereby give you Notice, That The Revd Thomas George Onslow  
 a [private] patient, received into this (a) House on the  
 6th day of May 1909, died therein on the  
 21st day of August 1911.

Signed *T.G.P.*  
 (b) Joint Resident Licensees

Dated the 22nd day of August 1911.

To the (c) Commissioners in Lunacy, Clerk of the Peace for East Sussex,  
 Chas Sheppard Esqre Coroner Battle, Mr H.B. Gillian Registrar Hurst Green

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - - - - - Thomas George Onslow  
 Sex and age - - - - - Male 84 years  
 Married, single, or widowed - - - - - Widowed  
 Profession or occupation - - - - - Clerk in Holy Orders  
 Place of abode immediately before  
 being placed under care and  
 treatment (if known) - - - - - 41 Brunswick Square, Hove.  
 Apparent cause of death - - - - - ~~Heart failure~~ *Septicæmia - syncope.*  
 Whether or not ascertained by post-  
 mortem examination - - - - - } *no*  
 Time and any unusual circumstances  
 attending the death; also a  
 description of any injuries known  
 to exist at time of death or found  
 subsequently on body of deceased } *No unusual circumstances*  
 } *No injuries*  
 Duration of disease of which patient  
 died - - - - - } *Several years*  
 Names and description of persons  
 present at the death - - - - - } *Dr C.W.J. Bell Resident Medical Officer*  
 } *Herbert Walford and Thomas Morrell Attendants*  
 } *all of Ticehurst House, Ticehurst.*  
 Whether or not mechanical restraint  
 was applied to deceased within  
 seven days previously to death,  
 with its character and duration,  
 if so applied - - - - - } *No*

I hereby Certify that the particulars contained in the above statement are true.

Signed *T.G.P.*  
 (d) Joint Resident Licensees

(a) Asylum, or hospital, or house. (c) Commissioners in Lunacy, or as the case may be.  
 (b) Clerk of asylums, or medical officer of hospital or house, or (d) Medical officer of asylum, or hospital, or house, or medical  
 medical attendant of the patient.

1911

Res. T. G. Ozelow

Passed away quiet at 7:40 p.m. C.W.P.B.

1891  
1892  
1893  
1894  
1895  
1896  
1897  
1898  
1899  
1900  
1901  
1902  
1903  
1904  
1905  
1906  
1907  
1908  
1909  
1910  
1911  
1912  
1913  
1914  
1915  
1916  
1917  
1918  
1919  
1920  
1921  
1922  
1923  
1924  
1925  
1926  
1927  
1928  
1929  
1930  
1931  
1932  
1933  
1934  
1935  
1936  
1937  
1938  
1939  
1940  
1941  
1942  
1943  
1944  
1945  
1946  
1947  
1948  
1949  
1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960  
1961  
1962  
1963  
1964  
1965  
1966  
1967  
1968  
1969  
1970  
1971  
1972  
1973  
1974  
1975  
1976  
1977  
1978  
1979  
1980  
1981  
1982  
1983  
1984  
1985  
1986  
1987  
1988  
1989  
1990  
1991  
1992  
1993  
1994  
1995  
1996  
1997  
1998  
1999  
2000  
2001  
2002  
2003  
2004  
2005  
2006  
2007  
2008  
2009  
2010  
2011  
2012  
2013  
2014  
2015  
2016  
2017  
2018  
2019  
2020  
2021  
2022  
2023  
2024  
2025

1911  
1912  
1913  
1914  
1915  
1916  
1917  
1918  
1919  
1920  
1921  
1922  
1923  
1924  
1925  
1926  
1927  
1928  
1929  
1930  
1931  
1932  
1933  
1934  
1935  
1936  
1937  
1938  
1939  
1940  
1941  
1942  
1943  
1944  
1945  
1946  
1947  
1948  
1949  
1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960  
1961  
1962  
1963  
1964  
1965  
1966  
1967  
1968  
1969  
1970  
1971  
1972  
1973  
1974  
1975  
1976  
1977  
1978  
1979  
1980  
1981  
1982  
1983  
1984  
1985  
1986  
1987  
1988  
1989  
1990  
1991  
1992  
1993  
1994  
1995  
1996  
1997  
1998  
1999  
2000  
2001  
2002  
2003  
2004  
2005  
2006  
2007  
2008  
2009  
2010  
2011  
2012  
2013  
2014  
2015  
2016  
2017  
2018  
2019  
2020  
2021  
2022  
2023  
2024  
2025

Admitted July 1<sup>st</sup> 1909.

Sex age Female. 30

Incurious occupation none

Marital, single  
status.

## Medical Certif

## icate I

Answered questions incoherently, wandered restlessly and aimlessly about room, fingered and picked at things in objectionable way, laughed inane frequently, and appeared to be without cause.

<sup>Witness</sup> Nurse, Boland of 23 Healderton Grove, S. Kensington said patient had been violent on several occasions, had thrown things at her & had struck her. That she at meals takes food into her mouth and spits it out angrily. That she has in momentary absence of her nurse locked the door and the lock had had to be picked.

(Signed) G. Eastwick-Field  
of Hurst House, Mithurst.

Dated June 25<sup>th</sup> 1909.

*Medical Cert.* Immediately, on my entry she pulled out some of her hair, and presented it to me. She then talked rapidly, asking questions without waiting for a reply. She seized a piece of paper that happened to have a small mark on it, pointing to the latter, she said "Is not that beautiful?" She then seized the paper in her teeth, finally removed it from her mouth, and plunged it in the water-jug. She also flung small articles from the table on the floor without any appearance of anger.

Elizabeth Boland of 23 Healderton Grove, S. Kensington, nurse in charge states that on the 21<sup>st</sup> inst. Miss Banks flung a work bag in her (nurse's) face, rushed at her, caught her by the hair, dragged her to the bed, & kicked her. This attack was quite unprovoked.

(Signed) George C. Garrett  
of "Chilworth" Chichester

Dated June 25<sup>th</sup> 1909.

*External appearance  
and special condition*



mental vision

1909

## History:

The patient has had one previous attack of meningitis, for which she was treated at Frickley Grange - about 4 years ago. At the commencement of the present attack, (about 3 months ago) she developed a high temperature, probably from influenza. Her mind then became affected, and it was supposed to bring her here, but friends interfered. She was taken to the seaside with parents - and there she seems to have gone through rough times, when miseries came over her. Her H.O. is disordered, but it is probably an element in the case.

T.P.

July 2<sup>nd</sup> Miss Banks had a very restless night: she slept for about 3½ hours, for the remainder of the night was talking & singing herself: when I asked her how she was this morning she replied "I do not know, as I have not been wound up yet" c.w.p.B.

**Medical State:** She is undergoing an attack of sub-acute mania accompanied by visual and aural hallucinations. She chatters ceaselessly with good humoured nonsense. There is a trace of hysteria in her condition: she is in good bodily health & condition.

Signe H.H.N.

July 6<sup>th</sup> 1909.

July 12<sup>th</sup> Miss Banks was very hysterical about 10.30 last night, crying & shrieking: she picked up gravel & rubbish when one was being

18<sup>th</sup> She seems to realize today for the first time (owing to a visit from the Commission) where she is: she was much upset, shrieking & crying. "I know now why I'm here" & "I would like to get free to this house" c.w.p.B.

20<sup>th</sup> She is more composed in going on fairly comfortably. c.w.p.B.

24<sup>th</sup> She has had a good night's rest in quiet com-

fortable this morning: when I called to see her she stood up and asked "may I have the pleasure of the next dance?" c.w.p.B.

July 30<sup>th</sup> Miss Banks had a good night's sleeping for 8 hours but today has been excitable and hysterical. She attacked her nurse three times, tearing her dress: she afterwards seized her nurse by the throat and forced her down on the sofa and there was a struggle between them during which the nurse managed to get to the door & call for help. c.w.p.B.

July 31<sup>st</sup> Quiescent today: she is taking

hamon. Brom. gr. viii & St. Hyacinth. xx to die.

August 2<sup>nd</sup> Miss Banks had five hours sleep but is very troublesome today, throwing things about: she threw the poker & a small flower vase out of the window: she is doing with her food e.g. putting her hands in the butter and then smearing her face with it. c.w.p.B.

**Report** With respect to mental condition she is suffering from subacute mania with aural hallucinations. At times she is impulsive. She is incoherent & restless: with respect to bodily condition she is in satisfactory health & condition.

August 3<sup>rd</sup> 1909. (Signed) H.H.N.

139

1909

Miss Beatrice Mary Jane Banks

- August 4<sup>th</sup> Miss Banks is inclined to be troublesome yesterday afternoon she dropped her dinner for three times. C.O.P.B.
- " 9<sup>th</sup> She is rather quiet & she talks a good deal of nonsense & collects rubbish, pecked so when out walking. C.O.P.B.
- August 19<sup>th</sup> much better today. appetite good bowels regular. pulse 80. much quieter but very confused C.O.S.
- " 22<sup>nd</sup> Has attacked her nurse with a knife today C.O.S.
- " 23<sup>rd</sup> She says that she intended to hunt her nurse and that she should intend to hunt her. She could not give any reason for it but is evidently under hallucinations. C.O.S.
- Aug. 28<sup>th</sup> Patient threw a cup of tea over her nurse this morning - Patient was given Potassium Bromide 3gr - This afternoon patient attacked her nurse violently, tearing her dress. In the scuffle patient dug her nails into her nurse's hand drawing blood C.O.S.
- Sept 1<sup>st</sup> Saw patient this morning & found her talkative incoherent & trembled from me subject to attacks without comment. Eats well, Does not sleep well. D.S.

Miss Beatrice Mary Jane Banks 140

12 Sept 1909

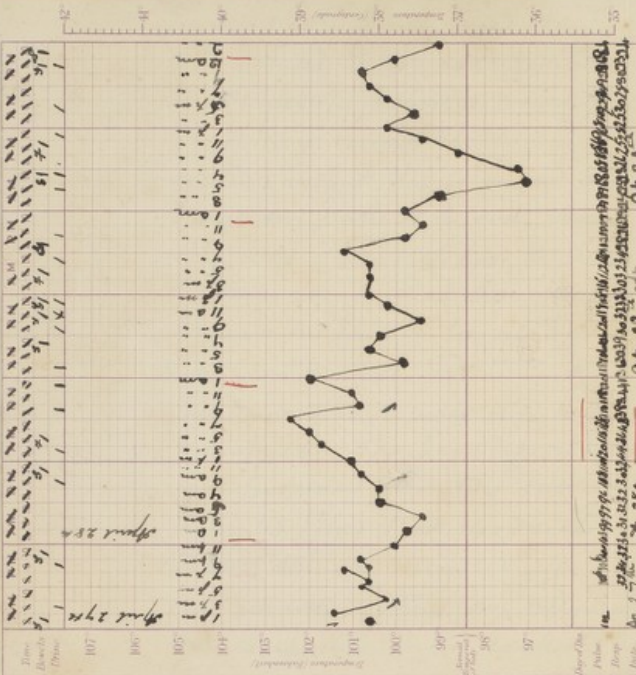
Patient had several hysterical attacks during the last few days. She becomes very violent if not dangerous as she kicked her nurse in the abdomen yesterday knocking her to the ground and then tore out handfuls of the nurse's hair. She also bit her nurse's. D.S.

Sept 21 1909

This lady has, in the course of the last few weeks, had several definite instances of dangerous & possibly homicidal violence. There can be no question that the attacks which she has made on nurse after nurse are dependent on delusion, and probably on hallucinations. After this week with a nurse she has suddenly turned into violence of a reckless nature and uttering threats "I will skin her face" "I will have her eyes out" and so on. Three different nurses were thus treated after one week's change. It is necessary to have two always with her. Though after a time she is pleased with those she has assaulted when she meets them, there is not always the same.



Sept 21. Yesterday she jumped out in the road (could) with another patient. After she had



4 HOUR CHART.

DISEASE

Name Miss Banks

Age

Diet

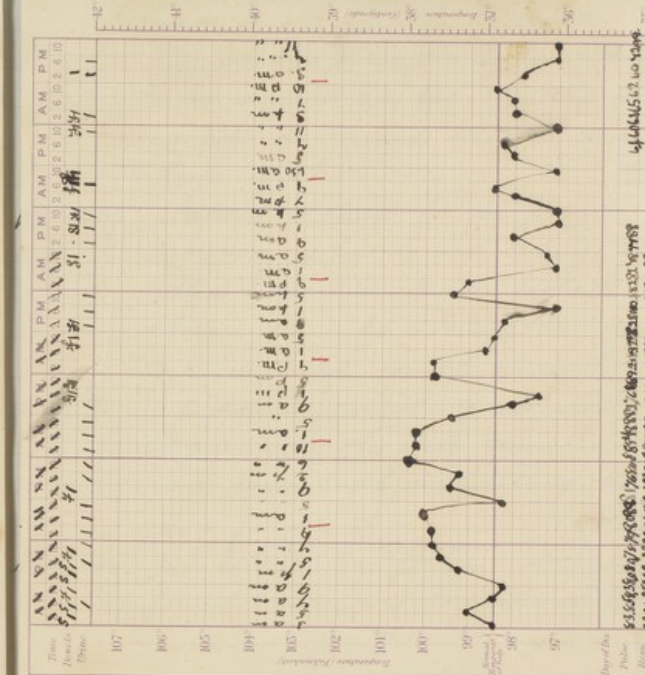
Case Book No.

Notes of Case

Date of admission

Result

1909 Oct 15 Patient has not since previous note



4 HOUR CHART.

DISEASE

Name Miss Banks

Age

Diet

Case Book No.

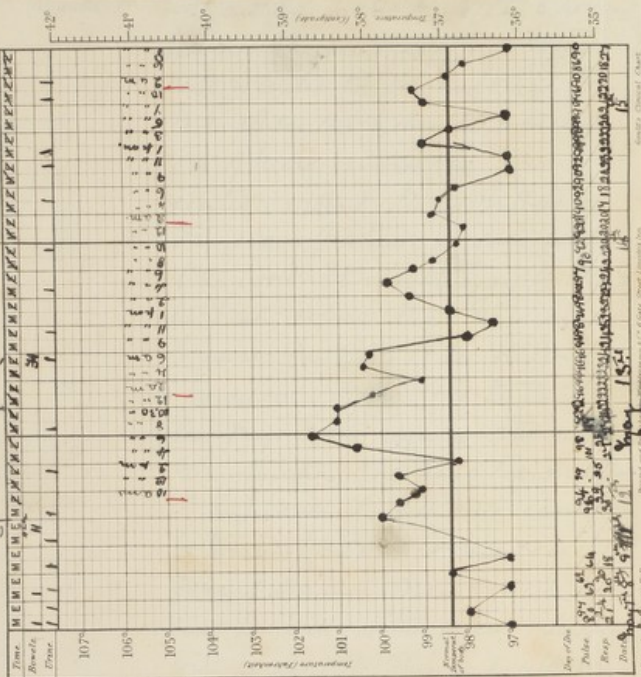
Notes of Case

Date of admission

Result

very foolishly stalked a lot of housewif during the day.

Sept 21. Yesterday she burned one in the round



DISEASE.

Notes of Case

Name Miss Banks

Age

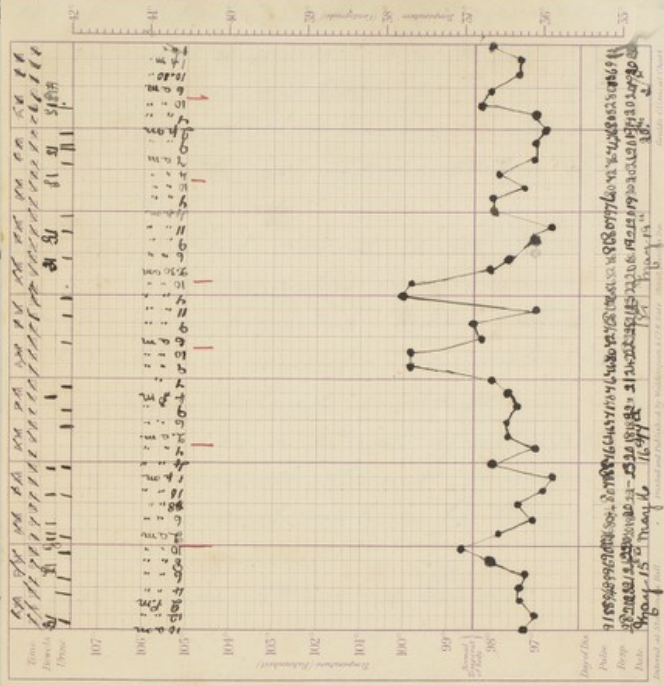
Diet

Case Book No

3

Date of admission

Result



4 HOUR CHART.

DISEASE.

Name Miss Banks

Age

Diet

Case Book No

Notes of Case

4

Date of admission

Result

She reported that she conducted herself very foolishly & talked a lot of nonsense during the day.

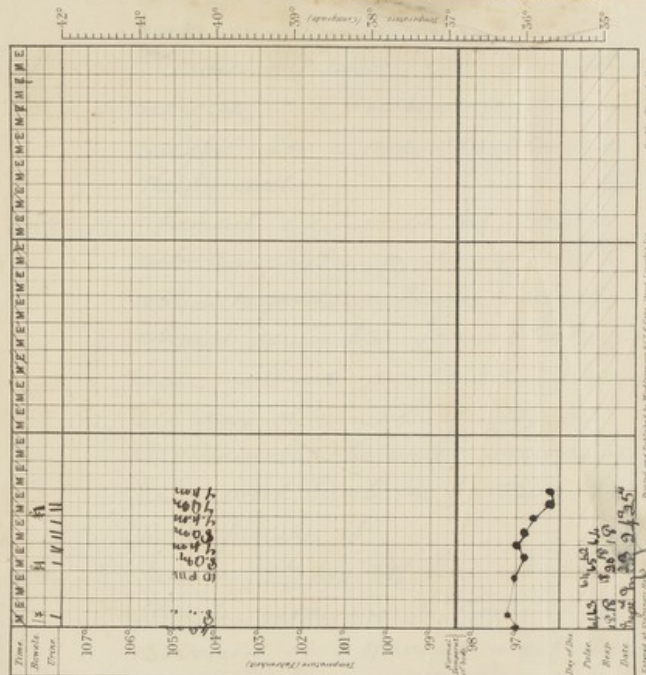


Sept 21.  
(Contd.)

Yesterday she found me in the pond with another patient. After she had panned she suddenly turned round and wanted to assault her. Sometimes when she hears the voice of one of these women she becomes excited & violent. She is indeed a dangerous patient in every sense of the word. It is pathetic to receive the daily report that there are no crimes in spite of her sudden & reckless violence. For the last few days after regular and sufficient menstruation she has shown signs of improvement, but she cannot be trusted. I find that moderate doses of Ammon. Orom. Valerian suit her well, without any interference with the appetite. This is excellent, the bowels are regular, and as a rule the nights are peaceful. Very rarely Personal (N. vi or viij) is required.

H. Thomson

Sept 21. Detail. August since. Various notes



DISEASE.

Notes of Case

Name Miss Banks

Age

Diet

Case Book No

5

Date of admission

Result

She reported that she was overeating very foolishly & stuffed a lot of nonsense during the day.

OS



Sept 21.  
(Contd.)

Yesterday she jumped out in the room with another patient. After she had jumped she suddenly turned round and wanted to assault her. Sometimes when she hears the voice of one of these nurses she becomes excited & violent. She is indeed a dangerous patient in every sense of the word. It is gratifying to receive the daily report that there are no crises in spite of her sudden & reckless violence. For the last few days after regular and sufficient administration she has shown signs of improvement, but she cannot be trusted. I find that moderate doses of Ammon. Brom. Valerian suit her well, without any interference with the appetite. This is excellent, her bowels are regular, and as a rule the nights are peaceful. Very rarely Ursonal (N. vi or viij) is required.

H. H. Brown M.D.

Oct 15

Patient has not since previous note made any assault on her nurses. She goes out twice daily for walking exercise, and has been putting on weight. Has a good appetite and sleeps well. D.S.

Nov 17

Patient cannot be got to enter into conversation on any subject replies to questions. Makes foolish & absurd remarks. Is indolent and lazily inclined would remain lying all day on couch if allowed. Occasionally she will commence some work, such as knitting, but never finishes it. D.S.

Decr 18

Since 4<sup>th</sup> inst it has not been found necessary to continue the services of a special night nurse for patient - as she has very good nights. D.S.

19

Was visited by her brother with whom she went to chapel service in evening. It is reported that she conducted herself very foolishly & talked a lot of nonsense during the day. D.S.

1910.

## Miss B. M. J. Banks.

Jan 20<sup>th</sup>: She talks very much, mostly nonsense which is mainly due to not being able to keep to the point, & then makes some foolish remarks. Yesterday she slammed her door in a fit of temper, & then when Miss Noddy took her to her room, she had a fit of hysterical weeping lasting from about 5-8.30 pm. Later she was spiteful to her nurse, & said she wished to commit suicide; later she said, on being asked, that she did not mean this. (suicide) She is apparently in good health. (HRS.)

Jan 22<sup>nd</sup>: On the question of suicidal delusion I conversed with the patient, and she told me that she had no such real delusion, but felt disheartened at times. She is probably rather disturbed by the period which is due now. She has been twice called to my house with them to tea, and apparently is much cheered by such little outings. She has also been to a concert in the village. Her words are much more correct. She appears to have no hallucinations now, but it is to be feared that she is intellectually weaker.

HRS. Feb 7.

1908

From Case-Book 46 - Feb. 1885.

## The Duke of St. Albans (Contd)

May 1. (Contd) keener and capacity. A few days back we played for an hour and a half at one game which ended in a draw. The bodily health has been fair. He has been visited by his brother-in-law and Committee, and by Mr. Oliver Williams.

(Signed) H. H. Livingston. 1885

June 1. Since the last report the patient has been more cheerful and has given less trouble about food and other matters. He has unfortunately picked up another cold during the latter part of last week, but this is confined to the head so far. It is better for rest in bed for three days. His rest has as usual produced marked benefit to the mind. He has been visited by his brother-in-law and cousin, and Mr. Oliver Williams has come at the regular times. (Signed) H. H. Livingston. 1885

July 1. There has been a very satisfactory improvement in the patient's condition, both mentally and physically. He is cheerful and pleasant, and although there are occasional complaints of indigestion, there is less force behind them. The weather having become warmer the cricket net is up, and a good deal of healthy exercise has resulted. Plenty of food is taken - much interest is taken in chess problems. He has been visited by his sister and brother-in-law while Mr. Oliver Williams comes regularly to see him.

(Signed) H. H. Livingston. 1885



July 23. The patient has a bruise, about the size of a five-shilling piece, on the point of the left forearm, caused by the string winding round the arm when playing "Bunkle Puffin". This afternoon when I saw him in the garden he suddenly stopped conversing and ran to his cricket bat and then ran up and down the pitch jumping at intervals in a grotesque manner. He then suddenly bent up to Lieutenant Baird: told him he was a murderer and shouted to him to take off his spectacles, and accused him of tearing out the tongues of his horses and foals. He is in very good bodily health. 11/10

Sept. 4. The patient has had a satisfactory time since the last report. He has been out of doors a great deal, taking much exercise in bowling, jumping, punting ball etc. In consequence his face is fuller and less drawn, the colour better and there is a far healthier appearance. The delusions and the frame of mind begetting the delusions are still present but are kept in the back ground as a fact though his complaints of persecution are frequent, more from habit than conviction. A few days back he was visited by his brother, who stayed

the night. Mr. Williams has also paid his usual visit. Lt. Henry Levington

Sept. 25. The patient's health is satisfactory: for the last week his delusions about magnetism have been more or less gone and he is <sup>frequently</sup> constantly breaking off in conversation to refer to them. C. 10. 1/15

Oct. 2. The patient has been better during the last month than he has been for a long time past. Of course he has his old ideas of persecution, annoyance and electricity, but they are by no means urgent, and are frequently forgotten. He has paid visits for croquet and horseplay to neighbouring head of cattle. He has also driven out more. The better weather has by allowing more out-door exercise, done a good deal for him. He still plays chess and studies chess problems. He has been visited since the last report by his committee and by Mr. Oliver Williams. 11/14

(Signed) H. Hays Levington.

Nov. 3. The patient is still doing very well. He is in good condition and looks brown and healthy. But as the weather becomes colder and damper there is, with the increasing difficulty in keeping him from harm, in consequence of his neglect of caution. The delusions are rather strong but not so as to influence his conduct though he speaks roughly about the subjects of them.

(cont<sup>d</sup>)



Nov. 3. (cont.) He dines occasionally and still interests himself in chess - (Signed) H. H. Lewington.

Dec. 1. The patient is still in a comparatively satisfactory state. He is on the whole cheerful with intervals of irritability caused by the incidence of his hallucinations. These however are not just now so troublesome as they might be. He is taking his food quite well, and has good nights. The physical condition is rather better than it was at this time last year; but much care and watchfulness are required to prevent his catching cold through his neglect of ordinary precautions.

(Signed) H. H. L.

Dec. 25<sup>th</sup>. The patient goes on satisfactorily, but for the last few days has been unable to see vision on account of a bilious headache. C.W.B.

### Report.

Jan. 7<sup>th</sup>

1909.

The patient has on the whole been quite fairly comfortable, but at times his hallucinations become very strong. Then he becomes restless and says very harsh things of those about him. He occasionally becomes excited and shouts out these things in his garden but in a few minutes afterwards he is quite calm and smiling. He plays chess quite well,

and under cover of an apparently reckless move can make a strong and successful attack. He came to my house on New Year's day and took part in a whist drive quite naturally. His bodily health is better than usual just now. He has been regularly visited by Mr. Oliver Williams.

(Signed) H. H. Lewington

February 1<sup>st</sup>. The patient was somewhat more than usually disturbed by his hallucinations three weeks ago, complaining of the "pot-liquor & electricity" being put on him, but of late this has not been so much the case. His complaints all point to delusions of being interfered with by outside agencies, but are fantastic & irrational. He has I am glad to say had no trouble about the food, having taken it well, if not very tidily. He gets out in his garden regularly and takes more interest in the trees and beds. He attended a whist drive at Dr. A. Lewington's house. His ingenuity and interest in chess are really remarkable. We recently played one game that lasted 1 hour 20 minutes. His bodily health is quite satisfactory. Mr.

1909

- Feb. 1<sup>st</sup> cont<sup>d</sup> Oliver Williams visits him at the usual intervals. H. H. Newington
- 18<sup>th</sup> Urine examined: 2.9.1015 Neutral: no albumen - slight deposit of phosphates. The patient has had a slight cold which has kept him in the house for several days, but he is now in good health - *c.u.f.B.*
- March 11<sup>th</sup> The patient has a slight cold and is staying indoors. He is suffering from thread worms and today had an enema of liquor ferri perchlor. & etc in 10 gr. infusion of quassia. *c.u.f.B.*
- 13<sup>th</sup> The patient has been about as usual in mind, much taken up with his old ideas of persecution & treatment by various persons seeking to injure his horses etc, but on the whole he has not been very uncomfortable. He has been able to play chess & he has devoted considerable time to the solving of chess problems, in which he has more than ordinary skill. He has had a cold, not of any great importance, but in view of the bad weather and of his own great neglect of precautions, much care has been required to keep it from

Report

1909

- getting worse. He has been visited since the last report by his brother-in-law, his Committee & by Mr. Oliver Williams  
(Signed) H. H. Newington
- May 4<sup>th</sup> The patient is in a more satisfactory condition as to health and general conduct, the opportunity of gardening giving him much interest. The weather however has made it very necessary to watch him closely as he is so inclined to stand about in draughts. His delusions still exist but are not very urgent. He has been visited by Mr. Williams at the usual intervals  
(Signed) H. H. Newington
- 7<sup>th</sup> His attendants frequently have trouble in getting him to come in to meals today when Bond tried to persuade him to enter the house the patient struck him on the mouth with his fist, cutting his lip slightly. *c.u.f.B.*
- 25<sup>th</sup> The patient is in good health & condition & spends his time in his garden. He was visited yesterday by Dr. Savage. *c.u.f.B.*
- June 7<sup>th</sup>  
Report The patient has been in good bodily health since the last report, this being due to the

1909

## The Duke of St. Albans.

large amount of fresh air he has had in the garden with his flowers. These latter have likewise afforded him considerable pleasure & interest which no doubt would have benefited him mentally to a greater extent if the unfortunate delusions had not been present in some force. He has been seen lately by Dr. Savage who reported satisfactory bodily health and condition, but no sign of mental improvement. The patient has likewise been visited by his Committee and Mother-in-law, & also by Mr. Oliver Williams at the usual intervals.

H. H. N.

July 25<sup>th</sup> The patient is in good health, & spends his days in his garden in active pursuit of bugs. Yesterday he played tennis at the Woodlands & seemed to thoroughly enjoy it. C. W. P.

August 3<sup>rd</sup> The patient had been in a more satisfactory condition of late though his delusions and hallucinations are very marked. He has taken much interest in his garden, much enjoying the picking of large quantities of flowers which he sends to other

1909

## The Duke of St. Albans

patients and to members of the staff. He is in good bodily health, but would soon lose this were he not very carefully looked after, he is so reckless in exposing himself to wet & cold. He has been visited lately by his uncle Mr. Oliver Williams at the usual intervals.

H. H. N.

Sept 6.

The patient has in some ways had a better month than usual. Certainly his bodily health has been in a more satisfactory condition. The garden and its flowers have been never failing in arousing his interest. The delusions have been as freely repressed as ever. A short time back he began to have long drives out with a lunch or tea at a distance. But after a time it was necessary to stop these excursions for a time; as he got out of hand and failed to respect the conditions and promises under which they were made.

He has been regularly visited by Mr. Oliver Williams

H. H. N.



153  
1909

## The Duke of St. Albans.

Oct. 19

The patient has had a very fair time since the last report. The delusions are as much in evidence as ever, and are expressed in perhaps more incoherent and feeble terms, but there is but little real force behind these expressions.

He has taken much pleasure and interest outdoors until the late break in the weather came. Of late he has played chess eagerly and with remarkable concentration for more than two hours at a sitting. A difficulty that was experienced last year about this time is now recurring. The patient is most intolerant of warm clothing such as is now necessitated by the change in climate. If he has much underclothing he will let his pants down, and raise his vest to the armpits. The result is that the abdomen is without proper protection. Confinement in the house is necessitated during cold days until an agreement is arrived at on the point. The bodily health is excellent.

H. H. N.

1909

## The Duke of St. Albans.

154

Nov. 20

This patient has just recovered from a cold which he contracted by wilful exposure of himself both inside and outside. If an opportunity presents itself, he will raise and lower the windows - and stand before the open windows in the draught with scarcely any clothes on. When outside he is in the habit of opening his coat and shirt - and pulling up his under vest. It is also with considerable difficulty that he can be induced to keep his feet dry, he will not allow his shoes to be put on properly - merely allowing a portion of the fore part of his foot and toes inside the boots.

At night he runs great risk of catching cold as he will get out of bed and lie on the floor and by preference near to a window. Mentally, he appears to <sup>be</sup> getting worse is continually rambling or writing over and over the same delusions day after day.

D.F.

1909

## The Duke of St. Albans.

8 Decr.

The patient has had a somewhat severe cold which in conjunction with his utter carelessness of his own health made it necessary that he should be kept close for sometime in bed and then in the house. He has been out on mild days. He persists in slipping off his vest and pants if he is not closely watched and even out of doors he will pull up the former and let down the latter - all this of course exposing him to serious risk. But in spite of the foregoing he is looking well and rather stout. His mental condition steadily deteriorates. He listens to the voices and he continually talks either to himself or to others in a disjointed inconsequent way of those matters on which his delusions lead him astray. Nevertheless he plays a good ingenious game of chess, sometimes for  $2\frac{1}{2}$  hours at a time. He never knows when he is beaten and often administers a surprising defeat.

1909

## The Duke of St. Albans. 156

8 Decr.  
(Contd.)

The result of plans thought out deeply and correctly. He has been visited by his Committee and Mr. Williams at the usual intervals.

1910.

Jan 24<sup>th</sup>

H. H. N.

Since the last report there has been little change to note in the condition of the patient. The delusions & hallucinations have perhaps been a little more worrying to him, & his fears about the mares & foals are expressed quite regardless of the place or person to whom they are uttered. Considerable trouble is caused by his intolerance of underclothing, he will slip this off whenever he can do so. He is very careless about exposing himself to risks of cold. The bodily condition is satisfactory. Chess still remains so much in favour, a game or more being played most days, his skill increases with practice, & were he not hampered by the voices, he would be quite a formidable opponent. A curious point about his game is that, after perhaps getting into difficulties caused by his unshrewd & apparently reckless attack, so far from throwing up the game, he pores over the board looking for some way of turning the tables.



1910.

Jan 24<sup>th</sup> cont And he repeatedly succeeds in a remarkable manner in doing so; such healthy tenacity is in my experience at least quite uncommon where the general level of intellect has been lowered by disease, as much as his has been.

March 13<sup>th</sup> His Grace's condition remains about the same, his delusions are if anything more pronounced: He has been out walking in the grounds during the last month: He is in good health & fair condition. (HRSW)

25<sup>th</sup> The patient has not altered much since the last report. At times perhaps his self-control is weaker, in the direction of giving unrestrained expression to his delusions regardless of those who may be present. But he can pull himself together & can talk to the point. He still plays chess with much vigour, in spite of constant interruptions on the part of the valets. At times he has neglected taking his food properly, on account of the hallucinations absorbing his attention but he is now eating plenty. The bodily health has improved, this no doubt being due to the increased outdoor exercise. He has been visited recently by his committee & Dr Savage. Mr Oliver Williams has paid the usual fixed visit (HRSW) (HRSW)

March 26<sup>th</sup> His Grace's eye has incurred some slight injection of the left eye, this is being treated with difficulty owing

1910.

to the patient's objections, with Boracic lotion & rest in a darkened room. (HRSW)

March 28<sup>th</sup> There are slight suspensions of the trouble <sup>in the eye</sup> being in it but owing to the difficulty of getting a good view of the affected part one cannot be quite certain. (HRSW)

— 31<sup>st</sup> Having introduced some Atropine + Mercury ointment into his Grace's eyes on several occasions, the right pupil has dilated evenly, but the left shows a well marked adhesion on the inner side, the diagnosis of iritis being thus confirmed: the treatment with Boracic Lotion + Atropine is therefore being continued.

April 1<sup>st</sup> The pupils are now well dilated & the left is <sup>(HRSW)</sup> practically circular: the eye as a whole does not appear worse though there is a good deal of deep injection. The fornix are well open, & his Grace does not appear to suffer more annoyance than pain from it. (HRSW)

Apr 2<sup>nd</sup> Today Dr A. Mearns has dusted some calomel powder into the left eye, applied a leech over the left temple, & ordered Pills of Hyd. & Oak.  $\frac{ij}$ . S&F Hyd.  $\frac{gr.ij}$ , three daily: when I saw the eye later in the day, as there was an increase of the injection & the pupil was commencing to contract, I resorted to a little of the above Atropine ointment: (HRSW)

— 5<sup>th</sup> Dr A. Mearns has now ordered the eye <sup>only</sup> to be bathed with warm Boracic Lotion several times daily. The condition of the eye remains about the same. (HRSW)



1910

April 4<sup>th</sup>

The Duke of St Albans

for Cash Book 18<sup>th</sup> April 1910.

From Cash to Do

Pay To: Dr. Michael Mearns

Ten Thousand Pounds -

£10,000 — "St Albans"

patient's eye remains about the same. He now appears to be getting on well. The bowels act well but I thought that he would be well to ascertain, unless he is not asleep, usually. I have thought that he should be kept in bed again, there is a book to keep the eye thoroughly for this purpose the ointment is being inserted several times a day, a lotion containing cocaine, atropine, Protargol & Hydrarg. perchlor. 1-1000 is dropped into the eye as often as possible; the pills are being taken; a blister.

6<sup>th</sup> The eye appears better; the above treatment is being vigorously carried out; By Dr. Mearns orders, a blister has been applied to the left temple, there is now almost full dilatation. Bowels & appetite are in order.

7<sup>th</sup> The condition of the eye improves, so that owing to the struggling on the patient's behalf on introduction of the ointment or drops, his face has been allowed to use the strabismic in an eye-glass, he however refuses to open the lids when so doing, so the chance of any lotion entering is small.

9<sup>th</sup> Still further improvement has taken place, but as the

The Duke of St Albans

1910

10<sup>th</sup>

17<sup>th</sup>

May 1<sup>st</sup>

14<sup>th</sup>

June 1<sup>st</sup>

pupil is beginning to contract again, the Duke has been persuaded to rub a little Atropine ointment into it with his finger. He rubs most of it into the nasal angle, but a little now then enters the inner canthus.

10<sup>th</sup> The eye is still improving, but the patient is very talkative & somewhat excited.

17<sup>th</sup> The eye is now almost well, the treatment is however still being persisted in, though not to marked an extent. Still improving, but the atropine ointment is still being used, though less frequently. He came down stairs yesterday.

14<sup>th</sup> The patient since the last report has had a somewhat severe attack of conjunctivitis & iritis, for which it was necessary to keep him in a perfectly dark room for some time. The treatment adopted has succeeded, & except for a few very slight feelings of mistiness in the vision of the affected eye, he is free from the attack. He was remarkably quiet & contented in bed - even coming round for the time trying those about him, excellent characters. He is out about again, though it is needful to place some limits on his exercise & exposure to light. He is very glad to get into his garden again. The hallucinations are less urgent & irritating, but the conversation is more incoherent & unintelligible.

June 1<sup>st</sup> There has been no further trouble with the eye, the patient spends most of the morning reading

1910

April. 4<sup>th</sup>

## The Duke of St Albans.

The condition of the patient's eye remains about the same; great difficulty is experienced in preventing his Grace from rubbing the eye frequently. He now appears to have pain from his affection. The bowels act well he takes his food well, ~~but~~ it is thought that he sleeps well, but <sup>it</sup> this is difficult to ascertain, unless a light is used, + his Grace, when not asleep, usually remains quiet. H.R.S.

5<sup>th</sup>. Today as the pupil has contracted again, there is <sup>some</sup> adhesion, & it has been decided to keep the eye thoroughly under the influence of Atropine, for this purpose the ointment is being inserted several times a day, + a lotion containing, cocaine, atropin. Protargol + Hydrarg. perchlor-1000, is dropped into the eye as often as possible; the pills are being taken: ~~a blister~~ H.R.S.

6<sup>th</sup>. The eye appears better; the above treatment is being vigorously carried out; By Dr A. Bevington's orders, a blister has been applied to the left temple, there is now almost full dilatation. Bowels + appetite are in order.

7<sup>th</sup>. The condition of the eye improves, so that owing to the <sup>H.R.S.</sup> struggling on the patient's behalf on introduction of the ointment or drops, his Grace has been allowed to use the spectacle in an eye-glass, he however refuses to open the lids when so doing, so the chance of any lotion entering is small. H.R.S.

8<sup>th</sup>. Still further improvement has taken place, but as the

## The Duke of St Albans

1910

pupil is beginning to contract again, the Duke has been persuaded to rub a little Atropine ointment into it with his finger. He rubs most of it into the nasal angle, but a little now often enters the inner canthus: H.R.S.

10<sup>th</sup>. The eye is still improving, but the patient is very talkative + somewhat excited. H.R.S.

17<sup>th</sup>. The eye is now almost well, the treatment is however still being persisted in, though not to marked an extent. H.R.S.

May 1<sup>st</sup>. Still improving, but the atropine ointment is still being used, though less frequently. He came down stairs yesterday.

19<sup>th</sup>. The patient since the last report has had a somewhat severe attack of conjunctivitis + iritis, for which it was necessary to keep him in a perfectly dark room for some time. The treatment adopted has succeeded, + except for a <sup>H.R.S.</sup> very slight feeling of mistiness in the vision of the affected eye, he is free from the attack. He was remarkably quiet + contented in bed - even coming round for the time trying those about him, excellent characters. He is out about again, though it is useful to place some limits on his exercise + exposure to light. He is very glad to get into his garden again. The hallucinations are less frequent + imitating, but the conversation is more incoherent + unintelligible. H.H. H.R.S.

June 1<sup>st</sup>. There has been no further trouble with the eye; the patient spends most of the morning leaning



1910

## The Duke of St. Albans.

- June 3<sup>rd</sup> cont<sup>d</sup> about his bedroom in his night-shirt. he is not taking sufficient food. c.w.j.B.
- At his grave was taking so little nourishment I went to see him in the evening with an oedipal tube visibly protruding from my pocket. he eyed this several times but made no remark about it (as he has never been fed by tube). c.w.j.B.
- June 4<sup>th</sup>. The patient made a hearty breakfast and was again out in his garden. he had <sup>for 2 1/2 days</sup> been kept in his bedroom until he should take a good meal. c.w.j.B.
- 7<sup>th</sup> His grave has <sup>slight</sup> edema below the right eye. his attendant Bond says it was very marked when he first saw him in the morning but due to went down afterwards. the patient would not allow an examination. he seems in good health & spirits. He takes his food well. c.w.j.B.
- 9<sup>th</sup> The edema was probably due to the bite of some insect soon disappeared. his grave spoke for some time most rationally this morning after being lashed with his old delusions. c.w.j.B.
- August 16<sup>th</sup> The patient is in good health & spirits & spends his time in his garden. there is no

1910

## The Duke of St. Albans.

- Aug. 14 cont<sup>d</sup>. change venally. c.w.j.B.
- 19<sup>th</sup> His grave played tennis today at the Woodlands. during the first set he was too much occupied with his delusions to play well, but in the second he pulled himself together and played a very good game. c.w.j.B.
- September 15<sup>th</sup>. The patient since the last report has been in a more satisfactory condition than usual. He has shown continued interest in the garden and in connection with digging and applying manure to the beds etc he has had plenty of healthy and improving exercise. In consequence he looks considerably better than he did and is happier. His mental condition on the contrary weakens and concentration is mostly incoherent and quite foolish. So others this failure of intellect is undoubtedly painful, but to himself it certainly brings less responsiveness to his ever present hallucinations. As a consequence these hallucinations, marked & unlimited as they are, fail to really affect him and thus he has more real peace. He is full of life and energy, and in the main, good



1910

## The Duke of St. Albans.

Sept. 16<sup>th</sup> cont<sup>d</sup> Tempered. He speaks ill of all about him but his actions show that he is far from meaning what he says. He has been especially kind and considerate towards Bond, his first attendant, of late.

H. H. Newington

November 7<sup>th</sup> The patient is in excellent health spirits. He occupies himself with digging in his garden, peeling marrow in a wheelbarrow or enjoys plenty of healthy exercise. His relations are unchanged. c.v.f.b.

1911

Jan. 15<sup>th</sup> The patient continued to enjoy excellent health and amused himself as usual in his garden. He goes out driving frequently. For most of the time he is running along the road of the carriage. c.v.f.b.

March 15<sup>th</sup> The patient is at present in excellent health spirits. He caught a cold some little time since but has now just recovered from it. c.v.f.b.

Report

Since the last report the patient has been very fairly comfortable. His tendency to catch cold has made it necessary to

1911

## The Duke of St. Albans.

restrict his being out either in the carriage or the garden. Nevertheless he is looking & is, remarkably well. In mind too there is improvement, in so far that his hallucinations & Delusions, though they give him plenty to think of & talk about, do not worry him to anything like the extent of former times.

The chief attendant, Bond, has left to better himself, he & his wife having been offered and accepted a joint employment demanding considerable trustworthiness & capacity. It was gratifying to find that the patient, in spite of many things said of Bond under mental disorder, felt his going wrong. For several days he asked if Bond's going could not be prevented, and the day before he asked if we with some feeling if Bond was going on account of himself & his savings. The second, Gilberc, has been promoted, another, Trepham, taken Gilberc's place.

Visits have been paid by the Committee to Mr. Oliver Williams.

Signed H. H. N.

March 21<sup>st</sup> 1911

1911

## The Duke of St. Albans

May 20<sup>th</sup> The Duke is in good health & spirits, he finds plenty of occupation & amusement in his garden, digging etc. C.W.P.B.

July 19<sup>th</sup> The patient has had a very satisfactory time of late. He works scales mud & crabs in his garden, altering the beds, water-pools etc. The warm weather seems to suit him, and it certainly relieves one of all anxiety as to his catching cold through imprudence. The mental condition is not so good as the physical, the increased weakness being made very evident by his ceaseless incoherence & talking. In spite of his stereotyped complaints there is reason to believe that he is quite happy.

H.H.N.

Sept. 6<sup>th</sup> The patient is in a wonderfully happy state physically. He enjoys every minute of this hot weather the heat not appearing to affect him as it does others. He is active and alert, playing cricket at the net. Mentally he does not improve, in fact he becomes more garrulous, talking some

1911

## The Duke of St. Albans

time to shift his thoughts from his own condition to any remark made by any one speaking to him. Though he complains of various things & people, one can say that his general plane of thought is not unhappy.

H.H.N.

Sept. 15<sup>th</sup> The Duke certainly becomes more childish. He tears up paper & throws it out of the window & calls it "butterflies", also he has put a sheet of silken paper on the rocks in the "pond" he has dug in the garden and called my attention to the silvery shine of the water: he is in excellent heart, says

Oct. 3<sup>rd</sup> The patient has had a very good time since the last report, working in his garden and working hard. He has removed a lot of earth to make a grotto which he has ornamented with stone and old iron work. He has also whetted a good deal of knives for his roses. In consequence he is in capital health & cheerful except when his delusions are over him. He and I had a game of chess last night, but I found his game not so strong as it was. He

1911

## The Duke of St. Albans

however has not touched the chestnut for several months. The coming of winter will cause some anxiety on account of his carelessness in exposing himself, but so far he has escaped the last cold snap.

H. H. Newington

Nov. 18<sup>th</sup>

The patient has continued well & happy since the last report and has been very busy in his garden, erecting all kinds of rockeries, dummy canons, bowls of gold fish etc. Just now he is particularly interested with the filling of the small pond he has made, with the rain water. We still have some difficulty in preventing him from exposing himself in his night-chair at the open window & have been obliged to give directions for the lower sashes to be kept closed. His mental condition remains much the same though his delusions appear to be of a less worrying nature and in consequence he is not so irritable and ready to blame others for imaginary persecution.

A. D. Newington.

## The Duke of St. Albans

Dec. 9<sup>th</sup>

The patient continues to be in the same condition as recently reported.

This is unexpectedly satisfactory, in view of the trouble from hallucinations -

His body has is apparently in perfect health & looks anaemic & excellent colour. His face is more open and with a happier expression. So far he has not caught cold, but he still requires close watching and guarding to protect him.

In mind although he talks incoherently about his troubles he can be taken off them - he & I have of late had a game of chess most days, and I find him a strong player. I find that the interest in a game now taken is sufficient to fix his attention & it. Even the voices have been hushed for the time. Other remarkable points are his tenacity and his power to surmount subtle & ingenious attacks, which often save him from defeat. The amount of intellect displayed is quite out of keeping



1912 The Duke of St. Albans

with the character of his general omnivorous  
Signed H.H. Kingston

Feb 5<sup>th</sup> The patient is in quite as good a condition as when I last reported. Mentally, he talks incessantly about his horses etc. & hardly says anything to the point; but he can still hold play an excellent game of chess. During the play the sides seem to lose much of their influence. Physically he is also in excellent condition. So far he has escaped all colds such as have been going the rounds here but of course this is because he is kept moving in the house in good time in the afternoon. He gets plenty of healthy exercise in the garden.

Signed H.H.N.

report. The patient has been rather more worried in March 25<sup>th</sup> himself by his ideas of persecution etc, but his as great talent, but this I attribute with confidence to the wet weather which has much interfered with his garden work. His state of mind is fleet in playing chess. Occasionally he plays extremely well, but frequently he is quite off his game, taking five or ten minutes to a move, most of his

p. 181

Admitted June 2<sup>nd</sup> 1909.  
Sex & Age Male . 38 years  
Previous occ- Captain in the British Army

Single  
Religion's Perso- C. of E.  
Residence Skelton Hall, Yorkshire  
Whetn? attack Second attack  
Age on " " 37  
Duration of se- Said to be worse during the last month  
Lasting attack  
Support cause Unknown  
of encephalitis ho  
" suicidal ho  
" dangerous etc ho

Medical Cer- He was enfeebled in mind, he talked in a  
tificate I rambling way, his room was in a state of great  
confusion, he utterly failed to realize the gravity  
of his state, his hand-writing was shaky, his  
speech slurring. He was suffering from General  
Paralysis of the insane.

(Signed) Bedford Pierce M.D. F.R.C.P (Lond)  
The Retreat, York. May 25<sup>th</sup> 1909

1909

Captain W. R. Bindloss

*Medical Certif.* He is unwell in his person & his room is in confusion. He walks with difficulty, his gait is ataxic and his right knee is greatly swollen. His handwriting is irregular and he is very irritable. His speech is hesitating and his articulation is blurred. His conversation is rambling and he completely fails to recognise the seriousness of his condition. He tells me he is preparing an expedition into Somaliland for which he is requisitioning Indian coolies, which is not the case. He is suffering from General Paralysis of the insane.

(Signed) Richard Lurner

48, Bootham, York.

May 25<sup>th</sup> 1909.

*External appear.* Of somewhat slight build, dark hair, grey eyes. The pupils are shagreened both to a considerable extent, but equal. The vesicular & respiratory organs are sound, also the abdominal viscera. The pulse  
The tongue  
The skin  
No bruises or other injuries. He has a dragon tattooed in blue & red on his chest.

1909

Captain W. R. Bindloss

His right knee is very much enlarged both femur & tibia showing in the enlargement, there is effusion into the joint: it apparently gives him no pain & the joint moves freely.

*History*

June 3<sup>rd</sup> The patient has a quiet night but refuses to stay in bed as requested. C.W.P.B.

4<sup>th</sup> Stays in bed to allow of examination. He seems to be quite comfortable, rests quietly in the night & takes his food well. C.W.P.B.

Medical

Statement

He is the subject of considerably advanced dementia. His memory is very defective & his attention can be easily distracted from one matter to another, & his conversation is rambling. The speech is considerably affected with tremulousness & uncertain action of the muscles of the head, points to the existence of general paralysis of the in-

Case Notes. 11<sup>th</sup> June 1909. Captain Bindloss in fair health,

Although my hair grows very fast and most people think it very some times & Peter Rick & I gray hair out of it then not on but the same rows for 3 1/2 weeks on way the hair the hairline and I believe the about night & come the steel & only want staying to Marshall & present

7<sup>th</sup> 1909. small; repetition; looking; his gen- & sleeps well. C.W.P.B. morning, wak- ing up & talking about 3 1/2 4 a.m. his general health is good C.W.P.B.



- June 3<sup>rd</sup> The patient has a quiet night but refuses to stay in bed as requested. C.W.P.B.
- 4<sup>th</sup> Stays in bed to allow of examination. He seems to be quite comfortable, rests quietly in the night & takes his food well. C.W.P.B.

Medical  
Statement

He is the subject of considerably advanced dementia. His memory is very defective & his attention can be easily distracted from one matter to another, his conversation is rambling. The speech is considerably affected with tremulousness & uncertain action of the muscles of the head, points to the existence of general paralysis of the insane. He is in good condition of health, apart from osteo-arthritis affection of the right knee joint.

Signed. H. H. N. June 7<sup>th</sup> 1909.

- June 11<sup>th</sup> He spoke to me today of the Somali<sup>land</sup> expedition he is organizing for big game shooting. His general condition is fair & he eats & sleeps well. His hand-writing is much affected. C.W.P.B.
- 18<sup>th</sup> He is often restless in the early morning, waking up & talking about 3 to 4 a.m. His general health is good. C.W.P.B.

1909

Captain W. R. Bindloss

June 21<sup>st</sup> He has some loss of control over the rectum & has soiled his clothes more than once. He walks out every day, but well & in good general health. c.w.p.B.  
He also has some loss of control over his bladder and wets his clothes. A urinal for day & night use has been ordered for him. c.w.p.B.

June 26<sup>th</sup> The patient has been going on completely. He has quiet nights though he generally wakes early and talks or gets up & wanders about. c.w.p.B.

*Spec Report*

He is demented to a marked extent - his memory is very bad - he is constantly forgetting to do things but takes no steps for the purpose. He is easily satisfied and puts an unnecessarily high value on things and actions. The nature of his conversation and the actual speech indicate general paralysis. The uncertainty of the muscular actions supports this diagnosis. Apart from the physical symptoms mentioned above and apart from severe osteoarthritis of the right knee-joint the health is good and the condition quite satisfactory.

July 2<sup>nd</sup> 1909.

(Signed) H. Hayes Newington.

1909

Captain W. R. Bindloss

July 10<sup>th</sup> The patient is getting on comfortably. He has quiet nights generally. Occasionally he has had a small powder. His general health is good. c.w.p.B.

25<sup>th</sup> He is in good health, having improved considerably (physically) since admission. He talks well & has quiet nights. He walks in the grounds daily. c.w.p.B.

August 1<sup>st</sup> The patient is sometimes restless in the early morning but on the whole is doing well. c.w.p.B.

Aug 29<sup>th</sup> Examined his knee joint with Dr H. H. Newington. There appeared to be some increase of fluid in the joint. There is a good deal of lateral movement. His mental condition is not much changed. c.w.B.

17 Sept. 1909 Patient has had a slightly inflamed area on dorsum of right foot which under treatment has disappeared. D.E.

25<sup>th</sup> Sept. 1909. Weather permitting patient goes out daily for short walks in the grounds. Eats well & sleeps fairly well. D.E.

Oct. 27 The ankle and dorsum of right foot are still swollen while the knee joint remains much the same. D.E.

1909

## Capt W. R. Bindloss

Nov. 27

Today when patient was leaning forward in his seat in order to lift something he had dropped, from the floor he lost his balance and fell forward - striking his nose on a sharp projection cutting it - just between his eyes for a length of about  $\frac{3}{4}$  of an inch and to a depth reaching the bone - he also caused an abrasion of his forehead in two places slight. The nasal wound was opened up & thoroughly cleansed and carefully dressed. On inquiring this morning patient states that he is not suffering any pain.

Dec. 16.

The patient's condition does not alter. Nothing has occurred to suggest that the diagnosis of G. D. I is not justified, but the progress of the symptoms is abnormal.

Dec. 22

The wounds now referred to have now quite healed, there is no trace of the one on forehead and a very slight mark on nose.

1909

1910

## Capt W. R. Bindloss

Jan 12

The patient has gone through a considerable amount of trouble. Three nights ago he became very excited, started for hours, & tried to get away to "commit suicide" under

Jan 21

no great change has occurred in the patient's condition. He seems fairly comfortable & satisfied, although he appears very hurt that his people sent him here, also that the money for his fare was given to the man who brought him, as though he (Capt) could not be treated; at this idea he started to weep a little, but was fairly easily comforted. The condition of the knee, remains about the same. (H.R.S.D.)

Feb. 13<sup>th</sup>

The patient remains in about the same condition. He has however been sick once or twice lately probably due to his smoking, & large meals without exercise. (H.R.S.D.)

March 25<sup>th</sup>

There has been little change in the patient's condition. He seems a trifle more emotional of late. His bodily health except for the condition of his right knee, is good. (H.R.S.D.)

Apr. 17<sup>th</sup>

During the objectionable smell of the patient's urine, an mixture containing urotropine has been given him. (H.R.S.D.)



179

1910  
May 12.

Capt. W. R. Bindloss.

Changes but little, has been sick fairly often; probably due to his large appetite; his diet has now been slightly decreased. He has taken to rolling his food about in his mouth. (H.R.D.)

10<sup>th</sup>

He shows distinct signs of downward progress, he is more emotional, rolls his food in his mouth, & takes less interest in his surroundings. (H.R.D.)

10<sup>th</sup>

Having been sent to bed yesterday, his temperature was found to be 101°. (H.R.D.) today his temperature rose to 104° then gradually fell. He lay in a semi-comatose condition, but his ophthalmic reflexes were present. He was speechy, & twitching his legs. (This I am told has been the case ever since admission). His temperature gradually fell 2 degrees during the day, & he took some food. (H.R.D.)

16<sup>th</sup>

The convulsions slightly today, he has improved a little. (H.R.D.)

Special Report May 14<sup>th</sup>

He is the subject of G.P. now entering the third stage; he does not answer when spoken to, & for the time seems to be semi-conscious. There is difficulty in his swallowing, he has to be fed & nursed with great care. He is badly constipated, associated with the febrile condition associated with the mental condition. (H.R.D.) (H.H.)

29<sup>th</sup>

For the last 2 days his temperature has been 102° but today it has risen much more, even to 105.2.

Name of Asylum,  
Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Reception Order, the first day of June 1909  
I hereby give you Notice, That Capt. William Robert Bindloss,  
a (a) private Patient, received into this (b) House on the  
second day of June 1909, died therein on the  
twentieth day of May 1910.

Signed (c) H.H. Joint Medical Officer.

Dated the 20<sup>th</sup> day of May 1910.

To the (d) Commr. Genl. Prison for East District  
Chas. Steppard Esq. Governor for East District  
Newton, Taylor, Registrar, South Green

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - William Robert Bindloss.  
Sex and age - Male. 39 years.  
Married, single, or widowed - Single.  
Profession or occupation - Captain 2<sup>nd</sup> Dragoon Guards.  
Place of abode immediately before being placed under care and treatment (if known) - Skelton Hall, York.  
Apparent cause of death - General Paralysis.  
Whether or not ascertained by post-mortem examination - No.  
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased - 5.25 a.m.  
No unusual circumstances.  
None.  
Duration of disease of which patient died - About two years.  
Names and description of persons present at the death - Mr. Bindloss the mother of the patient.  
Dr. H. D. Walden, Assistant Medical Officer.  
James Thomas, male attendant.  
None applied at any time.  
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - None applied.

I hereby Certify that the particulars contained in the above statement are true.

Signed H.H. Joint Medical Officer.

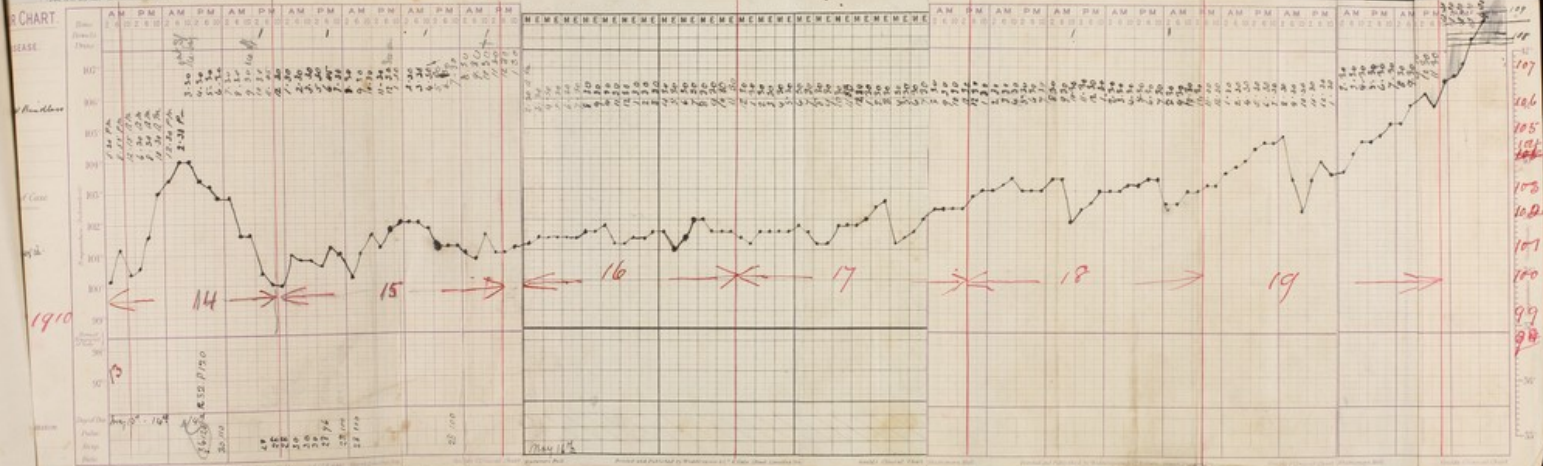
(a) Private or pauper.  
(b) Asylum, or hospital, or house.  
(c) Clerk of asylum, or medical officer of hospital, or house, or medical attendant of the patient.  
(d) Commissioners in Lunacy, or as the case may be.  
(e) Medical officer of asylum, or hospital, or house, or medical attendant of patient.

Capt. G.R. Bullard

180

He lies semi-comatose, or does not respond to outside stimuli, except that his ophthalmic reflexes are fairly normal. He is comatose, or perhaps to his eyelids being opened: There has been some twitching of the right side of the face, frequent attacks similar to language crises have occurred.

The temperature gradually rose yesterday to 102.17° nearly this morning to 102.4° at 5:15 am the respiratory and circulatory centers - the patient died. M. side holder

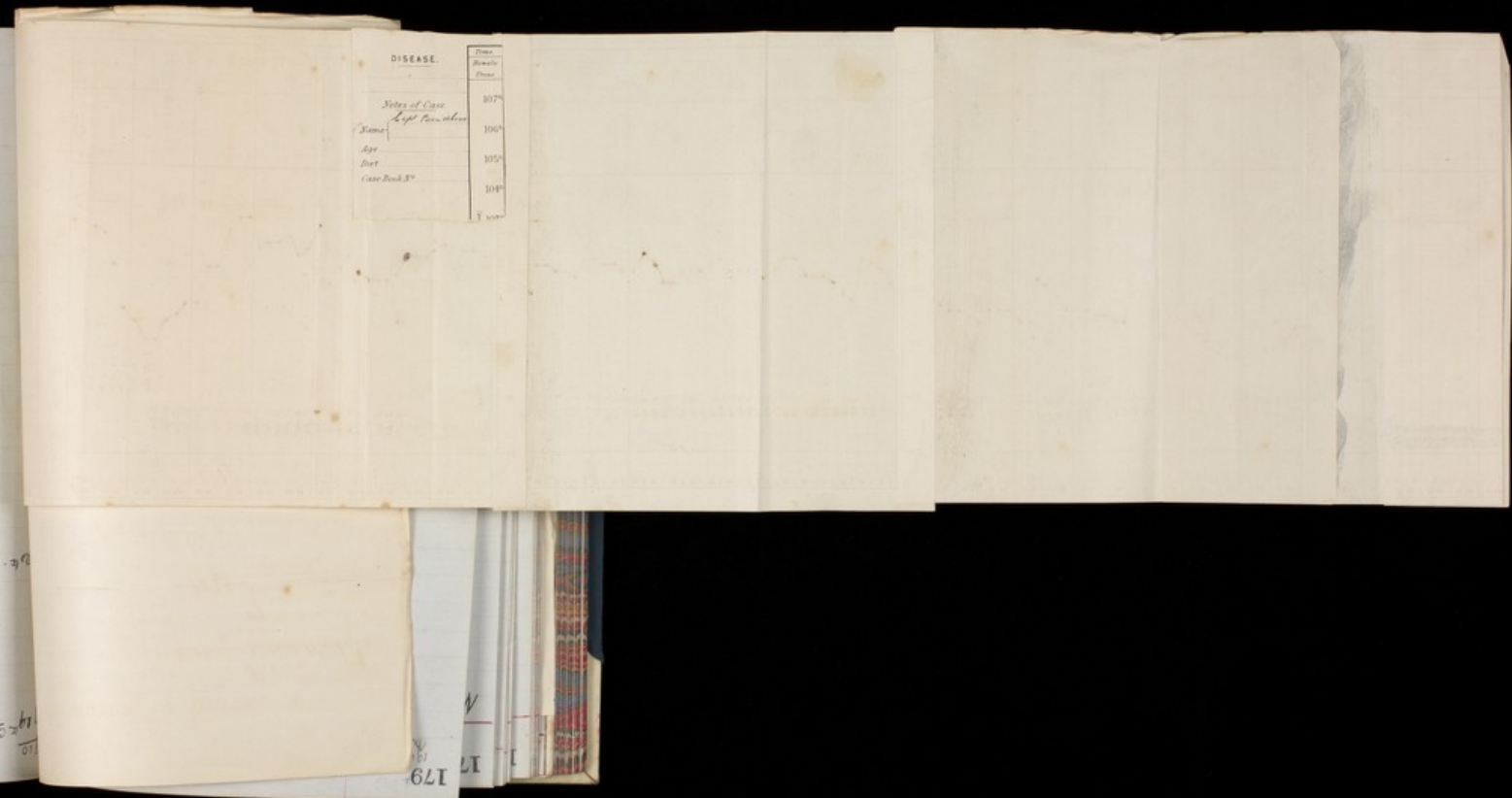


DISEASE.

Time  
 Begins  
 Ends

Notes of Case  
*Left Paralysis*

Name \_\_\_\_\_ 107<sup>th</sup>  
 Age \_\_\_\_\_ 106<sup>th</sup>  
 Sex \_\_\_\_\_ 105<sup>th</sup>  
 Case Book No. \_\_\_\_\_ 104<sup>th</sup>

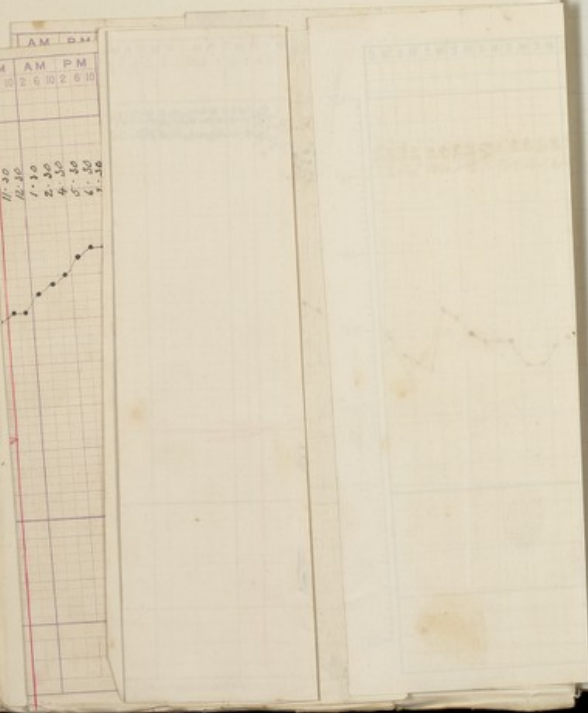


179



	M	AM	PM
9:30			
10:30			
11:30			
12:30			
1:30			
2:30			
3:30			
4:30			
5:30			
6:30			
7:30			
8:30			
9:30			

Special Report



20  
19 Cont

He lies semi-comatose, & does not respond to outside stimulation, except that his ophthalmic reflexes are fairly normal. He is somewhat spastic, & objects to his eyelids being opened; There has been some twitching of the right side of the face, frequent attacks similar to Langueval crises have occurred. H.R.S.W.

21

The temperature gradually rose yesterday to 106°/107° nearly this morning to 108° at 5:25 am the respiration gradually got weaker & the patient died. Mr. Gale, Webster Swells & myself were present. Five & half hours after death the temperature was 102.2 H.R.S.W.

1912

The Duke of St. Albans

From p. 169

time being taken up in talking about his horse etc. nevertheless his condition is satisfactory so far, and his bodily health is excellent.

Signed H. H. N.

June 26<sup>th</sup>

The Duke is suffering from conjunctivitis in his left eye, probably the result of a draught. sulphate of zinc is being applied but the patient is impatient & does not wish to see his eye.

19<sup>th</sup>

Blistering fluid was applied to the temple today the patient kept in a darkened room. calomel has been prescribed & is applied to the eye daily.

Sept 9<sup>th</sup>

The patient has not altered to any marked extent since my last report. He remains very quiet, easily managed & apparently happy, in spite of the continued complaints suggested by his delusions. These complaints are obviously the mere recalling of ideas formed years ago & now stereotyped. He amuses himself in the garden as usual, but the weather has much interfered with his real enjoyment; & it has also made it necessary to watch him more closely in order to prevent ill effects from his carelessness.

1912

The Duke of St. Albans.

in protesting himself against cold & rain

28<sup>th</sup> Nov<sup>r</sup> 1912.

By way of course and thing to do is to remain here  
St. Albans

Jack Gilbert  
& Gypser

over the fence

also does for Liberty

and an Anti-al - above plants

is less able to entertain a depressed rational thought. But the mental state which brings these sad conditions also brings far greater freedom from trials such as hallucinations and indeed from thought of the greater happiness which would have been his but for his misfortune. I can say in all conscience that he is far happier than he

1912

The Duke of St. Albans

From 1.16.12 time being taken up in talking about his

Spent all the evening on  
 writing of his delusions  
 in St. Albans  
 week

in spite of the continued complaints suggested by his delusions. These complaints are obviously the mere recalling of ideas formed years ago & now stereotyped. He amuses himself in the garden as usual, but the weather has much interfered with his real enjoyment; & it has also made it necessary to watch him more closely in order to prevent ill effects from his carelessness

1912

The Duke of St. Albans.

in protesting himself against cold & rain.

It is apparent that his mental condition is weaker, & that he finds it more & more difficult to concentrate his mind on anything beyond the delusions.

His bodily condition is quite satisfactory. He was visited by his uncle (and former Committee) and by his present Committee.

Mr. John Williams comes to see him at the regular intervals. signed H.H.H. (J.B.W)

Nov. 22<sup>nd</sup> The patient is in excellent health & spirits  
 Dec. 17<sup>th</sup> The patient, apart from the evident weakening of his intellect, is in quite a satisfactory condition. He is less able to give attention to the ordinary affairs of life, & takes less interest in the news of the day & is less able to entertain a complex reasoning thought. But the mental state which brings these sad conditions also brings far greater freedom from trials such as hallucinations and indeed from thought of the greater happiness which would have been his but for his misfortune. I can say in all conscience that he is far happier than he



1912

## The Duke of St. Albans

Dec. 17. 1912. used to be, in fact he is always happy, as if nothing troubled or worried him. Physically his condition is excellent. He is out at regular hours, building or continuing some alteration or other. I regret to say that signs of serious illness have recurred in Capt. Harrison. Though he is somewhat better again, he cannot be at the patient's disposal as he used to be, at all times. But this apparently is no great disadvantage, for the patient frequently seeks Capt. Harrison's room and had a chat with him. Mr. Oliver Williams visits him regularly.

(Signed) H. H. Newington. (M.D.),

1913

March 5<sup>th</sup> The patient is in excellent health & spirits, takes plenty of exercise, seems happy. He has his usual delusions but they do not seem to trouble him much.

May 9<sup>th</sup> The patient remains very quiet and comfortable. He does not seem to miss the companionship of Captain Harrison in any way. He still calls a good deal at random, principally over the old points, his

1913

## The Duke of St. Albans.

horse-gala and imaginary grievance against various persons. He is quite polite to birds. Bookworthy. He sleeps well & gets out in his garden though the interest in digging is not so marked. Low play chess more days & he is often successful. His power of concentration on an intricate game is marvellous. The regular visits of Mr. Oliver Williams are much appreciated. The bodily health is excellent.

H. H. N. (M.D.)

3 Oct.

The patient has been wonderfully well and hearty since I last reported. His bodily health is excellent. In mind he is fairly comfortable, though it is apparent that his intellectual power is less, and that it is more difficult for him to detach himself from his thoughts to deal with any subject of conversation introduced by others. The hallucinations of hearing undoubtedly exist in a semi-latent state, though they in no way harry him as they used to do. He leads a regular life, occasionally

leaving his own grounds to pick mushrooms, and the old phrase of difficulty with food appear to have entirely left him. He is regularly visited by Mr. Oliver Williams. H.H.R. (Jr.D.)

November 18<sup>th</sup> His Grace had a cold & was staying in bed. He is taking an expectorant. Temperature is just above normal (99°)

- 19<sup>th</sup> Improving

- 20<sup>th</sup> Allows exercises, coughing a little, c.w.f.

- 21<sup>st</sup> He is much better, but still has a slight cough. He has been more amenable to treatment, and an interest in the clinical demonstration of drugs in his medicine. c.w.f.

Dec 5<sup>th</sup> Though much better he has not yet lost his cough & is being kept indoors. He is quite a tractable patient & makes no complaint of his confinement in the house. c.w.f.

- 9<sup>th</sup> Mr. Oliver Williams came to see him

Today the patient still has a slight cough. c.w.f.

- 20<sup>th</sup> He had now lost his cough but is still staying indoors. c.w.f.

Report.

The patient is in mind much the same as before reported. At the end of last year he contracted a somewhat heavy cold. In view of the dark & cold weather, it was found necessary to keep him entirely to the house for a considerable time. The loss of exercise was naturally followed by loss of appetite & some depression. Therefore at once as possible he was sent out again for a walk each day & the appetite & spirits returned at once. He is now again in his usual condition. I told my goodness that he is very friendly with Mrs. Cookworthy, sitting in the drawing room with her each night while she plays to him. He has had visits from his brother & his committee, while Mr. Oliver Williams comes regularly once each fortnight.

H. Hayes Hewington

February 2<sup>nd</sup> 1914.

April 5<sup>th</sup>

The patient is in excellent health & spirits. His general condition is as reported above. c.w.f.

June 6<sup>th</sup>  
Report.

The patient has been remarkably well & comfortable of late. He is much less

1914

The Duke of St. Albans

1914 cont. restless although his mind is constantly filled & taken up with hallucinations, they have but little worrying effect on him. He amuses himself by forming collections of post cards containing views of churches, castles &c in the neighbourhood & sending them to his friends.

Letter writing, which was at one time a constant & not convenient habit has almost ceased, some of the letters which are written show however some improvement in style & manner of thought.

His bodily condition & health are most satisfactory. He has a drive every day & closely respects the undertaking which he gives as a condition.

He is regularly visited by Mr. Oliver Williams. On the 30<sup>th</sup> May he was also visited by his Commissaire who brought in letters & parcels after they left by Sir James Brighton Brown. He also says that he saw Captain Kennedy who is to replace Captain Harrison, & took a drive at once.

H.N.N.

(cont.)

1914

The Duke of St. Albans

Report.

The patient has been quite comfortable since the last report. It is much to be regretted that Captain Kennedy, who had commended himself to all, has been called back to the war & is now at the front. His post is being left open to him, should he return. While I cannot say that the patient misses him, I am bound to say that he seemed to like him very well and to that extent was of service. The patient has his daily drives and walks and is in excellent health. The hallucinations do not worry him, on the other hand, they seem to occupy him in a not unpleasant manner. His very frequent mental phase might be described as a sort of comfortable day-dream. He is regularly visited by Mr. Oliver Williams.

Signed H.N.N.

(cont.)

Go next page



The Duke of St Albans (from 1850)

1915 Jan 1

his brain continues much the same, though smaller in space & volume. Water his own about his head and ripples to his neck. Tastes at times with very. Works about in a curious way, semi-automatic. A few notes passed & then on track. In not method-ist but aware in his feet. Some in work - due to some working his hands. In in forehead and

Report

April 30

Since I last reported the patient has improved some way, though intellectually he has fallen somewhat. He is happier and less irritated by his hallucinations, but these for the time attract his attention more deeply than they used to do it is sometimes impossible to gain his attention when the "voices" have beset him. He leads the most regular life, and his bodily health and condition afford the best evidence of that form of life being most suitable.

Captain Anstey Bennett is now his companion and is most acceptable to the patient and to those friends of the patient who have met him.

In addition to the regular visits of Mr. Oliver Williams the patient has had visits from his committee and his brother-in-law

(Signed) H. H. N.

1915

The Duke of St Albans

Case Book



ST ALBANS

27th Nov 1916.

One lot of people make themselves ill and objectionable as possible, by overeating above the level of health, belching and attacking another lot of people to get level to level - If people do not control above plants, they need not attack anyone. Make the whole world go low in condition, as the wild nations. No one can have any money if above the plants, and all wild nature - unless they rob & murder. (No one goes with lowness) - as in India & Egypt & China. The trade as well as the crown have been robbing & murdering. Any one can have as much money as they like if they go low in condition. The mighty will see they do - Attach rice is a necessity - to go low in condition. That is the - Also manuring, slaving and low pills. Their soft - The manufacturers have robbing and murdering people in China, Egypt, India - They made a Bonfire of their subsidies. Barges compelled by the Govt of England. There is plenty of room to lose in the colonies, if people go low in condition.

Very faint & though recently he has seemed to

The Duke of St Albans (from H 150)

1915 Jan 1

his brain continues much the same, though smaller in  
space & number. Water has been above his head  
and lamps to him. There is but one set  
rang. Water about in a certain way, semi-automatic.  
a few notes provided when on track. In not method-  
ical but exact in his point. Some in use - due to  
some one wanting his home. In in possession used.

Report

April 30

Since I last reported the patient has improved  
some way, though intellectually he has fallen  
somewhat. He is happier and less irritated by  
his hallucinations, but these for the time absorb  
his attention more deeply than they used to do.  
It is sometimes impossible to gain his attention  
when the "voices" have beset him. He leads  
the most regular life, and his bodily health  
and condition afford the best evidence of that  
form of life being most suitable.

Captain Anshy Bennett is now his companion  
and is most acceptable to the patient and to  
those friends of the patient who have met him.

In addition to the regular visits of Mr. Oliver  
Williams the patient has had visits from his  
committee and his brother-in-law

(Signed) H. H. N.

U. D. N. of St. Albans

There is nothing else to consider but condition -  
of the whole world and everyone in the world  
go low in condition of the body, plants and all wild things.  
The Holy Spirit will not allow any one to get above that level.  
If people "set themselves up" above themselves in condition  
they must attack people or naturalists get low (reduce the condition  
of the Holy Spirit will not allow any one to be above himself)  
(Therefore, slave, marry and take a liver pill.)

I get as much "Fash" as possible -  
I own half the world - from North Pole to South Pole -  
when 100 Banks in Australia "went fat" "broke" in 1895  
Court's Bank (which belongs to me) bought them for very little.  
Every one lost exactly half they possessed on Australian Banks.  
The Crown heads, and Presidents of Republics are all times  
also are the Heads of Salvation Army, Catholic, Anglican  
English Church, Methodist, Baptist, etc. & Presbyterian  
Mohammedan, and Buddhist - Jewish, Polynesian  
are all causes of mine and very closely connected -  
There is no difference between King Edward VII & my self -  
long account would try to get hold of my self or King Edward VII  
to get on right side of gallows -

My only chance is to remain here - and things to do  
(see "The Helms")  
The Registrar General, Chamberlain & Grand Falconer etc

Statement by me 1895. His general health was all  
very fair & though recently he has seemed to



1915 Jan 1

The Duke of St Albans (from 1850)

was from a certain number of years, being small in  
 stature & narrow. Water his own above his head  
 and lamps to his eye. There is but one set  
 very, water about in a certain way, semi-automatic.  
 a few days provided & then one back. In no method-  
 ical but exact in his feet. Some in use - due to  
 some one wanting his horse. In in possession used.

Report

April 30

Since I last reported the patient has improved in  
 some ways, though intellectually he has fallen  
 somewhat. He is happier and less irritated by  
 his hallucinations, but these for the time absorb  
 his attention more deeply than they used to do.  
 It is sometimes impossible to gain his attention  
 when the "voices" have beset him. He leads  
 the most regular life, and his bodily health  
 and condition afford the best evidence of that  
 form of life being most notable.

Captain Anshy Bennett is now his companion  
 and is most acceptable to the patient and to  
 those friends of the patient who have met him.

In addition to the regular visits of Mr Oliver  
 Williams the patient has had visits from his  
 committee and his brother-in-law

(Signed) H. H. N.

1915

September 24<sup>th</sup>

The Duke of St Albans

The patient since the last report, has been  
 in good condition physically, except that he  
 had a summer cold which stuck to him for some  
 time, and which necessitated him being kept  
 in bed & treated.

Mentally he is much as usual. Though rather  
 more "lost" under the influence of his  
 hallucinations, these sometimes occupy  
 his attention to the exclusion of the voices  
 of myself and others addressing him.  
 He derives much interest from keeping  
 a quantity of bait & worms. He feeds about  
 more than he used to do, being away  
 fishing or picnicking most days.

His health has benefited thereby considerably.  
 The patient has been regularly visited by  
 Mr Oliver Williams -

Nov 9<sup>th</sup>

Mentally there is no further change to note. His hal-  
 lucinations of hearing regulate his conduct, as things  
 he is so absorbed by them, that he takes little notice of me  
 He frequently talks about the nature of feeling of existence  
 of his brain, but it is difficult to get from him a coherent  
 statement of his ideas. His general health seems  
 very fair & though recently he has seemed to



April 28<sup>th</sup> 1916  
Special Report

interested in his 'buttons'; the frequency goes  
for common sense his neighbouring Sunday index  
(1) tests his mental condition. Is the subject of  
masked aural hallucinations which at times  
are very distressing to him. He is very foolish  
and erratic, at times almost childish, he  
has a broad sense of being persecuted.

Working health His health is good

Signed H. H. N.

May 10<sup>th</sup>

His face remains practically unchanged  
basically. His aural hallucinations remain active  
and when speaking to him, the frequency seems  
quite absorbed in them and carries on an undisturbed  
conversation with them. He is very for several weeks  
he has been much interested in gardening and  
has carried out his own ideas & is apparently quite  
satisfied and contented with the results. His general  
health remains very fair: he takes sufficient  
nourishment and also doing a little cooking for  
himself in his own room. May.

June 18<sup>th</sup>

There is no appreciable change in his facial  
mental condition. He is apparently quite happy  
and occupies himself with his gardening  
and poultry. His aural hallucinations are  
very undisturbed. There is undoubtedly considerable  
depression. His general health and condition  
are very fair. May.

Report

April 20<sup>th</sup> 1916

The Duke of St Albans

I have to report that the patient is in a  
comfortable condition of mind and in  
excellent bodily health - As will be generally  
known in his family. There has been a radical  
reconstruction of his environment.

All pains have been taken to prevent this  
affecting either his peace of mind or his  
personal comfort. The male companion  
has resigned and no successor has been  
appointed.

Mrs Lockwood has also left - On neither  
did the patient rely for companionship  
as he can efficiently and more  
contentedly occupy himself in his own  
way.

Both his old attendant has returned  
with his wife to take charge of the  
establishment under suitable supervision.  
The patient is absolutely content and happy  
under the present circumstances. I am glad  
to say that the patient has himself taken measures  
to curtail his expenditure on news of the general news  
to economise. He gave orders for his many papers  
and journals to be stopped. With the exception

of the daily paper.  
He has been lately visited by members  
of his family, by this committee and  
Mr. Oliver Williams pays his private  
writs

Signed H Hayes Navigation -

Report ~~Dr. H. H.~~  
December 1916

The patient has not been quite so well  
of late. He began to go off his food,  
and as before, I had to keep him in  
bed of a morning, until he had taken  
a real good breakfast. Then Bond  
persuaded him later in the day to  
take more, with good results.  
About ten days ago he managed to  
catch a cold, and again I had to keep  
him in bed over the house. In view  
of the weather, it is necessary to restrict  
his gardening operations, and the  
drives. In consequence of all this, he  
has been more queasy than I  
had seen him for a long time. But  
he is better in every way and I hope  
that he will be himself again before long.  
He has developed strong delusions

as to his wealth. Sincerely he has

I  
Bond has been overeating himself on sleeping  
and makes himself a nuisance as he <sup>possibly can</sup>  
as possible - as he possibly can do to get well -  
I am the Hereditary Registrar of  
Chaucery - and the same as King Edward VII  
and the reason I am down here is to see  
they do not overeat themselves  
and look after their diet, being people -  
The Bank does not go on as an ordinary individual  
but overeat himself - and murder anyone  
Durand and the Manchester manufacturers have been overeating them  
I must get out of doors as I get back here  
when ever I like  
also dress as as I wish -

4  
Report in mind since last report on his condition.



of the daily paper.  
He has been lately visited by members  
of his family, by this committee and  
Mr. Oliver Williams pays his periodical  
visits

Signed H Hayes Kington.

Report ~~of~~  
December 1916

The patient has not been quite so well  
of late. He began to go off his food,  
and as before, I had to keep him in  
bed of a morning, until he had taken  
a real good breakfast. Then Bond  
persuaded him later in the day to  
take more, with good results.  
About ten days ago he managed to  
catch a cold, and again I had to keep  
him in bed over the house. In view  
of the weather, it is necessary to restrict  
his gardening operations, and the  
drives. In consequence of all this, he  
has been more queasy than I  
had seen him for a long time, but  
he is better in every way and I hope  
that he will be himself again before long.  
He has developed strong delusions

as to his wealth, saying he has  
half a million a year and owns  
half the world.

H Hayes Kington.

20<sup>th</sup> Dec 16.

The Duke of St Albans has recovered from the  
catarrh & is again taking exercise whenever the  
weather is favourable. He has not yet resumed  
his work in the garden but he takes an active  
interest in his Regens, Bantams & Ducks. He is  
being induced to diminish the large quantities of  
water he is fond of drinking. His usual hallucina-  
tions have quite an apparent effect on his  
manner. His delusions about his extraordinary  
wealth continue: he has peculiar ideas about  
forming "those who are not themselves".

W Richards

26 Dec 1917

The Duke of St Albans has had another cold which re-  
sults in him staying indoors but again moving  
about freely. He is much bothered with usual hallucina-  
tions in the course of a conversation with him, he constantly  
utters replies to his "voices". He still thinks he has an  
annual income of half a million & is much distressed by  
fears the "voices" are about the plants". W Richards

4<sup>th</sup> April 1917  
Report

The patient has been unusually well & comfortable  
in mind since I last reported on his condition.



The carriage and horse have now been despatched with no sort of opposition or lament on his part. Existing claims for retrenchment (chiefly the increased taxation) were placed before him with tact & caution and he at once accepted the change with them he disappeared the last possible obstacle to the complete success of the new arrangements. It is true that he now often asks for a companion, a one legged companion - but this only when he is out of temper and I am sure that he does not miss his old companionship. He frequently sends some people to tea both from outside as well as inside the institution and occasionally he has people to dine with him. He busies himself with his ducks & fowls and is now planning an iverst in his garden. Physically he is very well the cold wind has led to restricted outdoor exercise and as usual he has been better for the greater amount of rest in bed (or off) H. H. Newington

The Patient has been extremely comfortable since the last report. He has taken great interest in his garden and has got his big tent up with all the furniture in it, quite like old times. He is a little difficult to manage about his clothing as he likes to have his undergar in the garden, which is quite natural

19<sup>th</sup> May 1917  
Report

and appropriate, and he also wants to go down the village in it, which cannot of course be. His health is very good indeed, he has no complaints of any kind and has quite given up all recollection of the horse and carriage. He has been visited by Mr Oliver Williams at the usual intervals. (Signed) H. H. Newington

July 22<sup>nd</sup> 1917.  
Last Sunday this gentleman was found by Bond to be smoking in his tent: in his walk he had seen some woman whose clothing and deplorable clutter in a basket brought suggested sexual ideas to him. MR



Miss F. A. Brickenough

- Aug 20<sup>th</sup> pulse 102. Genuine patient with Dr  
A. Morrison. Begin with Diet for the  
nervous. Patient was put on a diet of  
sterilized milk in small quantities & Brand's  
essence of beef. CTS
- Aug 21<sup>st</sup> Temp. 99.2° F. Pulse 80. Patient much  
improved. diet was formal CTS
- Aug 22<sup>nd</sup> Temp. normal, pulse 80 CTS.
- Aug 27<sup>th</sup> Patient continues to improve. Is still  
taking Bismuth and is having the  
same diet. Taking more at a time. CTS.
- Sept. 2<sup>nd</sup> As patient was not sleeping very well for  
last few nights - Veronal gr VI was given  
producing the desired effect - She had  
5 hours sleep. She has taken a fair  
amount of nourishment such as it is. CTS.
- Sept. 6 For last 3 nights patient had a fair  
amount of sleep each night having  
a Veronal powder gr VI. She has  
been coughing some during the day. CTS.
- Sept 8 Today patient was very weak & faint  
vomited the attack lasting about 1 1/2 hrs.  
in the forenoon. Had a draught (Stimulant)  
after which she gradually recovered. CTS.



201 1909

Miss Birchrough

- Sept. 9. Patient is still very weak and at times depressed. Had a V.T. powder but did not sleep any during night.
- " 10. Patient's Temp. to-day was 100.4 F. Had a very good night without powder.
- " 11. Temp. in evening was 101.6 F. So complaining of her leg - where she has an area of phlebitis which is being treated with Linimentum. Had a fair night without any powder.
- " 12. Temp. has fallen to 100.4 in morning with slight elevation in evening to 101.
- " 13. Temp. continues to fall being 99° in morning & 100.4 in evening. Urine contains great amount of mucus with deposit of urates and phosphates - Offensive smell.
- " 14. As patient was not progressing satisfactorily it was considered advisable to call in a Consultant. So it was arranged that Dr. Ranking of Dumburg's Wells should see the patient - which he did - and his report is annexed.

1909

Miss Frances Ann Birchrough 202

Sept. 15. In my opinion Miss Birchrough's case is essentially a manifestation of the Nervous System.

Temporary  
"Tottenham" London.  
Telephone (GERRARD) 8999.

In any further enquiry  
concerning the Examinee  
please quote this  
number

1144/9

The Clinical Research Association, Limited.

WATERGATE HOUSE,  
ADELPHI, LONDON, W.C.

15.9.09

LABORATORY REPORT.

To D. Sakin Esq., M.D.

The Specimen of Urine marked: Miss B. Vineyard

received on 15.9.09 has been duly examined, and I have been instructed to forward the following Report thereon:-

Reaction markedly alkaline sp. no. 1024

Albumen marked excess of nucleo-proteid and a trace of albumen

Blood wide infra

Sugar absent

Uric Acid

Urea

Ratio of Uric Acid to Urea

Microscopical Examination of Centrifuged Deposit The deposit is large in amount, consisting of abundance of ammonium urate and large triple phosphate crystals, admixed with considerable numbers of squamous cells. A few red blood discs are to be seen but there is no evidence of the presence of pus. The ammoniacal decomposition of the specimen is associated with the occurrence of large numbers of bacteria.

C. H. Wilson  
Secretary of the Association

not regain some degree of power





203  
1909

Miss J. A. Birchmough

Sept. 15  
(Cont'd)  
"the knowledge that she has had already had one attack of Colicase compels a cautious forecast. As you know I made a very thorough examination of Miss Birchmough and the above is my opinion after such examination of the urine as I have been able to make"

Signed John E. Rankin.

Sept. 16 Patient is having Bismuth + Col. Lect. only and a full of Alvars & Billa's every night. Her bowels are at times irregular in action. She is also taking Hungary's mineral water with effect. D.E.

Sept. 17 The Veronal has been stopped and instead she is having a draught of Paraldehyde 3T at bed time. This has usually the effect of inducing sleep. D.E.

Sept. 19 Did not sleep well - although she had draught. Prospan freely. D.E.

Sept. 20 Urine still offensive with 28. urine. D.E.

1909

Miss J. A. Birchmough 204

Sept. 21 Temp. has returned to the normal. Patient is today feeling better. D.E.

" 22 Depressed in the morning but more cheerful in the evening. D.E.

" 24 Is feeling better today but complains of pain in right arm - when an examination a small area of phlebitis has shown itself - it is being treated. D.E.

" 26 Patient was able today to sit up in chair for 1/2 an hour in evening. D.E.

" 26 During the night patient's hands & feet were cold - after a draught (stimulant) the circulation became more forcible. D.E.

" 27 There was some flatulent distension of abdomen today - which however soon passed away. D.E.

" 28 Patient sat up in chair today for 3/4 of an hour & is very cheerful. D.E.

" 29 As the urine still had an offensive smell result of decomposition - the Acetate of Potash was stopped and Krotopur given instead. D.E.

" 30 Urine has cleared - very little mucus no offensive smell - and is now acid. D.E.



1909

Miss J. A. Birchmough

- Oct. 1 Patient had a fair night and is looking better this morning. Owing to the acidity of urine and the "smarting" complained of - the Urotropin was stopped - and the Acetate of Potash resumed. D.S.
- Oct. 4 Patient is still very weak. She takes a fair amount of the prepared food. At times she is depressed and has experienced a uric - not large bitter - She is however getting something stronger and able to sit up in the afternoon for a longer period. Has some fairly good nights - She is having Paraldehyde ʒi nightly. D.S.
- Oct. 10 As patient's urine has again become offensive strong smelling. The Acetate has been stopped & the Urotropin ʒi given daily. D.S.
- Oct. 11 Urine has already shown signs of the administration of the Urotropin becoming less offensive - decomposition evidently being prevented. Patient is now able to sit up for 124 hours & is looking better. D.S.

Miss J. A. Birchmough 206

- Oct. 13 Patient was able to sit up to-day for 2 hours & is looking better. D.S.
- 16 Patient does not as a rule have more than 4 or 5 hours sleep - is still having at bed time Paraldehyde ʒi D.S.
- 18 Was able to sit up to-day something longer than usual - but was then very tired. D.S.
- 19 On the inner aspect of right knee and inner side of right foot there is a little swelling which patient complains of as giving her pain when trying to support her weight in her attempts at walking across the room. D.S.
- 21 This morning the temp. rose to 99.2 F varied a little during the day but at 9.30 pm it was normal. D.S.
- 23 Patient is now able to sit up for 2 1/2 hrs. but is tired at the end of this period. is passing a fair amount of urine acid and not decomposed. D.S.
- 26 For the last few days there is a noticeable variation in the temperature. a rise in the evening - on one day to 100 and a fall in morning to normal or sub-normal. D.S.

1909

Miss F. A. Brough

- Oct. 30 Patient sat up yesterday for 4 hrs. this was evidently too much for her as although she did not collapse still she turned faint before getting into bed but on the application of restoratives she soon recovered. She is gaining strength slowly. D.E.
- Nov. 1 There is not much variation in the temperature now and patient seems comfortable. D.E.
- Nov. 3 Patient was sitting up for 2 hrs 40 min. to-day & wasted about of that period. D.E. Patient last night complained of feeling cold and so was given a hot water bottle after which she had a fair night. D.E.
- Nov. 6 Patient is still weak and feels tired after little exertion. She enters into conversation with serene pleasure and can discuss most of the topics of the day and keeps herself informed either by reading herself, or getting some one to read to her. She can express her opinions with clearness and with decision. D.E.

1909

Miss F. A. Brough

- Nov. 9 Patient did not sit up to-day. was not feeling as well as usual. Temp. in afternoon was 99.4 °F following this she had only 2 hours broken sleep.
- " 12 There is still a noticeable difference between the evening and morning temp. As a rule it is either normal or sub-normal in the morning while in the evening it is generally above normal a degree or a little more. Motions to-day were slate-colored. D.E.
- " 15 Patient is still very weak. was sitting up to-day only for 10 minutes. Temp. this morning was 99.6 °F. Her sleep is much disturbed by dreams and is generally broken sleep. D.E.
- " 19 Is looking better today & cheerful was sitting up for 1 1/2 hrs in the evening had a fairly good night's rest. D.E.
- " 24 Complained this evening of palpitation was sitting up for 1 1/2 hours. D.E.
- " 27 Temperature has still a swing of about two degrees - morning 100 and evening 98. D.E.



1907

Miss J. A. Brichmough

- Nov: 30 At night patient occasionally perspires  
break with a cold night sweat. Is still  
very weak and unable to sit up  
as long as she did, in the afternoon. D.S.
- Decr. 3 Patient felt faint this afternoon when  
sitting up, and returned to bed after  
the lapse of 15 minutes. She gradually  
regained her strength and felt something  
better as the evening advanced. D.S.
- 9 Patient's breath to-day was very offensive  
she is still very weak was sitting up  
for 25 minutes. The variation in morning  
and evening temperature continues. D.S.
- 11 It is reported by nurse that there is a  
small hard swelling on left side of neck  
above middle of clavicle and also  
that it is the seat of pain during the  
night. D.S.
- 16 The above mentioned swelling is undoubtedly an  
enlarged gland, probably becoming cancerous.  
A similar but smaller tumour has  
appeared on the other side. H.M.
- 18 Patient is still in a weak condition  
is sitting up daily but sometimes

1907

Miss J. A. Brichmough

- Decr. 18 for a very short time as she often feels  
(Cough.) faint and weak and wishes to get  
back to bed. At night she is at  
times troubled with a cough which  
wakes her up. She has very night  
a sleeping draught. D.S.
- Decr. 20 Patient was looking very worn and  
tired to-day and complained that  
the swelling in neck was very  
painful, there are two, and <sup>they</sup> have  
been treated with Dr. Squire.  
Patient has gradually been losing  
weight and has lost during last  
6 months one and a half stones.  
She has been prescribed and is taking  
"Uga Cream"
- ~~Dec~~ 1908 Miss Brichmough is or about 22  
Jan 11 years, as a confined invalid, slowly  
getting weaker & more frail. She has  
had a swollen gland on the left side of  
the neck. This slowly broke down, and  
had to be opened. It is doing well. But  
there is much reason to fear the presence  
of tubercle, probably abdominal.  
H.M.



Jan 16<sup>th</sup>. Last night the patient was given the usual soporific draught of Paraldehyde 3ij. This was given at 11.30 pm. At between 2+5 am she wished to get out of bed, but had an attack of syncope (for which no cause could be found) + the bowels + urine were cup-hed in the bed. She slept well afterwards + the next day appeared to feel no ill effects. Considering all things she appears to be fairly bright + cheerful. (H.R.D.)

20<sup>th</sup>. The incised gland is going on well with boracic fomentations + there is now very little discharge; there have been no further attacks of syncope since the above note. (H.R.D.)

March 13<sup>th</sup>. A chronic abscess which has been coming for the last month or more (was opened on March 5<sup>th</sup> on the patient's right forehead. This is doing fairly well. The <sup>skin over the</sup> front (ischacarp. phlegm) of the patient's right toe, has become inflamed during the last week, + there are good grounds for supposing the trouble to be tubercular in nature. (H.R.D.)

Apr. 17<sup>th</sup>. The abscess connected with the bone of the big toe, burst 4 days ago, + is now doing well with boracic fomentation. The neck wound is now practically healed + the forehead is almost well. (H.R.D.)

1910.

May 14<sup>th</sup>. A small swelling has developed on the patient's occiput, this is soft, tender, painful + fluctuates; it is ~~probably~~ a superficial abscess, with probably deep osseous involvement. The bone, + is very likely, also tubercular in origin. (H.R.D.)

May 30<sup>th</sup>. A thin watery discharge comes from both the forehead + the foot. They are both being treated with boracic lint. She has constant teeth and reflux. c.w.p.B.

June 5<sup>th</sup>. On probing the supra-orbital sinus the feeling of carious bone is distinctly felt on an area of about the size of the little finger nail. It is dead on being touched with the probe. No carious bone was detected in the foot but there is no doubt that it exists there too. The patient's nervous condition was again + through examination. c.w.p.B.

June 11<sup>th</sup>. The sinuses are being treated with carbolic oil 1 in 40. No change. c.w.p.B.

June 18<sup>th</sup>. The supra-orbital sinus is slowly filling up with granulations. The foot is well + a little smaller. She says it gives her a good deal of pain. The boracic fomentations have been stopped today + Beech's treatment commenced. The sinus is treated with wood-wool. c.w.p.B.

18<sup>th</sup>. Dr. Davis of Cambridge holes came to see her

1910

Miss F. A. Birchenough

July 14<sup>th</sup> <sup>and</sup> today, he found she has mixed erythematism. She says that the foot has been less painful since the Bier's treatment was commenced. c.w.j.B.

Aug. 12<sup>th</sup> The foot is improving being less swollen & less painful. the superficial ulcer gets slowly smaller. both are being now treated with Liq. Sod. Fort. applied with cotton-wool on a pad. <sup>c.w.j.B.</sup>

• 25<sup>th</sup> She is looking rather better and has gained 2 lbs. in weight in the last fortnight. c.w.j.B.

• 26<sup>th</sup> She is getting on fairly comfortably. the foot has greatly improved. the forefoot veins is as a second ulcer. she sleeps fairly well with a dose of paraldehyde (3ij) every night. c.w.j.B.

Oct. 3<sup>rd</sup> The patient has gained 4 lbs. since Aug. 25<sup>th</sup>. the foot continues to improve. c.w.j.B.

Nov. 7<sup>th</sup> She has had <sup>some</sup> gastric trouble lately and taking a bismuth sulphide mixture. there is only a superficial ulcer on the foot. the veins on the forefoot does not change showing no signs of healing. so far has come away from it though there is a rough carious surface the size of a silver coin. <sup>c.w.j.B.</sup>

• 25<sup>th</sup> Miss Birchenough today commenced taking Iodide of Sodium gr. v. doses three times a

1910

Miss F. A. Birchenough

day with small doses of Liq. Arsenicæ to prevent Iodism.

Nov. 28<sup>th</sup> The condition of the stomach is not satisfactory so Bismuth Carb. p.  $\overline{\text{v}}$  was added to the Iodide mixture. the foot is doing well. the fore-foot shows no change. c.w.j.B.

Dec. 6<sup>th</sup> The patient today commenced taking this pill three times a day  $\mathcal{R}$  Hydrarg. Sulf. gr.  $\frac{1}{2}$  Comp. Ros. gr. s. c.w.j.B.

• 8<sup>th</sup> She is now taking gr.  $\frac{1}{2}$  of Sodium Iodide <sup>cc.</sup> also for her catarrh very well. the indolent ulcer on the forefoot is now being treated with liq. Hydrarg. which seems to have started it up a little. the swelling about the superficial perforations remains much as before. she says it is easier if she lies on it. c.w.j.B.

She complains of no several days ago of dyspnoea now resting her breathing with a water found  $\mathcal{R}$ .  $\frac{10}{36}$  L.  $\frac{96}{36}$  c.w.j.B.

Dec. 25<sup>th</sup> 1910. The patient had no sleep last night and complained of abdominal pain. she vomited several times. there is tenderness about the epigastrium. the pulse is 100, the temp. normal. She was given chloroform in a  $\frac{1}{2}$  p. m. c.w.j.B.

1910 Miss F. A. Richenough

Dec. 29<sup>th</sup> She is rather better when less pain: the Hg. etc. treatment has not been a success she had reached the dose of gr. 25 of the iodide three times a day & should be iodine: her forms of rejection are very feeble she has no appetite whatever. c.w.p.B.

1911

January 11<sup>th</sup> She is taking the infused with milk instead of water she increases the daily amount of milk by half a pint: she is much as usual: the foot makes some progress but slowly, the head when in at about a week's rest. c.w.p.B.

• 8<sup>th</sup> She has mucous colitis: on several occasions she has passed long membranous casts the passage of which was accompanied by pain & straining. c.w.p.B.

• 15<sup>th</sup> She has four nights by means of paraldehyde: she has nausea for everything except tea: the tongue is always furred: she is more comfortable than she was: she is now taking Milk-Bismuth, Mergol 3/4 to 1 gr. c.w.p.B.

• 30<sup>th</sup> She is now taking Pot. Iod. gr. 5 in her medicine & stands it well. c.w.p.B.

1911 Miss F. A. Richenough

Special Report She is melancholic & downcast as a rule, though when interested she can converse rationally and brightly. There is reason to believe that she still is obsessed by the former idea that she has been syphilitic in former years. She is frequently irritable. She is in a very frail condition. Her digestion is so poor that she can only take milk & cream, with one cup of tea. All kinds of other diet have been tried without success. She has long standing bone disease (right frontal and right metatarsal). The cervical glands are affected: condition is very spare but in other respects good. And I hereby certify that she is still of unsound mind & proper person to be retained under care & treatment.

H. H. N.

Dated the 11<sup>th</sup> day of February 1911.

March 27<sup>th</sup> She wishes me slow to heal as the patient's nutrition is poor when recuperation power is very low: foot plans are being now treated with strapping & bandaging & it is seen to be doing some good: she is taking Milk-Bism. (Mergol) 3/4 to 1 gr. with Pot. Iod. gr. 5. c.w.p.B.

• 18<sup>th</sup> She is much as usual: her healing power



1911

Miss F. A. Bickelough

hands and are at a very low level. The forefeet will probably not heal as usual. The cannon bone comes away. The foot improves a little. She takes a sufficient amount of food. A very slight cure will bring on some improvement.

- 25<sup>th</sup> The sperical pills are not acting satisfactorily. She is tonight trying *Syr. picramis* 3p. She has a fluctuating swelling in the right orbit above the eye, bulging the upper lid forward. She says it is painful but she can stand palpation of it without flinching. It is probably a chronic abscess.

April 2<sup>nd</sup> The orbital swelling increases & shows some redness. It is not painful. She is much troubled with flatulencia when seeing passed some more membranous shreds from the bowels. She is now taking carbonic acid and her diet must be <sup>her</sup> milk. (*Inf. Bismut* (mackerel) 3p. and *Carbon. Pur. p. 4* 3p. also to E. by ad <sup>to 20</sup> 3p.)

- 5<sup>th</sup> I tapped the orbital swelling seeing if it put with the intention of injecting iodine solution.
- 8<sup>th</sup> I saw a plus abscess.
- 13<sup>th</sup> The abscess is red & painful opening to the

Miss F. A. Bickelough

morning I opened it. The cavity is deep & probably the it is connected with the supra-orbital canal.

- April 16<sup>th</sup> The abscess is being treated with formalin. Carbonic acid & a drain of oiled lint inserted.
- 20<sup>th</sup> The abscess looks like being not chronic as the other times. It stands back for an inch or more. She is depressed about it. I suspect she has had her to be treated in bad days.
- 25<sup>th</sup> Going on as usual.
- May 5<sup>th</sup> The abscess is still being treated with a drain.
- 7<sup>th</sup> The source of the abscess is the carotid bone frontal bone. A probe passes up to the old wound. The carotid metacarpal bone is treated very dry. I do not doubt her much. She is extremely thin & takes insufficient nourishment. Any addition to what she is taking she declares causes sickness & pain. She complains of pain in her right arm & leg, also "shakings" weakness of these limbs. There is no throbbing swelling to be felt. Her circulation is very feeble. She continues to take Peridolide 3p. every night and twice

1911

Miss F. A. Birchrough

Bismut (hardly) 3p in the unit in 4 A.M.  
Carbolio: she says she has more comfort  
less flatulencia since taking de Carbolio  
acid.

June 4<sup>th</sup>. She is not taking any medicine at present  
she will take so far de last ten days:  
for a week she has taken milk and de-  
water instead of peptonised milk. She  
thinks it better and so far it suits her well.  
The carious teeth are being treated on before  
with gavage tubes a divided carbol. 0.100/100.

July 12<sup>th</sup>. The cancer is as before. She takes de milk  
with de gavage she feels better for it. She has  
had so much nervous weakness lately, she  
is very irritable if full of food. A nurse  
treats her nurses with no consideration.

August 3<sup>rd</sup>. There is no change in general condition  
she has a little better lately.

" 11<sup>th</sup>. She has thrombosis of right leg which is  
swollen & painful. She refuses a bandage. It  
is being pinched with her thumb & index.

" 18<sup>th</sup>. She is fainting. She takes very little nourishment  
her pulse is rapid & feeble. She has frequent  
attacks of nausea with bowels are irregular.

To p. 244

Colonel Arthur James Brauder. 220

Admitted 6<sup>th</sup> October 1909.  
Age Sex 63 years. Male.  
Civil condition Married.  
Occupation Retired Colonel.  
Religion Church of England.

Medical Certificate.  
(1).  
"He is aphasic and can only say 'Yes' and  
'No' but does not always use these two  
words intelligently. I have not seen  
Colonel Brauder for nearly 3 months  
and I notice no improvement mentally,  
nor is the paralysis any better."  
Nurse Constance Hodgson of 3 Clarence  
Road, Dumbidge Wells, tells me that  
Colonel Brauder is very noisy though  
he cannot articulate. He is violent and  
very dirty in his habits. He has on  
several occasions indecently exposed  
himself before his nurses and behaved  
indecently towards them.

Signed Charles R. Watson.

5 Mount Ephraim Rd. Dumbidge Wells

Dated fifth day of October 1909

Colonel A. J. Brauder.

Medical  
Certificates  
(2).

He is hemiplegic, aphasic and helpless, being unable to move unaided or make himself understood. He is noisy and disturbs the neighbourhood with fits of shouting for which no reason can be found or assigned. In his usual health a man of violent temper, he is now quite without self-control.

Constance Hodgson, Nurse, 30 Melynna Park, Cambridge. Wills informs me that he has attempted to criminally assault her and exposes his person unnecessarily. He is dirty, handling his feces and throwing them about the room.

Signed John E. Ranking M.D.

Hanover House, Cambridge Wills

Dated fifth day of October 1909.

Colonel A. J. Brauder. 222

## History

He has lived in India for many years - being for some time in command of the 19<sup>th</sup> Madras Infantry. For some time past he has been of a weak temper, to a great extent the result of domestic disappointment. There is history of importance, *quæ* insanity, to record, the mental condition being obviously the result of destruction of cerebral structure probably by arterial thrombosis.

H.D.



On admission - mental condition :-

His articulation is reduced to the use of two words "Yes" & "No" and even these he does not use consistently. He seems to understand what is said to him but is unable to respond - the receptive centres appear to be intact, while the productive apparatus is seriously affected.

Physical condition :-

There is complete paralysis of right arm and right leg - with some contracture of right. On the affected leg the following condition exists :- marked exaggeration of knee-jerk, Babinski's sign can be definitely elicited but no ankle clonus.

Progress of case :-

7th Oct. Patient had a bad night - no sleep. During the day was quiet, taken his food well and bowels acted once. Was put on a Mist. of the spruce mix and Dr. Podoph. m & tals.

As there is a history of sleepless nights was given Veronal gr  $\frac{1}{2}$  p. D.E.

8 Oct. Patient slept well the greater part of the night and this morning was quiet and comfortable. He has taken his food fairly well during the day and most of the day while up he was drowsy and sleepy. Bed was wet at night. The only words he can articulate are "yes" and "no" and he assists these by making signs with his left hand - as his right arm and leg are completely paralyzed. D.E.

9 Oct. Patient did not sleep so long as on previous night. Has had a very good day, taken his food better. Bowels have acted freely. result of administration of Calgr.  $\frac{ij}$  last night. D.E.

225  
1909

Colonel A. J. Branden

Oct. 10 Patient slept longer last night and this was without the aid of any hypnotic. He had a quiet day although he has not had any of the Hoffmann's mixture for the last 24 hours. Has taken his food well & bowels acted. When sweating comes patient seems anxious to be put to bed. D.S.

Oct. 11 Had 5½ hours broken sleep. Was visited to-day by his wife. Had not a good day, so has been ordered a dose of the Trifoliate Mist. Has taken his food fairly well. Bowels have not acted. D.S.

Oct. 11 Report at end of 5 days:-

To Commissioners  
Justice  
I have this day seen and examined Colonel Arthur James Branden admitted into this house on the 6th day of October 1909 and hereby certify that, with respect to mental state, he is suffering from the effects of apoplexy. He is aphasic being able only to say "Yes" or "No". Either of these especially the former, he repeats in a loud tone so strenuously as to cause serious inconvenience when excited - he does this when in his

1909

Colonel A. J. Branden

226

Oct. 11 (Contd.) bedroom, his attendant being in the next room. He frequently says "No" when he should say "Yes" - the actions accompanying the words showing that he means what he says, and that the wrong use is not due to aphasia. His memory is greatly impaired. He is very excitable and is quite incapable of taking care of himself. He has to be washed and cleaned and dressed part of the necessity for this being due to hemiplegia resulting from the Apoplexy. And with respect to bodily health and condition, he has a dilated heart and weak circulation. The kidneys are uncertain in action. He has right hemiplegia.

Signed H. H. Newington

Oct. 12 As patient's bowels were somewhat irregular in action he has been prescribed Cas. Sog. pr. before dinner. D.S.

Oct. 13 Patient has been uncomfortable to-day has been sweating frequently - passing very small amounts each time. D.S.



227  
1909

Col. A. J. Brandon

- Oct. 14 Patient's bowels are acting better, he is not however taking his food well. During the day the passing of his urine has not troubled him so much but at night, although frequently attended to, he is often found wet. He is emotional, often giving way to his feelings & crying like a child. D.E.
- Oct. 15 Patient had a fairly good night, he had however a much better day - seemed more comfortable and taken his food better. Cas. Sag. pr. j has been found sufficient to open bowels. D.E.
- Oct. 18 Patient's appetite varies much from day to day while he may take his food well one day the next he may take very little. His bowels are acting regularly for last few days. Has fairly good nights although often the periods of sleep are short. Is frequently visited by his wife for whom patient is very often on the look out. He is now able to use properly other words beside "primo" D.E.

1909

Col. A. J. Brandon

228

- Oct. 21 Patient has been drowsy and sleepy most of the day as he was restless during most of last night. There is some improvement in his appetite. He can pass his urine in a fairly strong stream and more at a time than he has done. At night although frequently attended to, the bed is often found wet. He appears to understand much of what is said to him & is now able to pronounce several words. D.E.
- Oct. 24 Patient is sleeping better & longer each night & that without the help of any hypnotic. He is taking at times a fair amount of food. He has occasion to pass his urine often. D.E.
- Oct. 25 The Col. was repeating his wife's name and kept continually pointing to the clock & saying "my wife". As she did not turn up, he was very much disappointed and restless the remainder of the day. He did not take much nourishment. D.E.



229  
1909

Col. A. J. Branden

- Oct. 27 Patient is now contented as his wife is stopping in the village for a time and comes to see him daily. His bowels are acting something better and he is taking his food fairly well. He makes very little noise during the day or at night except when wanting something when he shouts "yes" or "no".
- Nov. 1 Mrs Branden terminated her visit to-day and bade the Col. good-bye. Patient has not been taking his food well lately, his bowels are irregular in action so was ordered 2 tabs. Cas. Sog. K.S.S.
- Nov. 2 As the Cas. has not produced the desired effect, Calgr. ij was given this afternoon. Patient was having some discomfort with his urine so was put on Urotropin gr. ʒ bis in die.
- Nov. 4 Patient's bowels have not been opened today and he refuses to take any medicine. Is uneasy and irritable.
- 5 Has given Calgr. ij which has had the effect of opening patient's bowels well.

1909

Col. A. J. Branden

230

- Nov. 6 There is still a large amount of albumin in his urine, also a copious deposit of urates.
- Nov. 6 Report at end of month:-  
I have this day seen and examined Colonel Arthur James Branden & caused here on the 6th day of October 1909, and report that with respect to mental condition he is aphasic and hemiplegic as a result of an apoplectic seizure. He is childish and excitable. He cannot provide for his own wants nor can he take care of himself - and with respect to his bodily condition he is in a weak state of health. He has a dilated heart and a weak circulation. He has considerable albuminuria and probably his kidneys are affected. His condition is good in other respects.
- Dated the 6th day of November 1909.

Signed H. H. Newington

1909

Col. A. J. Brandor

Nov 9

Patient frequently refuses his food on some days taking very little, it is also with much difficulty that he can be induced to take medicine of any kind. His bowels are not acting with any degree of regularity. He has fair nights, but is often wet. At times he is very irritable and difficult to please necessitating much patience on the part of his attendants.

13

As patient's bowels have not been opened since 10th inst he was given this afternoon Phenolphthalein grv. Today he has taken his food and medicine much better. He has frequent involuntary micturition in his pyjamas and in bed. Was less irritable to-day and quiet. DS

15

Bowels well opened today. Patient was very irritable and disinclined to reply to any inquiry. While patient usually has a fairly good breakfast and occasionally some lunch, he does not often take much dinner. DS

1909

Col. A. J. Brandor

Nov 20

Patient can now use properly a great many words and so give expression to his wishes and needs and when these are not attended to at once patient becomes irritable and noisy. His bowels with the aid of an occasional P.6 are acting more regularly. Is having fair nights, but sleep is much broken. DS

27

Patient's bowels were opened well yesterday he is in somewhat better favor to-day. Was visited by his wife. As a rule he takes very little dinner his best meal usually is his breakfast and sometimes he takes a fair lunch. Is having fair nights. DS

Dec 4

There has been some improvement in patient's condition for last few days. Is taking his food better, is less irritable and takes a livelier interest in his surroundings. Is able to give expression to many of his wants and wishes and thus he does in a definite manner repeating his instructions if necessary. DS



1909

Col. A. J. Branden

- Decr 11 Patient frequently expresses a wish that his paralyzed arm & leg should be put "in splints" in order to counteract the contractures. They are very often during the day massaged, a process to which patient willingly submits. His bowels are still irregular in action. Patient's sleep is often undisturbed.
- December 16 The patient's bodily health is of some part, as might be expected with the extensive mischief in brain heart and kidneys, but, as such cannot be known. The progress is slower than might have been looked for. I hear that his former medical attendants have remarked on this. No particular line of treatment has been adopted beyond scrupulous cleanliness and attention to the bowels. The diet too be practically chosen, what he prefers and has it. The operation has improved very much and in quick succession would come back to him. He inspired me one day later by mentioning my name. I asked him for his, he could not remember it, but on giving him a little

1909

Col. A. J. Branden

- Decr. 16 (Contd.) Had he recalled it and his remembrance it nice. One is now able to judge his mental condition more accurately, and it is more than ever apparent that he is very weak, almost childish in some ways. He is petulant and stubborn, ever refusing to shake hands with me because I would not send him to the Station to meet his wife on an interesting visit. He needs much nursing.
- A. J. Branden
- Decr. 18 Patient is fully alive to the movements that go on about him and is now in command of sufficient language to express himself clearly, and to the point. There is not so much dribbling of urine now, as there has been, with the result that patient is drier and more comfortable in that respect. His bowels rarely act without the aid of an aperient which has frequently to be administered. He takes a fair amount of food, as usual his dinner is his worst meal. Is still taking the Urotropin.



235, 1909

Col. A. J. Branden

Decr 25 This patient is getting on as well as could be expected, is taking his food better and having better nights. His wife is at present stopping in the village and visits him daily. He can now pronounce the names of the Drs and his attendants and can make use of a great number of words. His arm and leg admit of passive movements and both receive attention several times daily.

1910

Jan 21<sup>st</sup> His talking is still slowly improving; he is however very irritable at times, especially when his bowels have not acted, sometimes has had headaches; he appears to like one's visits, as long as two people do not visit <sup>him</sup> within a very short time, when the second visitor suffers. His wife often comes to see him, her coming seems to cheer him up. (HESD)

1909

Col. A. J. Branden

236

Jan 22 It is very apparent that considerable dementia is present in this case. During intervals, he wants a promise that he shall go out "tomorrow" in the doctor's chair. He is wary and reticent often, and takes dislike of a temporary nature to those about him. His bodily health is maintained at one low level; it is somewhat extraordinary that he does not get worse. (HESD)

March 25<sup>th</sup> His powers of speech have greatly improved lately, he now can express himself fairly well; he is somewhat childish in manner, easily amused or upset by absolute trifles. Mr Branden (his wife) has visited him frequently, as also has his son on two occasions. (HESD)

April 10<sup>th</sup> He can now read, understand the meaning of, remember, + repeat the next day a short leading from the papers. (HESD)

May 4<sup>th</sup> Still improving both in health + mentally, though he is frequently peevish, somewhat childish. (HESD)

May 12<sup>th</sup> The patient was discharged today, relieved, on the authority of the physician, his wife. (HESD)

1910 Captain the Hon. G. A. Hardinge

June 17<sup>th</sup> The patient slept from 11.30 to 2 a.m. after v.s. He shouted several times during the night. His bed was wet many times as he seems to have no control over his bladder. He takes his food well: he thrashes himself about a good deal & has a self-inflicted scratch on the left breast. Bowels well moved by Enema; he refuses to have his temperature or pulse taken and smiles & says "no, no", when the attempt is made. c.v.g.B.

18<sup>th</sup> There is no change in his condition: slept 4 1/2 hours after v.s. c.v.g.B.

20<sup>th</sup> He has a slight bruise over each malar bone evidently self-inflicted: rather irritable & using somewhat foul language: he takes his food well & the bowels are moved fairly by Enema. Slept 4 1/2 hrs. after v.s. c.v.g.B.

21<sup>st</sup> The back of his bed has been padded so it is possible that he strikes his head & face against the cushions himself. He has a "good night" & is getting on comfortably & is dressed and in his sitting room. c.v.g.B.

22<sup>nd</sup> The patient's skin bruises very readily and the bruises are well marked those on the temples

Captain the Hon. G. A. Hardinge

June 25<sup>th</sup> cont. noted on the 20<sup>th</sup> being very dark & noticeable.

The commode has been padded as the mere act of sitting on it was found to cause marks. ~~comp~~ He is getting on comfortably & spends more of the day in his sitting room. The nose still shows bruising from the self-inflicted injury to it noted on the 9<sup>th</sup>. There has been no struggling with attendants, the patient being well-behaved & tractable. His attendants are fond of him & very good to him: it is quite clear that all the marks he has had been caused by himself. c.v.g.B.

July 2<sup>nd</sup> Captain Hardinge is getting on comfortably & seems quite happy: there are no more bruises. c.v.g.B.

6<sup>th</sup> Has gone so well today. Temp. 100° P. 96. The bowels have been well moved by calomel & enemata. At 5 pm. he was rather better. Temp. 99°. c.v.g.B.

8<sup>th</sup> He has been going well lately but this evening his temperature is again 99° pulse 86. c.v.g.B.

9<sup>th</sup> He shouted from 10 pm to 3 a.m. when asleep for three hours. The bowels are kept well open & he takes his food well. He is always now in a happy frame of mind, smiling amiably, and addresses me as "old cocky". c.v.g.B.

15<sup>th</sup> He had a "bad night", shouting & getting only 2 hrs.

1910

Captain The Hon. G. A. Hardinge

- July 15<sup>th</sup> Sleep. The temperature is normal. c.w./B.
- 16<sup>th</sup> Better. He has sleep: his weight is constant, viz 105 lb. 4 lbs. He has another ~~small~~ slight bruise on his left hip: the temperature is inclined to rise a little towards evening. Bowels ~~acting~~ <sup>normal</sup> regularly by enema. c.w./B.
- 18<sup>th</sup> He was out walking in the grounds today & seems comfortable. c.w./B.
- 22<sup>nd</sup> He has a slight bruise on his forehead: he is going on fairly well: his knee-joints are congested. c.w./B.
- 25<sup>th</sup> The temperature rose to 99.8° last night, but this morning was 97.4°.
- 24<sup>th</sup> The patient is not so well this morning: he will say nothing in reply to questions but "yes" he has rather a restless night, sleeping for only 3½ hours. At 1 p.m. his temperature rose to 100.8° and he was ordered to bed. About 5 p.m. he had a slight epileptic seizure and his temperature was found to be 103°, and his pulse 120: the skin was hot & dry and he was lying in a semi-comatose condition with his eyes turned to the left: the attendant says there were twitchings of the left side of the face.

1910

Captain The Hon. G. A. Hardinge

- July 24<sup>th</sup> At 5.30 p.m. He is lying quietly with his eyes closed, breathing unobscured (32 to the minute): he has <sup>his</sup> a slight cough for 3 or 4 days, this breathing is impeded by mucus which he expectorates with difficulty. He has Cheyne-Stokes respiration.
- 7 p.m. Another slight epileptic seizure: his pulse is 120 and his temperature is still 103°.
- 9 p.m. His condition is very grave: he is comatose, his pulse is 125, respiration 32, and temperature 104.2°. His bowels have been well moved twice both yesterday & today: a temperature curve was given this evening: at 7 p.m. he had a convulsion of the left arm & leg.
- 25<sup>th</sup> Slight convulsive seizures during the night: the bowels were moved at 3 a.m. He is unable to swallow. His respiration is 44, pulse 122 and temperature 104.2°. He is comatose: the breathing is Cheyne-Stokes in character, and there is tremor of limbs. At 1 p.m. temperature 104.4°. Resp. 42. Pulse 125. 8 p.m. Temp. 103.4. Pulse 120. Resp. 40. c.w./B.
- 26<sup>th</sup> The bowels were moved slightly yesterday evening. At 7 a.m. he recovered consciousness & soon sat up & swallowed some milk & egg, but he relapsed



1910

Captain The Hon. G. A. Hardinge

July 26 contd again at 7.45 he was again comatose with a pulse of ~~144~~<sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.2°  
 6.30 p.m. he had continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. rapid spitting was then ordered and his temperature at 5 p.m. was 102.2, the respirations 58 pulse 136. At 6.30 he showed signs of returning consciousness. he rolled the way I was using to take his pulse with a followed by movements with his eyes on being asked to open his mouth to take some egg milk he did so. his temperature then was still 102.2, pulse 136 respirations 60. At 9.30 Resp. 64 P. 140 Temp. 103°. when nutrient enemata of egg milk brandy Mellin's meat juice &c he retained most of this: his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Nutrient enemata were given 4 hours. copy

July 27<sup>th</sup> He had a restless night, moving his arms about sitting up in bed shouting at times: he is more conscious: he can swallow so the enemata are discontinued: at 8 a.m. he took 5 oz. of egg milk. At 3 p.m. he had quite

Name of Asylum, Hospital, or House.

TICEHURST HOUSE

Copy

NOTICE OF DEATH.

Date of Reception Order, the 4th day of May 1909.

I hereby give you Notice, That Captain The Honourable George Arthur Hardinge a (a) Private Patient, received into this (b) House on the 5th day of May 1909, died therein on the 28th day of July 1910.

Signed *G. H. H.*  
 (c) Joint Medical Officer

Dated the 28<sup>th</sup> day of July 1910.

To the (d) Commissioners in Lunacy, The Clerk of the Peace for East Sussex, Chas Sheppard Esqre Coroner Battle, Mr H. Taylor Registrar Hurst Green.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.



Issued

Attendants  
 Sussex.

1910  
 to care may be  
 that, or house, or medical

Name of Asylum,  
Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Reception Order, the 4th day of May 1909.

I hereby give you Notice, That Captain The Honourable George Arthur Hardinge  
a (a) Private Patient, received into this (b) House on the  
5th day of May 1909, died therein on the  
28th day of July 1910.

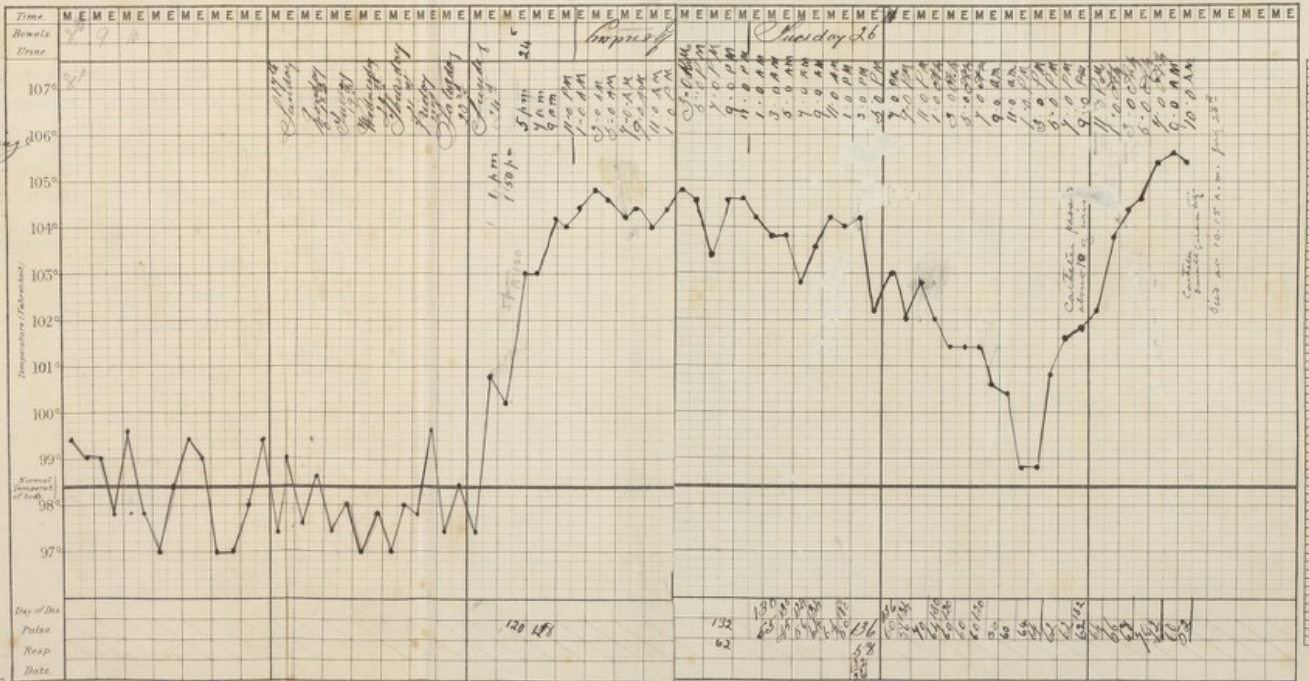
Signed *H. H. W.*  
(c) Joint Medical Officer

Dated the 28th day of July 1910.

To the (d) Commissioners in Lunacy, The Clerk of the Peace for East Sussex,  
Chas Sheppard Esqre Coroner Battle, Mr H. Taylor Registrar Hurst Green.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

DISEASE.





1910

Captain 26 Hrs. of A. Hardinge

July 26 contd again at 8.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.2°  
 6.30 pm. he has continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. rapid spitting was then observed and his temperature at 5 pm. was 102.2, the respirations 58 pulse 136. At 6.30 he showed signs of returning consciousness. he opened the eyes I was ready to take his pulse with a follow-up my movements with his eyes. on being asked to open his mouth to take some egg milk he did so. his temperature then was still 102.2, pulse 136 respirations 60. At 9.30 Resp. 64 P 140 Temp. 103°. administered enemata of 2 1/2 milk brandy & Valerian's meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. enemata were administered every 4 hours. except

July 27 He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow so the enemata are discontinued. at 5 a.m. he took 5 oz. of egg milk. At 3 pm. he had quite

Name of Asylum,  
Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Birth (Year, Month, Day)

They are harassing my animals incessantly.  
 Every hour - Day and night  
 To prevent them arranging my Army things.  
 Rank number -  
 and are beating them to death  
 Having torn out their tongues -  
 To murder me to get my estates -  
 and lie. The wicked lies. To say  
 To say that they could go near them -  
 or that I have given one away -  
 all the wicked lies.

They could arrange my business perfectly well  
 if they let them



1910

Capt. H. G. A. Hardinge

July 26 contd again sat 8.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.8°  
 6.30 pm. he had continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. rapid sparging was then ordered and his temperature at 5 pm. was 102.2, the respirations 58, pulse 136. At 6.30 he showed signs of returning consciousness. he rolled the bed I was using to take his pulse with a follow-up movement with his eyes. on being asked to open his mouth to take some egg milk he did so. his temperature then was still 102.2, pulse 126, respirations 60. At 8.30 Resp. 64 P 160 Temp. 100°. administered enemata of egg milk & cranberry & maltine meat juice. At 10 a.m. most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Nutrient enemata ordered every 4 hours. contd

July 27<sup>E</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow so the enemata are discontinued. at 8 a.m. he took 5 oz. of egg milk. At 3 pm. he had quite

Name of Asylum,  
Hospital, or House.

TICEHURST HOUSE

## NOTICE OF DEATH.

Date of Resignation Order, 1889.

copy  
 They are doing old few murder trick -  
 no one can live under that  
 that is how they always murder people -  
 They give letters in thousands  
 all about murder - (about opposite)

They put their disgusting and beastly electricity on  
 no which 10. mile one by itself -  
 no one can stand that stuff -  
 making my head telepathic exactly as they have  
 expression and all -  
 and every thing they put on is about murder.  
 They is no low few murder trick they will  
 not do -

They put one wrong in a thousand ways -  
 while the same behaviour they attached  
 me in front of house here +  
 They all going on as badly as ever they can.

1910

Capt. G. A. Harrison

July 26 cont'd again at 8.45 he was again comatose with a pulse of ~~144~~<sup>162</sup> and breathing at the rate of 28 to the minute. his temperature was 102.8°  
 6.30 p.m. he had continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. tepid sponging was then ordered and his temperature at 5 p.m. was 102.2, the respirations 54 pulse 136. At 6.30 he showed signs of returning consciousness, he rolled to one side and was able to take his pulse with a follow-up movement and his eyes on being asked to open his mouth to take some egg milk he did so. his temperature then was still 102.2, pulse 126 respirations 60. At 8.30 Resp. 64 P. 160 Temp. 100°. Administered enemata of egg milk & cranberry & lemonade meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Nutrient enemata ordered every 4 hours. cont'd

July 27<sup>th</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow the enemata and discontinued. at 8 a.m. he took 5 oz. of egg milk. At 3 p.m. he had quite a

Name of Asylum,  
Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Birth (Month, Day, Year)

1889

Horrible Murder Harrison. Among my  
Footballers - in Rank Murder

He would murder my mass of fools  
 which is the same thing as murdering  
 a thousand people - to attack one of them -  
 and Harrison would Roar with laughter.



1910

Captain 2d Hon. G. A. Hardinge

July 26 contd again sat 8.45 he was again comatose with a pulse of ~~144~~<sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.8°  
 6.30 pm. he had continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. tepid sponging was then ordered and his temperature at 5 p.m. was 102.2, the respirations 54 pulses 136. At 6.30 he showed signs of returning consciousness. he rolled the bed I was able to take his pulse with a few movements and his eyes on being asked to open his mouth to take some egg milk he did so. his temperature then was still 102.2, pulse 126 respirations 60. At 8.30 Temp 64 P 100 Temp 100°. administered enemata of egg milk & honey & salicylate meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Nutrient enemata ordered every 4 hours. 10.30

July 27<sup>th</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow so the enemata are discontinued. at 8 a.m. he took 5 oz. of egg milk. At 3 p.m. he had quite a

Name of Asylum,  
Hospital, or House.

TICEHURST HOUSE

## NOTICE OF DEATH.

Date of Reception Under No.

1899.

copy  
 Please order that — I am not  
 kept upstairs in my bed room —  
 which is Rank Murder —  
 doing all old fee Murder tricks  
 Hypnotism. & and. Post mortem —

Also that I go down stairs to breakfast  
 instead of having to eat too much —  
 and. Hypnotism & circus tricks —

Also that I am given comfortable —  
 unclothing — instead — reverse —  
 old fee Murder trick stuff — one inch thick.  
 Dr Theodore said he would not wear for a thousand years

Sgt. or Nurse, or Medical



1910

Captain Lt. Hon. G. A. Hardinge

July 26 contd again at 8.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.2°  
 6.30 pm. he had continued in the same condition through the day. his temperature again rose to 102° at 11 a.m. rapid spitting was then observed and his temperature at 5 pm. was 102.2, the respirations 54 pulse 136. At 6.30 he showed signs of returning consciousness. he rolled the way I was going to take his pulse with a follow-up movement with his eyes. on being asked to open his mouth to take some egg smilk he did so. his temperature then was still 102.2, pulse 136 respirations 60. At 8.30 Resp. 64 P 140 Temp. 103°. administered enemata of egg smilk & strong Hall's meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Nutrient enemata given every 4 hours. contd

July 27<sup>e</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow so the enemata are discontinued. at 8 a.m. he took 5 oz. of egg smilk. At 3 p.m. he had gentle

Name of Asylum, Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Copy

Please order that I go out of class please  
 I can not live without fresh air -

1910

Capt. H. G. A. Hardinge

July 26 contd again sat 8.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.2°  
 6.30 pm. he had continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. rapid sparging was then ordered and his temperature at 5 p.m. was 102.2, the respirations 58 pulse 136. At 6.30 he showed signs of returning consciousness. he rolled the way I was using to take his pulse with a follow-up movement and his eyes. on being asked to open his mouth to take some egg which he did so. his temperature then was still 102.2, pulse 126 respirations 60. At 8.30 Resp. 64 P 160 Temp. 103°. added nutrient troma of egg milk & honey & Mellin's meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Nutrient troma added every 4 hours. 10.30

July 27<sup>th</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow so the troma are discontinued. at 8 a.m. he took 5 oz. of egg milk. At 3 p.m. he had just

Name of Asylum, Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

*copy*  
 Date of Death Order, the  
 My only chance and thing to do is to remain  
 "St Albans" here

My Friend - Footballers. Freemasons  
 cricketers - Colliery people  
 Police. & Bestwood people  
 Geomancy - etc.

Must remain here  
 as they w<sup>d</sup> murder - me  
 and my mares & foals & Porses  
 which is the same thing - as  
 murdering me and Lady Louise.  
 Loder. all Bestwood - & Geomancy  
 to and a lot of fusses to murder or attack me -

Signature, name, or medical

1910

Capt. H. G. A. Hardinge

July 26 contd again at 8.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.2°  
 6.30 pm. he had continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. rapid sporadic spasms then occurred and his temperature at 5 pm. was 102.2, the respirations 54 pulse 136. At 6.30 he showed signs of returning consciousness. he rolled the bed I was using to take his pulse with a follow-up my movements with his eyes. on being asked to open his mouth to take some egg milk he did so. his temperature then was still 102.2, pulse 126, respirations 60. At 8.30 Temp. 64 P 160 Temp. 100°. administered enemata of egg milk & cranberry & maltine meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Nutrient enemata given every 4 hours. cough.

July 27<sup>th</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow so the enemata are discontinued. at 8 a.m. he took 5 oz. of egg milk. At 3 pm. he had quite a

Name of Asylum,  
Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

They are murdering my horses -  
 as they always do -

faithful pet animals

which arrange my business all every day  
 the smallest detail -  
 all over the world -

no one else can do but horses -

They always murder peoples horses -  
 faithful pet animals -

mine are the best in the world -

and are a part of me -

They could arrange my business perfectly well  
 if they would let them -



1910

Captain Lt Hon. G. A. Hardinge

July 26 contd again sat 8.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.8°

6.30 pm. he had continued in the same condition through the day. his temperature again rose to 104° at 11 a.m. rapid spitting was then ordered and his temperature at 5 pm. was 102.2, the respirations 54 pulse 136. At 6.30 he showed signs of returning consciousness. he rolled the bed I was using to take his pulse with a follow-up movement and his eyes on being asked to open his mouth to take some egg which he did so. his temperature then was still 102.2, pulse 126 respirations 60. At 8.30 Resp. 64 P 100 Temp. 100°. Administered enemata of egg milk & honey & albumin meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Enemata continued every 4 hours. contd

July 27<sup>E</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious: he can swallow so the enemata are discontinued: at 8 a.m. he took 5 oz. of egg milk. At 3 p.m. he had just

Name of Asylum, Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Death: 1909

Place of Death: Ticehurst

Age: 60

Sex: Male

Profession: Captain

Religion: Anglican

Married: Yes

Wife's Name: Mrs. Hardinge

Children: 2

Signature: J. C. Hurst

Address: Ticehurst

County: Sussex

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

Parish: Ticehurst

Diocese: Exeter

1910

Captain Lt Hon. G. A. Hardinge

July 26 contd again sat 8.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.2°

6.30 pm. he had continued in the same condition through the day. his temperature again rose to 102.2° at 11 a.m. tepid sponging was then ordered and his temperature at 5 pm. was 102.2, the respirations 58 pulse 136. At 6.30 he showed signs of returning consciousness, he rolled the bed I was able to take his pulse with a few movements and his eyes. on being asked to open his mouth to take some egg milk he did so. his temperature then was still 102.2, pulse 126 respirations 60. At 8.30 Resp 64 P 160 Temp 103°. Administered mixture of egg milk & honey & Mellin's meat juice. At 10.30 most of this. his temperature at 10.30 had dropped to 102°, the pulse 140 respirations 50. Mixture continued every 4 hours. contd

July 27<sup>th</sup> He had a restless night, moving his arms about sitting up in bed shouting at times. he is more conscious. he can swallow so the mixture was discontinued. at 8 a.m. he took 5 oz. of egg milk. At 3 p.m. he had just

Name of Asylum, Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Reception Order, No. of Asylum, Hospital, or House, Date of Death, Name of Deceased, Name of Registrar, Name of Medical Officer, Name of Nurse, Name of Assistant Nurse, Name of Porter, Name of Cook, Name of Baker, Name of Laundry, Name of Scullery, Name of Kitchen, Name of Store, Name of Washhouse, Name of Bedchamber, Name of Dressing Room, Name of Bath, Name of Toilet, Name of Ward, Name of Passage, Name of Entrance, Name of Exit, Name of Gate, Name of Wall, Name of Roof, Name of Floor, Name of Ceiling, Name of Windows, Name of Doors, Name of Locks, Name of Keys, Name of Tools, Name of Instruments, Name of Apparatus, Name of Machinery, Name of Furniture, Name of Utensils, Name of Articles, Name of Goods, Name of Money, Name of Property, Name of Estate, Name of Interest, Name of Right, Name of Power, Name of Authority, Name of Jurisdiction, Name of Competence, Name of Capacity, Name of Ability, Name of Power, Name of Authority, Name of Jurisdiction, Name of Competence, Name of Capacity, Name of Ability.

Beauchamp - Loder

Dunlop.

are all most murderous -

Also Harrison

Mrs Cookworthy

Bond

Gilbert

and no end more are all

most murderous -

no end

1910 - 25

1910

Captain the Hon. G. A. Hardinge

July 26 contd again at 7.45 he was again comatose with a pulse of <sup>162</sup> and breathing at the rate of 68 to the minute. his temperature was 102.2°

6.30 pm. he has continued in the same condition through the day. his temperature again was 102.4° at 11 a.m. tidal sparging was then ordered and his temperature at 5 pm. was 102.2, the respirations 58

signs of return I was noting movements of his mouth his temperature respirations 102°. when Henry & I moved of G dropped to 101.8°

July 27<sup>th</sup> He has a continuing us more

increased 5 sq. of sp



Name of Asylum, Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Reception Order, the 4th day of May 1909.

I hereby give you notice that Captain The Honourable George Arthur Hardinge a (a) Private Patient, received into this (b) House on the 5th day of May 1909, died therein on the 28th day of July 1910.

Signed H. H. D. Joint Medical Officer

Dated the 28th day of July 1910.

To the (c) Commissioners in Lunacy, The Clerk of the Peace for East Sussex, Chas Sheppard Esqre Coroner Battle, Mr N. Taylor Registrar Hurst Green.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - George Arthur Hardinge  
 and age - Male - 45 -  
 married, single, or widowed - Single  
 profession or occupation - Captain in the Royal Navy

Place of abode immediately before being placed under care and treatment (if known) - H. M. S. Donegal

Apparent cause of death - General Paralysis of the Insane

Whether or not ascertained by post-mortem examination - No

Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased - 10.14 a.m. No unusual circumstances No injuries

Duration of disease of which patient died - about 17 months

Names and description of persons present at the death - Henry Mann and George Womban, Attendants at Ticehurst House, Ticehurst, Sussex.

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - No

I hereby certify that the particulars contained in the above statement are true.

Signed H. H. D. Joint Medical Officer

(a) Private, or pauper;  
 (b) Asylum, or hospital, or house;  
 (c) Clerk of asylum, or medical officer of hospital, or house, or medical attendant of the patient.

(d) Commissioners in Lunacy, or as the case may be;  
 (e) Medical officer of asylum, or hospital, or house, or medical attendant of patient.



Captain in 402. G. B. Hardinge

July 27. cont. covers consciousness and put out his hands to shake hands with me, tried to speak. He has passed to urine today so this evening a catheter was passed and 10 ounces drawn off. The temperature at 9 a.m. was 100.6°, at 1 p.m. 98.2°, and the same at 5 p.m. At 7 p.m. it rose to 101.6° and at 9 p.m. to 101.8; the pulse is very rapid also varied between 130 and 152. The respirations also are very rapid. Throughout the day they have been 50 to the minute; at 9 p.m. they were 60. He is taking Inst. Spir. Vin. gall. 3i 4<sup>ss</sup> loz's and 5g. of milk between; also constant of ammonia solution of chloride. cap. B.

28<sup>th</sup> 8.05 a.m. The temp. has risen steadily since 7 p.m. yesterday and now stands at 105.9°. his pulse is fluttering scarcely perceptible 280, and the respirations are 60. He has rales on both sides of chest ~~obscure~~ ~~conspicuous~~. He died at 10.15 a.m. cap. B.

## Mr. E. F. E. Olivier

Oct. 6<sup>th</sup> The knee is now quite well, the effusion having disappeared: a carcinoma tooth has been troubling him lately, otherwise he is in good health. c.w.p.B.

Oct. 27<sup>th</sup> Was to-day transferred to Hospital - Dorchester - & taken by Mr. Jordan - & an attendant. J.B.W.

## Miss F. A. Beichenough.

- Aug. 15<sup>th</sup> and generally loose, with motions frequent: she is taking solid p.o.c.d. & also sp. vii.  
 Rect. 3i Th. chlo. m. 2 q. & 3i p.o.c. c.w.p.B.
- " 22<sup>nd</sup> Her strength fails: she has fainting several times on the commode but unable to bring it, takes very little nourishment. c.w.p.B.
- " 28<sup>th</sup> Has consented to use a bed-pan: does very well. c.w.p.B.
- " 26<sup>th</sup> The bowels acted twice in the bed the act being unknown to her: the abdomen is tender on a little swelling: warms, with frequent motions: edema of both feet & legs: Temp. at 8 p.m. 100° Pulse 108. c.w.p.B.
- " 27<sup>th</sup> Bowels - confined, does not know time of day or whether it is day or night: warms confined: she has col. p.o. late night, retching: she is unable to take her paralytic draught & gets but little sleep: very restless: Delirium: she has a troublesome cough: her temperature varies from subnormal to 103.2. a diarrhoea is taking very little nourishment. c.w.p.B.
- 25<sup>th</sup> Warmer, much confined: at 8 p.m. Pulse 120 Temp. 99.2.
- 29<sup>th</sup> Pulse 120 - very soft: T. 97.4. motions various

1911

Miss F. A. Birchough

Aug. 24. cont. both found unconsciously in bed with  
 a little blue, scarcely anything else. c. 10 p.m.  
 - 30<sup>th</sup> Last night well. She was excited, talking  
 loudly. Her cough was troublesome. Temp.  
 8 a.m. 100.5°. Pulse 120, very compressible. In  
 a state of semi-coma. Her breathing is C.O.  
 Her lips which she puffed out in the act of  
 breathing. She had 2 hours sleep at intervals.  
 During the day she has taken 16oz. of milk  
 & little barley-water & 1/2 oz. of Brandy. At 8.30  
 a.m. she was conscious, tried to answer when  
 spoken to. Her bowels are still loose.  
 - 31<sup>st</sup> Was called to see her at 4.15 a.m. She was  
 unconscious. Temp. 97°. Pulse fainting.  
 She died at 3.45 p.m. c. 4.1.13.

Name of Asylum, Hospital, or House. TICENHURST HOUSE

NOTICE OF DEATH.

Date of Reception Order, the 22nd day of February 1899.

I hereby give you Notice, That Miss Frances Ann Birchough  
 a [private] patient, received into this (a) House on the  
 23rd day of February 1899 MMX, died therein on the  
 31st day of August 1911.

Signed (b) Joint Medical Officer

Dated the 1st day of September 1911.

To the (c) Commissioners in Lunacy, Clerk of the Peace for East Sussex, Charles Sheppard Esq. Coroner Battle, H.B. Gilliam Registrar Hurst Green

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - Frances Ann Birchough  
 Sex and age - Female - 63 years  
 Married, single, or widowed - Single  
 Profession or occupation -  
 Place of abode immediately before being placed under care and treatment (if known) - "Stollenburg" London Road Tunbridge Wells  
 Apparent cause of death - Chronic general tuberculosis  
 Whether or not ascertained by post-mortem examination - No  
 Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased - 3.50 p.m. None  
 Duration of disease of which patient died - Several years  
 Names and description of persons present at the death - Miss Jessie Anna Haswell Lady Superintendent, Annie Leman and Amelia Kate Davies Nurses all of The Vineyard Tichenhurst Sussex  
 Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - No

I hereby Certify that the particulars contained in the above statement are true.

Signed (d) Joint Medical Officer

(a) Asylum, or hospital, or house. (c) Commissioners in Lunacy, or as the case may be. (b) Clerk of asylum, or medical officer of hospital or house, or medical attendant of patient. (d) Medical officer of asylum, or hospital, or house or medical attendant of patient.





247

248

A number of blank pages follow  
and have not been photographed.

Miss Margaret Georgina Finch 254

Admitted 17th November 1909.  
 Age Sex 36 years - Female.  
 Civil Condition Single.  
 Occupation None  
 Religion Church of England

Medical Certificate  
 No. 1. Says if she gets a chance she will get away put arsenic to herself. Inability to hold a rational conversation. Says that people in the road are constantly talking about her. Attempted to get out of the window with the idea of getting rid of herself having just broken glass & cut her hand. Mary Glenn Bostock. 'Loudly. 'Crows' 'Suesea' says that people talk laugh at her in the road. has written for poisons several times. Smashed glass window and attempted to get away with the idea of drowning herself. hid a stone under her mattress intending to stun nurse in order to get away.

Signed John Velestine Triffin  
 Dated 1<sup>st</sup> October 1908.



Miss M. G. Finch

Medical  
Certificate  
No 2.

Says that all actions are pretension. She is under the impression she has wronged her family by doing odd tricks and saying peculiar things. She knowing all the time that she is always want to get out of the house alone. Feels every body is against her and laughing at her. Says she is deceiving everybody and they are acting the same to her. Mary Glenn Bostock. Clorvly, Browboro says she broke the window and tried to get out. Has written for Carbolic acid pistols and bullets. Has said the only way to get out of it is to take something which she can't get that is poison.

Signed H. Holman Weeks M.D.  
Chf. P.

Dated 15th October 1908.

Miss M. G. Finch

## History

Miss Finch soon after an attack of Influenza in July 1908 began to be strange in her behaviour. Whilst visiting friends she on several occasions undressed herself at unusual times of the day alleging as a reason that day and night were reversed. She refused to pay her just debts. She became sulky and morose and ceased to take interest in anything having previously been rather unusually intellectual. Following medical advice she was sent with a nurse to a friend in Littlehampton where she remained about 6 weeks then to Hayward Heath where a second nurse was found necessary. Early in July she went to Browborough where she was under Dr Rankin's care. On Sept 28th 1908 whilst dressing she broke a window and tried to throw herself out stating she wanted to destroy herself. In consequence she was certified as insane; under these and a reception order she was received as a single patient under the care of Miss Mary Glenn Bostock of Clorvly Browborough till her admission to this Institution on 17 November 1909.

Miss M. G. Fuch

*On admission - mental condition -* Her appearance and conversation show marked dejection and utterance. She is suspicious, and thinks that there are some things in her mind, and, as to one of her rooms, a lunatic. She is extremely sensitive, and cannot make up her mind to anything. She sits in her chair when talking to me and is never still, rocking herself backward & forward. She tells me that her coming here is "all a mistake". She will not tell me where she used to live in the country, where her deceased father lived, where she hunted, or anything about herself - being fearful of committing herself or causing mischief.

*- physical condition -*

The condition is good, though she is rather thin. Her bodily health is good, and no abnormality is found. The period is not over.

H.P.

1909

Miss M. G. Fuch

*Progress of case -*

- Nov. 18. Patient had not a good night as she only slept for 3 hours and this was broken sleep. Has taken a good breakfast and gone out walking. D.E.
19. Patient slept for 5 1/2 hours last night was restless when awake. Takes her food fairly well. Has been out walking. She worries over her delusion and says she should not be confined here as she is all right. She is a very light sleeper - the least noise causing her to wake up - for so far her sleep has been without the aid of any hypnotic. D.E.
20. Patient had not a good night's rest frequently during the night waking up. She goes out walking daily. Is very restless and discontented. She is suspicious about her things - that they are not safe - although assured by Lady Superintendent that everything she has is in safe keeping. She objects to any one going into her room.



1909

Miss M. G. Duich

Nov<sup>r</sup> 21. 1909.

The most marked features in this case are the doubt, suspicion, Timidity. She wonders whether she is right in having asked the nurse to leave the room, whether she ought to sit still or get up and so on. She will not get, in spite of several attempts, from her where her home in the country used to be. She has to be reminded as she will not take her things off. She does nothing to amuse herself or occupy her time. She is depressed and melancholy, though so far she has given no reason for this feeling. She maintains that she is "perfectly well" that she has good nights, though in reference to the last part it is very evident that she has only a few hours sleep.

M. G. Duich

22 Nov<sup>r</sup> 1909

Report to Commissioners and Justices.

I have this day seen and examined Miss Margaret Georgina Duich admitted into this House on the 14th day of November 1909 and hereby certify that with respect to mental state she is depressed and looks melancholy. She is confused and resistive

1909

Miss M. G. Duich

260

(Contd.)

opposing anything that may be proposed. She is most suspicious. If one asks where her home was - it is somewhere in the country, but where she will not say, changing the conversation. She does not occupy herself at all, except perhaps by striking a few chords on the piano or turning over the leaves of a book - and that with respect to bodily health and condition - they are both good.

Signed. H. H. N.

24 Nov<sup>r</sup> 09

Patient is still restless, uneasy and dissatisfied. Gives much trouble in dressing and undressing. Cannot make up her mind what to do. Seems to be always in doubt and hesitating. As bowels are not acting regularly has been given Phenolphthalein gr<sup>ss</sup>.

27 Nov<sup>r</sup> 09

Patient labours under various delusions such as - "that if she does not resist and protest against what is being done - she will lose her will power and never get better" - another is



1909

Miss M. G. Fuchs

Nov. 27  
(contd.)

that all the clocks in the house are wrong & that she is brought her meals at improper times. She continually requests to be let away to her home but will not state where it is. Is very suspicious of the movements of those about her does not wish to make the acquaintance of any one. Patient sleeps badly. So gets occasionally Veronal gr 7½. Her bowels are irregular in action and frequently require the aid of an aperient. She takes her food fairly well. D.E.

Nov. 30

Patient is particularly resistive and troublesome both inside and also when out walking. When approaching any of the entrances - she will make a rush - trying to get away - and in the house when in her room is constantly watching the door - apparently with the object - if a chance presented itself of making a bolt. D.E.

1909

Miss M. G. Fuchs

Dec. 4

Patient is labouring under the impression that those about her are merely spies and so she wants out. Her bowels still need the aid of an aperient. and as she does not have good nights she occasionally has Veronal gr 7½. D.E.

11

Patient is still at times very resistive frequently requests to be allowed to her room "to pack her things and go". She came to the entertainment and states that she enjoyed the performance.

Is sleeping better and her bowels are acting more regularly assisted by a glass of Hunyadi János every morning before breakfast.

Dec. 16

The patient has been more than usually restless, walking about the room, shifting about in her chair etc. The period was due two or three days ago. A very small quantity came, and then ceased. She has been taking Anna Maria & Hyoscyamus, with occasionally Veronal gr 7½. The bowels are rather difficult and Phosphoric Acid or Hunyadi are required. Mentally until the last day or two

Dec 16  
(Contd.)

She has been rather listless and looks more herself, but there is much reason to fear the presence of hallucinations of hearing in the preliminary stage if not actually developed. She thinks that people talk of her, and no doubt is ready to translate to words she hears into actual conversation about herself. I cannot at present ascertain that definite speech against her by people not present is heard by her, but I fear that this is probable.

Dec. 18.

Patient is labouring under the impression that she can do just as she likes and is continually on the watch to make her escape. She is suspicious of the movements of those about her - States that a new nurse who came lately - was sent with the special purpose of spying upon her. She also states that she is quite well, but she takes very little interest in her surroundings. Is sleeping better but bowels are still irregular, a cathartic being an aperient.

Dec 20.

For the past 6 days patient has been unconstructing and lost a considerable amount. She is taking her food fairly well. Is very restless, and resistive both inside and outside the house. At night she is frequently in and out of bed for no apparent reason. She retains her urine at occasionally for a considerable time then passes a large quantity.

Jan 12.

The patient has been getting on very poorly of late. She is less sensitive, more pleasant and a little less suspicious. But she has some hallucinations and delusions. Undoubtedly she hears "voices". Last night she seems heard her speaking "to a friend" about drugs. She has also talked about going to Queen to her night-nurse. Apparently, some remarks made to her nurse. She also has sexual ideas. She is taking her food excellently, plays the piano better, and tends her books. She sleeps unquietly, but rarely needs a medium dose of veronal.



1910.

The vowels are rather distorted

H. W. D. 7/10

Jan 22.

Miss Finch has been rather better, more cheerful and talkative. She plans to prison (in) such. She has menstruated recently, the only disturbed moment being last night when she twice worked out of her bed to the door, in order to get away. She used the word 'damn' very freely. Some evidence of dementia (now) (remains) in her ways, habits, and method of conversation.

H. W. D. 7/10

Jan 30<sup>th</sup>.

The patient on Jan 28<sup>th</sup> while out for a walk in the grounds, attempted to run away, but did not get far before she was overtaken. At lunch the same day she pulled her napkin round her neck, saying she would do something desperate, if she could not get away, at the same time she "damned" everything freely. She enjoyed the band on 28<sup>th</sup> last, + afterwards was much brighter, laughing, talking + looking at the papers. H.P.S.D.

Feb. 2<sup>nd</sup>.

She is often very depressed at times + says she has done some wrong in her life.

1910.

Feb 2<sup>nd</sup> - Yesterday she was very restless + tried to get to the hall door, in order to get away. She complains that her people never write or come to see her. Physically she is well. H.P.S.D.

- 7<sup>th</sup>

The patient frequently appears brighter after going to Band practices + entertainments. Her sister came to see her on Feb 4<sup>th</sup>, the patient was not excited the next day: She has been bathing + dressing herself for some weeks now. Miss Finch however is still very restless + undecided + depressed, says she has been foolish. H.P.S.D.

13<sup>th</sup>

Miss Finch made several attempts on Feb 7<sup>th</sup> to abuse herself, on one occasion for 1/2 hour at a time. She seems to be a little brighter. H.P.S.D.

21<sup>st</sup>

The patient appears to have improved a little of late though at times she is fairly bright + at others depressed, when she worries about the wrong she says she has done; she takes more interest in things going on around her. H.P.S.D.

28<sup>th</sup>

Miss Finch now frequently says she thinks people are constantly watching her, + thinks they wait outside her door in order to do so, she has even heard their footsteps. She met one of the new patients (Miss L-), afterwards asked Miss L- if she thought Miss L- was a detective. H.P.S.D.



1910

## Miss M. G. Finch

- Feb. 28<sup>E</sup> She was visited by her sister on Feb 22<sup>d</sup>, + was much pleased at the visit but depressed afterwards; she said people were watching her <sup>she</sup> could not sit still. She talks frequently about getting away. She remains in good health <sup>HRSD</sup>
- March 6<sup>E</sup> there has been little change in the patient's condition since the last note: the ~~bad~~ habits appear to have ceased, + she is a trifle brighter, though at times very restless. She plays a fair game of bridge, though she is very undecided in her play + very worried lest she should make a mistake.
- March 20<sup>E</sup> Since the last note there have been several periods of self-stress, an injection of alum  $\frac{1}{2}$  gr ad of has been ordered her, but so far has not been required, as she has stopped her bad habits when told that she would be dosed: she seems a trifle brighter, + to have more confidence in herself. <sup>HRSD</sup>
- April 10<sup>E</sup> She has been playing golf + bridge a good deal lately. The result has been that she has retired to bed at night physically tired + slept well. She seems temporarily, at any rate to have improved a good deal, is brighter, more natural + self-controlled. <sup>HRSD</sup>
- 17<sup>E</sup> She appears to be still improving <sup>HRSD</sup>
- 24<sup>E</sup> This trick appears to be a little more restless, + does not sleep quite so well. On Ap 21<sup>d</sup> while on an upper landing she jumped up + looked over the banisters, looking down, + said, a jump over would finish everything; she then kept saying to her nurses that it was only a joke; never the

## Miss M. G. Finch

- the expression of the face accompanying the acts belied her. She now frequently says that things which occur, are a sign that people are against her. She says she hears people outside his just sure about it. <sup>HRSD</sup>
- May 1<sup>E</sup> She is a little brighter + quicker again, but still shows a want of decision, + self-control; she has little confidence in her actions. <sup>HRSD</sup>
- 11<sup>E</sup> During the last few days, she has gone back a little, being more restless. Also has frequently attempted to practise her bad habits, so much so that he has had on several occasions to be taken upstairs to have the parts sponged with alum. <sup>HRSD</sup>
- 23<sup>E</sup> She has been a trifle better during the last few days. Golf has been frequently played by her, as also bridge <sup>HRSD</sup>
- 29<sup>E</sup> She patient sleep for  $4\frac{1}{2}$  hrs in the night; she insisted on getting out of bed several times during the night "to start for home"; on the whole she is getting on fairly comfortably, passing her time with golf + walking, playing the piano + reading. <sup>C. W. J. B.</sup>
- June 2<sup>E</sup> Miss Finch has been getting on fairly well of late; at times she is very restless; she enjoys golf which she plays frequently; her general condition is good. <sup>C. W. J. B.</sup>

1910

## Miss M. G. Finch

June 26<sup>th</sup> The patient goes on much as usual, at times excited & restless. The nurse reports that her habits are very bad. c.w.j.B.

July 8<sup>th</sup> A piece of string was found under Miss Finch's pillow last night; she continues to be under the same mental condition. c.w.j.B.

• 17<sup>th</sup> She has been very restless and fidgety the last few days; she kept out of bed at 2 am to stare for hours. c.w.j.B.

August 11<sup>th</sup> There is no change; at times she is very restless & restless. Her general health is poor. c.w.j.B.

• 25<sup>th</sup> Miss Finch has been talking of putting an end to herself; she told her nurse that she cannot stand this life any longer. Her nurse says that the patient's habits have been very bad lately; she is sleeping fairly well. c.w.j.B.

Sept. 20<sup>th</sup> The patient has for the last two days been much quieter & better behaved. She is taking Dr. Cassel's Tonic & Dr. L. D. c.w.j.B.

Special Report She is weak-minded and is apprehensive, & terrified. full of doubts & fears that she has done the wrong thing. She frequently, especially about the menstrual period, becomes excited and has to be watched & checked from bad habits: occurs

## Miss M. G. Finch

usually at these times she is very restless and distinctly suicidal. She is in good bodily condition. Squire H. H. Newington

Dated the 20<sup>th</sup> day of September 1910.

Sept. 26<sup>th</sup> Dr. Salix nigra leaf. in 3p doses has been commenced today to see if it will improve her habits. She has for the last day or two been depressed & fidgety, worrying over every thing she does, & crying & moaning in her sleep. c.w.j.B.

Oct. 1<sup>st</sup> She has slept badly lately so Ammon. Bromide gr. ʒ. & Dr. Hygeon in ʒss have been added to the Salix Nigra mixture.

• 2<sup>nd</sup> She was very restless & excited yesterday, going very to temper & - of everything; she says everything is a "sign" e.g. if two dishes are offered for her choice & she chooses one she attributes some significance to the offer & looks on it with suspicion. c.w.j.B.

• 4<sup>th</sup> Miss Finch had a better night and is less restless today. c.w.j.B.

Nov 7<sup>th</sup> The patient has been going on in much the same way. She is always rather depressed & continues to worry herself about all sorts of trivial things. She has lately had any cocaine applied with good results in the treatment of her self abuse. c.w.j.B.

1910

Miss M. G. Finch

- Nov. 12<sup>th</sup> The patient is restless & depressed: she had only four hours sleep at intervals last night. c.w.f.B.
- 28<sup>th</sup> There is no change in Miss Finch's condition: she remains fidgety, restless and generally depressed: her habits have been better lately. c.w.f.B.
- Dec. 5<sup>th</sup> Miss Finch has been ordered veronal gr. v to be taken every night for a week, as she is so restless at night. She went to the entertainment on the night of the 30<sup>th</sup>. During the performance her nurse says she "was stopped wriggling", & on returning to the Vinograd afterwards was very restless & depressed & crying: her menaces, which commenced on Nov. 27<sup>th</sup> ceased. Dec. 2<sup>nd</sup>? c.w.f.B.
- 20<sup>th</sup> Miss Finch was in a very "lost" condition according to her nurse last night: her eyes were much swollen & her face was much swollen & a cocaine ointment was applied: she was very fidgety & had a delusion that all the clocks were wrong: is very undecided & unable to make up her mind on any point. c.w.f.B.

1911

Miss M. G. Finch.

- Jan. 18<sup>th</sup> Miss Finch goes on much as usual: the herpetic acne soon on her neck & back, so the medicine has been stopped. c.w.f.B.
- 31<sup>st</sup> She has been getting on fairly well on 3i doses of the Salix nig. liq. The herpetic acne is still appearing. c.w.f.B.
- March 2<sup>nd</sup> Miss Finch continues to do very well: she is still taking the Salix nigra. c.w.f.B.
- 18<sup>th</sup> The patient continues to do well. c.w.f.B.
- 2<sup>nd</sup> The patient is much better as regards self-abuse: last night was rather a restless one, she would have kept out of bed & begged to be allowed to write letters home, saying she was quite well & making her people unhappy by remaining here. c.w.f.B.
- May 3<sup>rd</sup> She is occasionally restless & depressed with rumour upon self-abuse again: last night she "fainted": her nurse says there was some slight twitching of her face & during the attack & probably her too breath is offensive so calomel & a dose of Hungaryi have been prescribed.
- 4<sup>th</sup> The operation has acted well & she seems in her usual health. c.w.f.B.
- 20<sup>th</sup> She is fairly comfortable. c.w.f.B.



1911

## Miss Finch

July 12<sup>th</sup> She has been fairly well lately & she has attacks of depression less unhappy nights occasionally, waking up & crying: she is still taking the Salix Nigra. c. w. p. B.

Aug. 5<sup>th</sup> Miss Finch has lately been having v. 7<sup>th</sup> every night she feels better & looks better. c. w. p. B.

Sept. 6<sup>th</sup> Her improvement is maintained: occasionally she is troubled about "signs" & worries herself about things she ought to have <sup>done</sup> written - c. She behaves better in company & does not wriggle about as she used to. c. w. p. B.

• 12<sup>th</sup> Nurse Fairy reports as follows: -  
"Miss Finch has awoke just before 4 a.m. the last three mornings. This morning she crept out of bed - she usually lept out - and sat on the chair behind me. I felt her eyes on me. On looking at her she was staring straight at me, looking more mad than I have seen her. She sat for ten minutes, then I told her to get into bed, which she did at once. After about half an hour she dropped off to sleep. She sleeps five

1911

## Miss Finch

hours altogether and seems rational though this morning muttering to herself during sleep of letters and getting a-way from here. The night before she lept out, drew up a chair & begged me to let her go home." c. w. p. B.

Oct. 27<sup>th</sup> She had been getting on fairly well lately but her nights have been disturbed by toothache: she is still taking her Salix nigra mixture. c. w. p. B.

Nov. 5<sup>th</sup> She is getting on fairly comfortably & usually sleeps about 6 hrs. at night: occasionally she is much depressed & talks of having wasted two years of her life here & her habits are much better. c. w. p. B.

" 16<sup>th</sup> Depressed & unstable today. said she was "silly" & has told the magnetists she wanted to go home": she writes letters & sends them & then worries herself about them, says they were all wrong & she will have to write others & consult them. told her nurse that she (Miss F.) is "living a life of deceit & lies": her habits are much better. c. w. p. B.



Miss. B. M. J. Banks.

1910. ~~Jan 27<sup>th</sup>~~ <sup>Apr 27<sup>th</sup></sup> The attached paintings were executed by Miss Banks <sup>(p. 231)</sup>

Feb 7<sup>th</sup> She has had hysterical attacks, one on Jan 19<sup>th</sup> when she slammed a door in a fit of temper, then broke down weeping, & talked of suicide being spiteful later to her nurse, another slighter attack of crying occurred last night.

She was visited by her mother on Feb 4<sup>th</sup> last. The patient in her talk is very voluble, & often <sup>appears</sup> not think <sup>over</sup> what she is saying, the result is nonsense. Physically she is fairly fit. (HRS)

March 25 The patient has improved <sup>very</sup> considerably. The hallucinations seem to have gone, but there is some weakness of mind evidenced by her conduct and conversation. Whether this is due to permanent mischief, or to temporary impairment due to a prolonged attack of excitement, or indeed whether it is simply an exaggerated phase of normal "illness" is somewhat doubtful. At best one would think that she has been an idolat, self-indulgent young lady, too lazy to acquire vivid interest in any pursuit of value. (HRS)

Apr 10<sup>th</sup> On Feb 28<sup>th</sup> she was very hysterical, because she was not permitted to play golf (she never has played). Said she was sure

Miss. B. M. J. Banks.

there was valeria in her medicine. This was not so. She is in good health. (HRS)

Apr. 27<sup>th</sup>.

Today I was called in at 8 am to see Miss Banks, who had had a restless night & was in pain. On examination I found that she complained of pain, & there was definite tenderness & resistance in the right iliac fossa. The pulse was normal: at one o'clock the temperature was raised, & despite an enema the pain and tenderness were still present, being suspicious of appendicitis. On being asked I suggested that she should be seen by some surgeon, if the pulse, & temperature & general condition did not abate. The condition not being improved, later in this <sup>evening</sup> ~~day~~ was told by Dr Herbert that a surgeon had been communicated with, & I was to get things ready in case of an operation. She has had no food, except a little milk & soda, 3 enemata have been given at my direction, two of which were retained, with slight result, also 2 oz of Mist allo, slowly stopped. (HRS)

Apr 28<sup>th</sup>.

She slept a little during the night, but the pain & tenderness are still present, both legs are drawn up to relieve the pain. The pulse, temperature, & respiration slowly increase; Dr A. Newington has ordered her Cal q-ij & Brain Substit. x. Sod bic v. Mucilage. ay. at 35 & 40, also Bengel's food & calves foot jelly; At Miss Banks' urgent desire I have let her have two tiny cups of tea. (HRS)





MOTHER OF  
YEAR 2.



Bauhinia





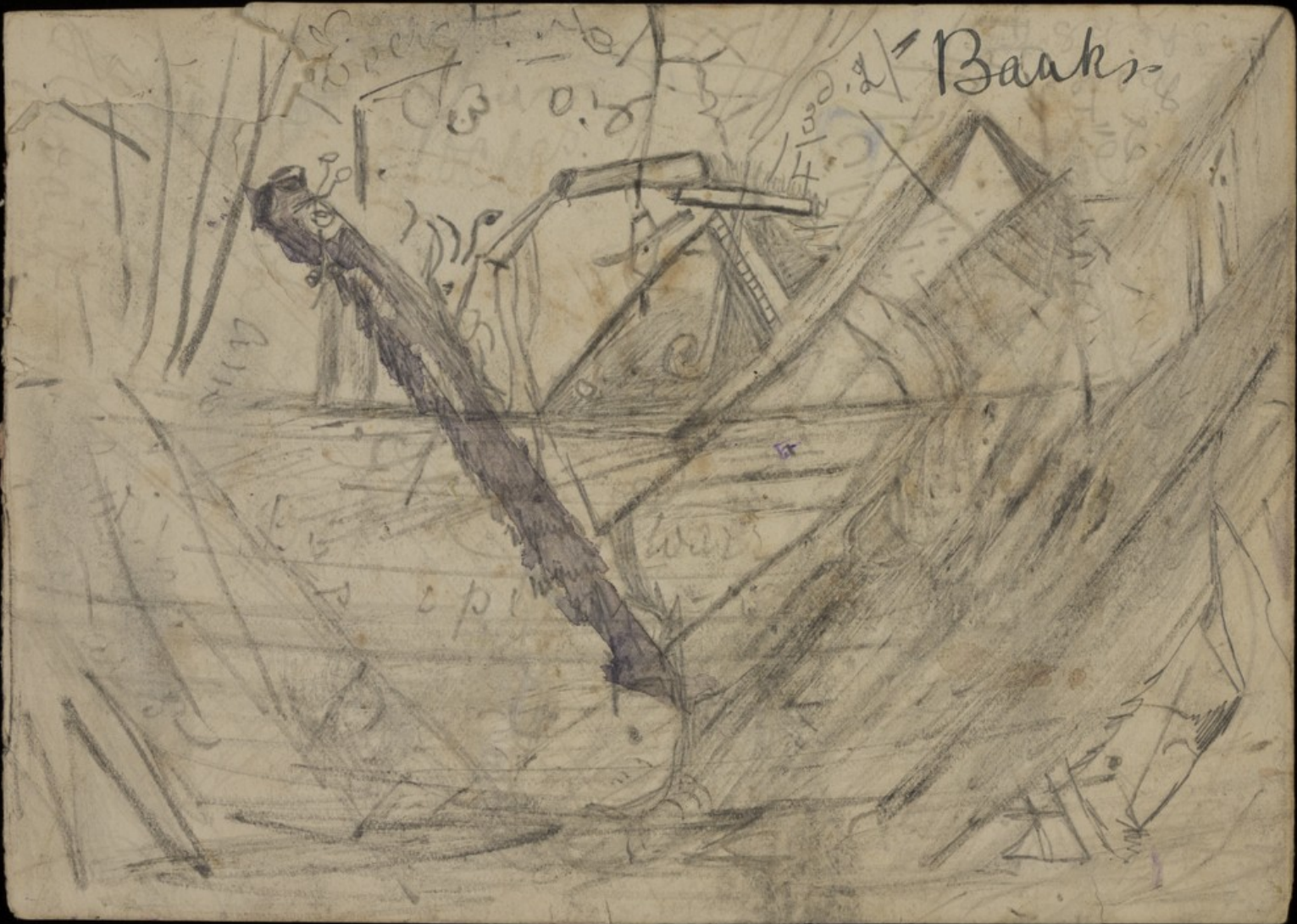




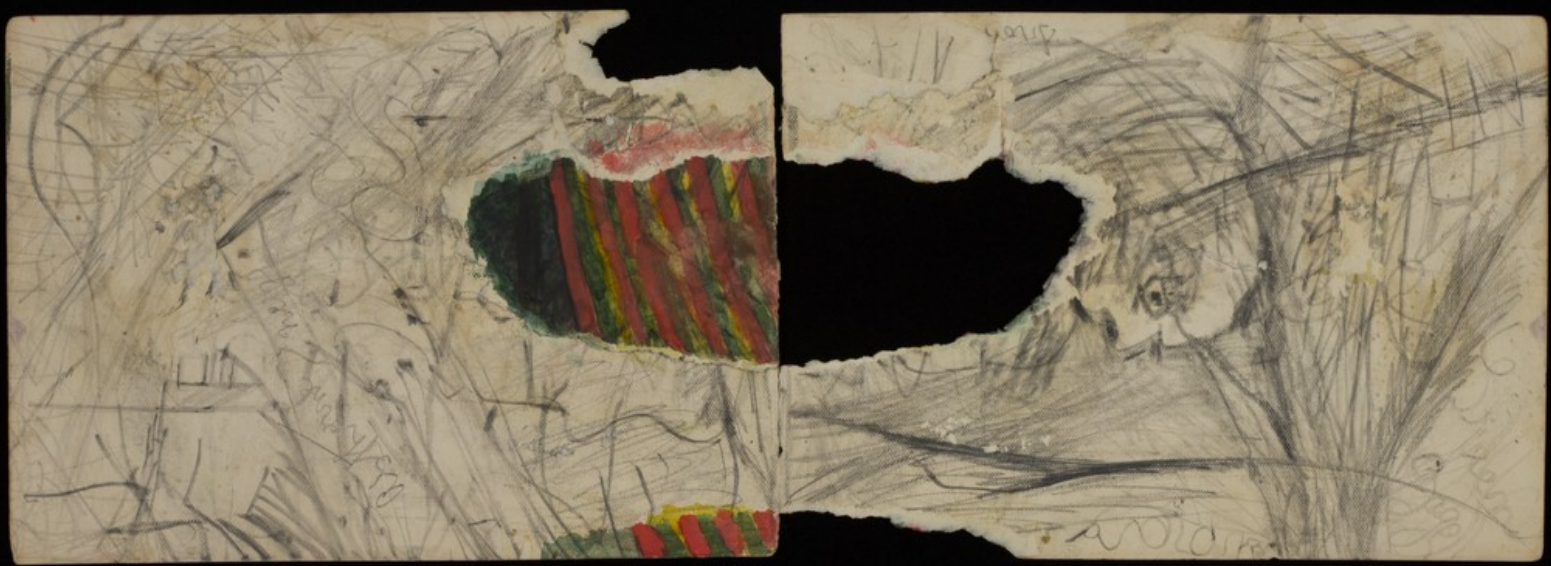














May 14<sup>th</sup>

pain & tenderness in the rt iliac fossa, with occasional ironing high temperature. She also complains of pain in the back on the left side. H.P.S.D.

26<sup>th</sup>. She continues to get slight rises of temperature, recurrence of pain from time to time. H.P.S.D.

There is a possibility of there being some disease of bone, intercostal or otherwise, in the right iliac fossa, or even a proca abscess; Ovarian trouble however cannot quite be eliminated. H.P.S.D.

30<sup>th</sup> Examined Miss Banks today. There was no marked tenderness anywhere: in the right ovarian region she said it was a little tender on pressure: there is no tenderness or rigidity of spine nor is there any rise of temperature or other evidence of bone disease.

June 9<sup>th</sup> The patient being well, on leave to Eastbourne under the care of Miss A. Smith, 16 Royal Parade. C.W.P.B.

June 25<sup>th</sup> Miss Banks was today discharged as having recovered & has returned to her home. C.W.P.B.

1910

Miss Cresswell.

June 27<sup>th</sup> Miss Cresswell had an attack of diarrhoea and sickness this morning and is staying in bed: towards evening she was much better and able to take Benger's Food. C.W.P.B.

" 28<sup>th</sup> The patient is considerably better & was allowed up again this afternoon: she has been looking very well lately & has been unusually quiet & got a fair amount of sleep. C.W.P.B.  
She is taking a mixture of t. thei, sod. bicarb. & op. ammoniacum.

August 4<sup>th</sup> Miss Cresswell is getting on very comfortably. C.W.P.B.

Sept. 20<sup>th</sup> The patient goes on very comfortably. C.W.P.B.

Oct. 16. Was sick twice yesterday, once at ten times & once later in the evening. & her temp. in the evening was 100. - but to-day she is better & the temp. is down. To being kept in bed. & on milk & soda with a little brandy in it. J.B.W.

Oct 17. Was sick once yesterday - but on the whole seems better - or is still in bed. J.B.W.

Oct. 20 Has been got up to-day on to sofa. J.B.W.

" 24 Has regained her normal state of health. J.B.W.

Nov. 7<sup>th</sup> Is going on comfortably. C.W.P.B.

" 28<sup>th</sup> She has not been so well for the last 3 or 4 days: she has had some bilious vomiting



1910

Miss Cresswell.

Nov. 25<sup>th</sup> cont. and a distended abdomen. She has had 1/2 g. doses of calomel twice which have moved the bowels & relieved the distension; yesterday she seemed much better & was up and dressed; today she is not so well & is staying in bed. She is taking boiled milk & soda water & Valentini's & Horlick's malted milk; it is impossible to feel her pulse & very difficult to make any examination of her at all. She abdomen is still hard & distended, the condition suggestive of some intestinal obstruction. There have been two or three slight watery motions of the bowels. She is looking ill when last fed. She slept five hours during the day and at all in the night. She takes a fair amount of nourishment; she vomited twice about mid-day. The bowels are very loose with mucus in them, watery & offensive. She is looking very ill & emaciated. There has been no more vomiting but the looseness of bowels continued; her pulse is rapid (over 100, but it is difficult to count as she will not keep still); especially her breathing is rapid. 2 p.m. Her respirations are 60 to the minute.

Name of Asylum, Hospital, or House.

TICEHURST HOUSE

NOTICE OF DEATH.

Date of Reception Order, the 7th day of September 1883

I hereby give you Notice, That Miss Anna Fanny Baker Cresswell

a (a) Private Patient, received into this (b) House on the 7th day of September 1883, died therein on the 1st day of December 1910.

Signed *H. Hampden Lewis* (c) Joint Medical Officer.

Dated the 2nd day of December 1910.

To the (d) Commissioners in Lunacy, The Clerk of the Peace for East Sussex & Jas Sheppard Esqre Coroner Rattle, Mr H B Gilliam Registrar Hurst Green

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - Anna Fanny Baker Cresswell

Sex and age - Female - 83 -

Married, single, or widowed - Single

Profession or occupation - Gentlewoman

Place of abode immediately before being placed under care and treatment (if known) - Rosensau, Ascot

Apparent cause of death - Senile Decay

Whether or not ascertained by post-mortem examination - No

Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased - 5.10 p.m. No unusual circumstances. No marks or injuries of any kind.

Duration of disease of which patient died - Several years, nearly four years ago. She had an epileptic seizure in 1898, but about four years before death she had been ill for some time. Dr C W J Bell Resident Medical Officer and Miss Harriette Lady Superintendent both of Ticehurst House Ticehurst, New, G. H. Gwyn, Vicar of Ticehurst, Chaplain.

Names and description of persons present at the death - Miss Harriette Lady Superintendent both of Ticehurst House Ticehurst, New, G. H. Gwyn, Vicar of Ticehurst, Chaplain.

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - No

I hereby Certify that the particulars contained in the above statement are true.

Signed *H. Hampden Lewis* (c) Joint Medical Officer.

(a) Private or pauper. (b) Asylum, or hospital, or house. (c) Clerk of asylum, or medical officer of hospital or house, or medical attendant of the patient. (d) Commissioners in Lunacy, or as the case may be. (e) Medical officer of asylum, or hospital, or house, or medical attendant of patient.

1910

Miss Crosswell.

and she has excoriation over both breasts.  
her skin is cold & clammy.

5 p.m. Was summoned hurriedly to her apartment  
her in extremis, cold & pulseless. This time  
there was regurgitation of some frothy fluid.  
she passed away quietly at 5.10 p.m. C.M.P.

1912

## Miss Finch.

From p. 276. tripped on the road side of the lawn, as if, as the nurse said, she was looking for an opening to get through: the patient said that she had no intention of trying to escape. c.u.p.B.

Sept 18<sup>th</sup>

## Special Report to Commr:-

She is the subject of unfortunate sexual ideas, becoming irritable & excitable after being with gentlemen. She has to be perpetually watched to prevent masturbation. A few days ago she told her nurse that she saw no reason why she should not play with the men. At times she is depressed and probably suicidal.

(Physical) She is in good health & condition

Signed by H. H. H.

J. B. H.

Oct. 9<sup>th</sup> Miss Finch had been in rather an unhealthy state for several days, depressed, irritably. Her tongue was furred & she had some tenderness at the base of the throat. On the 7<sup>th</sup> she felt better after it: the amount has been reduced & she is now taking 5 grains & sleeps 7 hours last night. c.u.p.B.

## Miss Finch.

Oct. 31. She has not been well lately; she has had a cold accompanied by her throat & cough. She has a granular pharyngitis which has been treated with a paint of Dr. Ewing's extract of Potassium iodide but improved the condition considerably: for the last two days she has been complaining of indigestion after food. She is taking trypsin & menthyl which has given relief. She is taking 20 grains of V. 6 every night & this gives her but a seven hours sleep. She was much depressed when feeling so unwell but for several days now has been more cheerful. c.u.p.B.

Nov. 22<sup>nd</sup> Miss Finch has been suffering from a sprained ankle: it was strapped & bandaged & is now nearly well after a week's treatment. She is still taking Veronal gr. 10. The hypodermic is better, so usual her mood is easy & she is very depressed occasionally but times ill compared with her nurses. c.u.p.B.

Dec. 2<sup>nd</sup> She is still improving but pains her occasionally. She is troubled with chills at night & the last evening of 8 last night was having the same thought. c.u.p.B.



1912

## Miss Finch

- Dec. 15<sup>th</sup> She has not been in a happy state for some days. She was yesterday and she was very cross. She has not slept very well. is tonight having several visions for days. She would not quite recover until
- 31<sup>st</sup> Her nature has been better & happier lately. c.w.p.
- 1913.
- Jan. 20<sup>th</sup> Has been fairly comfortable lately but is at times irritable. c.w.p.
- Feb. 15<sup>th</sup> She is taking a good deal of interest in the new set which she has bought. c.w.p.
- March 10<sup>th</sup> Her thoughts dwell a good deal on some matter. She doubts of being married. She has an idea that people want her to be married very, but nothing will induce her to be. c.w.p.
- 31<sup>st</sup> Miss Finch has gone to Westcliffe on her. c.w.p.
- April 15<sup>th</sup> She returns today in good health. c.w.p.
- May 10<sup>th</sup> Complaint of headache. It is apparent herself & due to her period which is now on. She alleges some of the sleep the evening. c.w.p.

1913.

## Miss Finch

- June 16<sup>th</sup> Miss Finch has gone to Westcliffe on leave. She is in good health & well. c.w.p.
- Oct. 1<sup>st</sup> She remains at Westcliffe & is going on comfortably. c.w.p.
- Dec. 11<sup>th</sup> She was seen at Westcliffe by Dr. H. having in on the 9<sup>th</sup> - is going on well. c.w.p.
- May 16-1914 Has returned to Richmont to-day for a short time. Is in good health & condition. J.B.W.
- June 2<sup>nd</sup> Returned to Westcliffe to-day. said she had enjoyed her visit here. J.B.W.
- Sept 3<sup>rd</sup> 1915 Subject usual hallucinations. She is very sexual in her ideas. fancying she is engaged and about to be married to a man in the town. She gets out of temper, especially after indulging in a bad habit. Bodily condition very good. H.H.N.
- Nov 9<sup>th</sup> Miss Pady remains at Westcliffe. When seen recently appeared to be somewhat in some mental condition. As the time I saw her she was quiet and agreeable; but has occasionally outbreaks of irritability, at which times she shows considerable temper. Her general health and condition are good. May.
- 1916
- Feb. 24<sup>th</sup> No further change to note when mentally or bodily. May.

Miss M. G. Finch  
Removed March 27<sup>th</sup> 1916 to the care of  
D. Grant Mason at 9 Hartington Place  
Eastbourne.

Signed H. Hayes Nunnston  
March 28<sup>th</sup> 1916.

1909

Mr. L. F. Charrington

Decr. 7

This patient was today visited by the dentist, who was not allowed to do anything. Although patient sat while the hypodermic needle was inserted. Still on the production of the dental forceps he at once refused to submit to extraction. He has several carious teeth and occasionally complains of tooth-ache. Sometimes in the morning he is sullen & bad-tempered and will not take his breakfast. There is at times a trace of blood in his stool.

18

Patient is often bad-tempered in the morning refusing his breakfast but as the day advances this passes off, when he goes out walking or driving. He has again messed himself with his force. Has still frequently the rectal injection of Protargol. Occasionally he gets an aperient powder of Phenolphthalein gr. x.

Mr. L. F. Charrington

Decr. 25

Patient is taking his food something better lately, and is out daily walking permitting twice. His moods are variable but he has not shown much bad temper for last week etc.

1910  
Jan 21<sup>st</sup>

He appears very listless & careless of his appearance, lolls languidly on the sofa smoking cigarettes. He never seems to think of the morrow, & when asked, expresses no plans or wishes for the future. He is moody, <sup>for instance he</sup> plays golf, & suddenly says he wishes to go back to his rooms.

He seems to derive, just now a great deal of amusement from watching his companion, (Mr Benson) & when so doing will frequently burst out laughing. His bodily condition is very fair.

Jan 22.

The patient has been rather more cheerful of late, though never very certain. There has been no further symptom of proctitis for some time. It is a case in which it is not only idle but harmful, to endeavour to induce him in anything. As soon as his brain works even in its unsatisfactory manner, he cannot help indulging in self, and this has at times produced & may produce excessive excitement.



1910

## Mr L. F. Charrington.

Jan 30<sup>th</sup> The other day (26<sup>th</sup>) the patient while in the lavatory, was rather alone, the attendant looking in to see what he was doing was struck in the face by the patient, & had his watch-chain torn out: In the struggle that occurred Mr Olivier sustained a slight cut over the left eyebrow: This is now rapidly healing, & since the above the patient has been quiet. HRSD.  
The above note refers to Mr Olivier who has been entered here by mistake. HRSD.

Jan 30<sup>th</sup> The other day (25<sup>th</sup>) the patient early one morning sprang up suddenly from his couch, lashed out with his fist & struck Mr Pace in the face & mouth. Assistance being called, it was attempted to get the assailant on to the floor where he could be more easily held; the patient however slipped & struck his head on a table or desk, bruising the right ear slightly. Mr Pace had his watch & chain broken. HRSD.

Feb 4<sup>th</sup> The ear is improving & practically well. On Jan 28<sup>th</sup> it was thought advisable to stop the rectal injections of Prostagol  $\frac{1}{2}$  gr as the patient imagined he was having poison pumped into him; yesterday however a small quantity of blood & slime was passed by the patient while at stool. While at hand practices & entertainments the patient always rolls back in his seat with the programme hanging from his lower lip. HRSD He frequently refuses his breakfast. HRSD

## Mr L. F. Charrington.

1910

Feb 20<sup>th</sup> The patient at times bursts out crying, probably due to his hallucinations, which latter usually cause him to have outbreaks of insane laughter instead. He has taken to spitting of late out of doors mostly but he sometimes does this in his room, it is not particular on the latter occasions where he spits out, whether it be on the floor or table. There has been a passage of a small streak of bright blood with his motions for the last week or more. He is only in fairly good health. HRSD

March 13<sup>th</sup> He was visited by his mother on the 11<sup>th</sup> last; the next day the patient told me that no one had been to see him for some time; that the last who came was Dr. Vire. He practices his bad habits about every 3<sup>rd</sup> night. HRSD

April 10<sup>th</sup> The hallucinations seem as bad as ever, there have been no outbreaks of excitement since Jan 30<sup>th</sup>. He seems a trifle better physically & a little brighter. HRSD

25<sup>th</sup> He is a little brighter & not quite so listless or indolent, though his memory is exceedingly bad. He told me the other day that his companion had only left him 4 hr. whereas he had been gone for 10 days. HRSD

May 28<sup>th</sup> Gradually getting more debilitated, though somewhat brighter & better in health. HRSD

June 3<sup>rd</sup> Mr. Charrington Gray has refused his food when a headache found him: given at 1 pm. Calomel gr.  $\frac{1}{4}$

- June 1<sup>st</sup> and followed in an hour by a saline aperient. c.w.p.
- 4<sup>th</sup> He still refuses his food & lies on his sofa doing nothing: his pulse is 98. He refuses to allow his temperature to be taken. The tongue is still furred. c.w.p.
- 6<sup>th</sup> The patient takes very little food while on his sofa doing nothing: pulse is normal, large furred: bowels have been well moved by calomel. There has been no blood lately in the motions. Dr. Owen has today an alkaline dilute mixture. He was persuaded to take half a dose. c.w.p.
- 7<sup>th</sup> Mr. Charrington made a good dinner last night but refused his breakfast: "voices" are probably the cause of his refusal of food. c.w.p.  
There was a trace of blood this morning.
- 9<sup>th</sup> The patient evidently suspects his attendant Price of attempting to poison him so yesterday another man was put on duty at dinner. When substituted Mr. Charrington made a good meal. This morning however, with Price returned he refused his breakfast: there was ~~no~~ <sup>some</sup> blood passed this morning there has been the case lately. c.w.p.
21. Mr. Charrington had taken his food well lately: he is constipated & refuses to take

- his medicine: there was a trace of blood in the motions yesterday (Monday) today. c.w.p.
- 27<sup>th</sup> The patient has been again refusing his food probably from the same delusion as before: the bowels have been acting fairly well there has been no blood lately. c.w.p.
- 28 He is taking very little food has refused his aperient medicine & consequently stomach & pulse & little blood: he got some breakfast this morning, and got 2 of plumbago pills which was placed in some scrambled eggs. His attendant has been again changed. c.w.p.  
He has had no lunch today & is staying in bed.
- July 2<sup>nd</sup> Mr. Charrington's moods vary greatly: he will one day refuse all food & the next day eat heartily: he told Mr. Benson today, in reply to a question about voices, that the reason he could not take his food was that voices told him so. His tongue is furred, he is taking half the Hygeia & stays after meals. c.w.p.
- July 15<sup>th</sup> He has been again refusing his food & spending most of the day in bed: Price has been in attendance again was taking him away & substituting Nicholls. Mr. Charrington got up & made a good meal. c.w.p.
- Aug. 6<sup>th</sup> The patient has done fairly well of late: he &

1910

Mr. L. F. Cherrington

Aug. 4<sup>th</sup> cont. then he relapses into his moody state and refuses his food. He plays tennis a few days ago seemed to enjoy it. c.w.f.B.

Sep. 20<sup>th</sup>. The patient is at present in his usual state of health eating his food well. yesterday he was in one of his very frequent moods in which he will take no food with nothing but his on de sofa c.w.f.B.

He has several times lately found some blood.

Oct. 24<sup>th</sup> Mr. Cherrington went to St. Leonard's for the day. He is at present in good fair health. c.w.f.B.

Novemb. 7<sup>th</sup> He has been doing well lately in good health c.w.f.B.

Dec. 5<sup>th</sup> He has spent the greater part of the last four days in bed, refusing breakfast and lunch each day but enjoying a good dinner. his general health is good. c.w.f.B.

1911.

Jan. 15<sup>th</sup> He goes on in much the same way: occasionally he refuses food & spends the day in bed or at least a good part of the day now when he is loquacious & makes extraordinary remarks. e.g. some one asked, whom a certain pair of boots belonged to in the golf club house. he replied they belong to Baron Munchausen, he is

1911

Mr. L. F. Cherrington

member of this club & takes fifteen to each hole. c.w.f.B.

March 18<sup>th</sup> He has lately been staying in bed with a cold but has now nearly recovered: there is no change mentally. c.w.f.B.

Apr. 21<sup>st</sup> He still stays in bed. he has a slight cough but no temperature other than the physical signs in his chest. c.w.f.B.

Apr. 25<sup>th</sup> He is up about again in usual c.w.f.B.

May 20<sup>th</sup> Mr. Cherrington has been going on well since the last visit. he seems in his moods for several days now he has been in very high spirits, laughing & talking loudly, so much so as to attract much attention when out driving. c.w.f.B.

June 4<sup>th</sup> He continued in high spirits & good health c.w.f.B.

Aug. 5<sup>th</sup> No change: general health good. c.w.f.B.

Sep. 6<sup>th</sup>

Specific Report

Continued

He is the subject of Kromer's Paresis in the quiet, apathetic stage. He has several hallucinations which occasionally irritate him into a state of excitement. He is in good bodily health & condition, except that he has a tendency to recurrent proctitis, which when present aggravates the influence of the anal disturbance.



'911

Mrs. L. F. Charrington

And I hereby certify that he is still of un-  
sound mind, no proper person to be detained  
under care & treatment.

H. P. H.

Tues. eve 6<sup>th</sup> day of September 1911Nov. 9<sup>th</sup> He is quite well giving no trouble. c. w. p. B.26<sup>th</sup> No change. c. w. p. B.

Dec. 26<sup>th</sup> Fairly comfortable; he came to the Xmas  
Dinner at Sicelund House. He laughed loud  
at the cable several times (voices) and once  
belched loudly. He tried to help himself with  
his fingers & sticks within reach. c. w. p. B.

1912.

Jan. 20<sup>th</sup> Mrs. Charrington has received on two occasions  
demon fear at something in his bedroom or bath;  
his attendant heard him cry out on entering  
the room found the patient standing by the  
bed in a very frightened condition & afraid  
to get into bed again. He was persuaded to do  
so after a time & was quiet for the remainder  
of the night. This happened about 9.15 p.m.  
after he had gone to bed (on both occasions)  
it is not known if he was asleep or not at  
the time he showed these signs of fear. c. w. p. B.

Mrs. L. F. Charrington

Feb. 6<sup>th</sup> Mrs. Charrington has had no more of the symp-  
toms as noted above. He is in good health  
& has for the last three days been enjoying  
the skating. c. w. p. B.

April 25<sup>th</sup> There is no change in his condition; his  
mother comes to see him occasionally but he  
shows no pleasure at meeting her again but  
is as an ordinary visitor; his health  
is good. c. w. p. B.

May 21<sup>st</sup> His mental condition grows worse. He manifests  
frequently but is surprised that he does this in  
the day time as well as at night as his clothes  
are offensive. He belches & breaks wind whenever  
he may be, whether ladies are present or not, &  
if spoken to about any laugh. c. w. p. B.

June 20<sup>th</sup> In the last month there has been no evidence of man-  
ifestation. He is as usual; when indoors spends  
most of his time lying on the sofa, not reading  
or occupying himself in any way. c. w. p. B.

Sept. 10<sup>th</sup> No change. c. w. p. B.

Nov. 22<sup>nd</sup> He is well & has given no trouble lately; he  
usually spends most of his time when he is  
indoor lying on the sofa doing nothing & he  
gets plenty of exercise walking & playing

301

1912

Mr. L. F. Harrington

Nov. 22. cont<sup>d</sup> golf in a very perfectly way. 2.40.18

To St.

302

303

304



## Mr. E. A. Brunner

1910

Feb. 7<sup>th</sup>

The patient was allowed up for the first time <sup>physically</sup> on Feb 1<sup>st</sup> + smoked a cigarette. He is <sup>physically</sup> improving daily, though still mentally there is no change. His muttering talk is practically constant, especially if the attendant remains in the room with him so it is found that if the attendant remains with call, but outside the door the patient is much quieter. Bowels + appetite are good. (HRS)

March 6<sup>th</sup>

The patient came down to his sitting room on March 4<sup>th</sup>, though he remains in bed for breakfast. He seems to be improving steadily, though his delusions + use of bad language, do not improve, in fact are a trifle worse at present. (HRS)

20

Mr Brunner continues to improve, though he worries himself about trifles, is very talkative though somewhat confused as to his thoughts. (HRS)

April 7<sup>th</sup>

The patient has been doing well since he has been up + about, sleeping well + appetite + bowels in good order, he has been putting on weight. During the last week however, he has been a little restless + talkative, it is quite possible an attack of excitement may be at hand. (HRS)

10<sup>th</sup>

He is more restless + talkative, so a mixture of Bromide + Hyoscyanus has been given him. (HRS)

16

He has been so excited + restless that grs 12 1/2 of Veronal have been given him at night, to secure him a night's rest. (HRS)

1910

## Mr E. A. Brunner

April 21<sup>st</sup>

The nightly dose of Veronal has during the last two days had to be increased to grs xv. The night before last the patient had a fair night, but with last night's dose he slept 12 hrs at a stretch, being in a somewhat comatose condition early this morning, with some stertor. He however woke up + spoke to me at 11:30 am; had a bath later then went to sleep again. He did not appear to be at all collapsed, his pulse was good. (HRS)

29<sup>th</sup>

He is still excited but not quite so much as before; he has had Paraldehyde grs ʒi nightly + ʒi in the afternoon. (HRS)

May 15<sup>th</sup>

Still in bed. Excited + restless, does not recognize me now. He sleeps well with Veronal grs ʒi nightly.

22<sup>nd</sup>

Today he developed a <sup>fungus</sup> ~~simple~~ <sup>fungus</sup> on the left <sup>side</sup> of nose. This has been powdered with boracic, it is looking well. (HRS)

27<sup>th</sup>

The knee trouble has turned into a definite carbuncle, is under Dr H's direction being treated by a ring of elephant plaster, having within it a carbolic + iodoform poultice. It is doing well + discharging freely. (HRS)

30<sup>th</sup>

The carbuncle is being treated by compression with semi-circular strips of strapping, + dressing of H. Aid. Carb. 1 in 20: a lower water one loose + occlusive + giving him some trouble so some strapping yesterday. c. w. J. B.

31<sup>st</sup>

The patient had a bad night getting no sleep,

1910

Mr. E. A. Briscoe

- May 31<sup>st</sup> <sup>and</sup> though he had his usual dose of veronal. He was very cathartic since use of much strong language. The urine is slightly alkaline. S.G. 1.014, phosphates, no albumen or sugar. c.w./B.
- June 1<sup>st</sup> Pepsin 3-4: very well for the remainder of the night. wet his bed. c.w./B.
- June 2<sup>nd</sup> He had V.10 last night: asleep for 7 hours: in better for his sleep. c.w./B.
- 8<sup>th</sup> The knee is about well now though he has delayed its healing by pulling off the dressings & picking at the ~~wound~~ ulcer. He has not slept well lately though he has had the usual doses of veronal: he takes his food well. c.w./B.
- 9<sup>th</sup> Not much sleep, very drowsy: to take tonight Veronal Codium  $\bar{C}$ . c.w./B.
- 10<sup>th</sup> The dose last night had very little effect: tonight is to have Trional gr. 7½. c.w./B.
- 11<sup>th</sup> The Trional had little effect. So the dose is to be increased tonight to 25 grs. c.w./B.
- 12<sup>th</sup> The T. 25 had very little result: to try V. 10 again: taking his food well: continues to be somewhat abusive occasionally & uses bad language. c.w./B.

1910

Mr. E. A. Briscoe

- July 15<sup>th</sup> Mr. Briscoe has had Paraldehyde for the last two days, 34 in the afternoon and the same dose at night: he has slept better in consequence. The knee is now quite well. c.w./B.
- 16<sup>th</sup> Very noisy all night: no sleep through the evening. Dose of Paraldehyde was increased to 34½: to have tonight V. 10. Eaten his food well. c.w./B.
- 17<sup>th</sup> Paraldehyde having little effect tonight he is to have V. 12½. He slept from 12-3, restless for the remainder of the night. c.w./B.
- 18<sup>th</sup> He is quite better this morning after 6 hrs. sleep. He continues to take his iron mixture. c.w./B.
- 21<sup>st</sup> He has only one hour sleep is very noisy: to have 12½ tonight: he has another puncture on his knee which is being dressed with Iodo-Belladonna. c.w./B.
- July 30<sup>th</sup> The patient continues much as usual, noisy & cathartic: the knee is well again: he has V. 10 every night. c.w./B.
- 15<sup>th</sup> He changes: he has V. 10 every night: he is very garrulous but good tempered. c.w./B.
- 20<sup>th</sup> He changes mentally: he has a <sup>small abscess</sup> pustule on his right elbow which is being dressed with Iodo-Belladonna & some fomentations. c.w./B.

1910

Mr. E. A. Brewster

- July 23<sup>d</sup> The patient continues in the same mental condition: noisy restless. His restlessness is now being treated by Bier's method. c.w.j.B.
- " 24<sup>d</sup> The above is improving. c.w.j.B.
- August 4<sup>d</sup> There is no change in his mental condition. His general health is good. c.w.j.B.
- " 14<sup>d</sup> No change. He has 8.10 every night and a cream every morning. General condition good. c.w.j.B.
- " 25<sup>d</sup> The patient is irritable this iron mixture has been discontinued. He is now taking a mixture containing morphine & chloroform. c.w.j.B.
- " 27<sup>d</sup> The patient had the best night he has had for months, obtaining 7 hrs. sleep. He is not so irritable. c.w.j.B.
- Sept. 20<sup>d</sup> The patient goes on in much the same way. He has normal g.E every night usually gets 4 or 5 hrs. sleep. He is not and so irritable. He talks incessantly. c.w.j.B.
- " 22<sup>d</sup> The patient slept 6 hrs. last night & 7 hrs. the night before so the normal has been secured. c.w.j.B.
- " 26<sup>d</sup> He had only one hour sleep & was very noisy so the normal has again been secured. c.w.j.B.
- Oct. 5<sup>d</sup> There is no change in his condition.

1910

Mr. E. A. Brewster

- He has had normal g.E every night since the last note and has slept fairly well usually, though now often he has a bad night.
- Oct. 6<sup>d</sup> Last night he had g.E of Insulin, and slept for 5 hours. His general health is good. His appetite satisfactory stools moved every day by enemata. His mental condition does not improve. c.w.j.B.
- Oct. 26 Has received a slight abrasion on his penis this morning - which was accidentally done by his attendant in taking a duster away from him - it appears he had wrapped it round his penis - & his attendant was not aware of the fact & in forcibly taking the duster from him - the penis got scratched. He is very noisy & has a powder every night - either of Vernal or Insulin. J.B.
- Nov. 7<sup>d</sup> The patient has been having 20 grains of Insulin for several nights and also had generally about six hours sleep. He continues to be noisy & excited. Today he has commenced treatment. g.E to 20. c.w.j.B.
- " 14<sup>d</sup> The patient today is inclined to be violent. His abrasion is now healed. He has been most disturbing. Needs Calomel g.E 1/4 hrs. c.w.j.B.



1910

Mr. E. A. Brunsen

Nov. 28<sup>th</sup> The patient has had for the most part quiet nights, sleeping from 4 to 6 hours. There is no change to speak of: he talks a great deal in an incoherent way occasionally uses bad language. His general health is good. He is taking a hypodermic every night, either normal f. 2 or trional f. 15. c.w.p.B.

Dec. 17<sup>th</sup> He is rather excitable when today been ordered the action. narc. powders (f. 4) to die. He ~~expresses~~ expresses a strong wish towards one of the lady superintendents & begged me to ask her to be his private secretary at £120 per annum, with an extra £50 if there was a baby. c.w.p.B.

'911

Jan 18<sup>th</sup> There is no change to speak of: he talks a lot of nonsense & continues to write rambling love-letters to the lady above mentioned. He is having good nights with 4/10 every night. c.w.p.B.

March 2<sup>nd</sup> He goes on in much the same way as usual. He always talks a lot of incoherent nonsense when I visit him in the morning & usually pulls out a big roll of torn-up & dirty news papers from under the bedclothes which

1911

Mr. E. A. Brunsen

on my staying while he huddles through these scraps: he is often very obscene in his conversation. His thoughts seem to dwell chiefly on <sup>sexual</sup> sexual matters. c.w.p.B.  
 March 15<sup>th</sup> His condition does not change: he has generally a fair night with 4/10: he also talks hyp. hypod. & E. to die: he is incoherent in his talk, offers gifts of baronets & several thousand pounds a year &c.; is constantly talking nonsense about the "Badness of Muggill": he very often makes some very obscene remark: he will give <sup>me</sup> all sorts of torn up scraps of paper to give to Miss Cox, these scraps being sometimes set out by his wife. c.w.p.B.

May 10<sup>th</sup> Mr. Brunsen is now downstairs again: his condition does not change: sometimes he is pleasant but more often coarse & offensive. c.w.p.B.

20<sup>th</sup> He has for several nights now had 7/20 with 4/10. He sleeps about 5 hours with. c.w.p.B.

June 4<sup>th</sup> He has gone back to 4/10 as it suits him better: he now talks of a baroness & £1000 to die instead of 1000. His mental condition shows no improvement. He still sends out papers. c.w.p.B.

1911

Mr. E. A. Reuxner

- Aug. 3<sup>rd</sup> No improvement, the maniacal condition continuing. He has a hypochondriacal way night. c. u. p. B.
- Sept. 15<sup>th</sup> There is no change, he continues to talk K. 10 every night c. u. p. B.
- Oct. 27<sup>th</sup> He varies much in his moods, one day friendly & jocular, another day very much the reverse: he masturbates and always worse after it. c. u. p. B.
- Nov. 26<sup>th</sup> He is now taking Calomel via rectum. His eczema last night gave him about 40 hours sleep: in 4 has three tonight. c. u. p. B.

1912

- Jan. 10<sup>th</sup> He has gone back to rectum f. E for some time now: no mental change: health good. c. u. p. B.
- March 5<sup>th</sup> In good health, his maniacal state continues: is with good tempered delirium or morose: when in the latter mood one's joking salutation is met by a request to "go to hell". c. u. p. B.
- June 10<sup>th</sup> He has had some sleepless nights lately, the rectum having apparently lost its effect. c. u. p. B.
- " 25<sup>th</sup> Other hypnotics have been tried, Calomel f. E - 10, with fairly good results.

1912

Mr. E. A. Reuxner

- He has had two quiet nights on Rectum f. E. He is at present in an amiable frame of mind. c. u. p. B.
- Sept. 1<sup>st</sup> Mr. Reuxner is going on well. c. u. p. B.
- Nov. 22<sup>nd</sup> The rectum has been gradually reduced and is now sleeping well on 4 grains: he is in amiable spirits & is looking very well. c. u. p. B.
- Dec. 11<sup>th</sup> Ergon has for several days taken the place of rectum & he has good nights: he is very much better quite amiable & in good spirits. c. u. p. B.
- " 21<sup>st</sup> He continues to be most amiable & spirits: the strabismus has been yesterday corrected from strabismus looking well on Ergon. c. u. p. B.
- To 31. p. 31.

Decr. 22 Her ladyship has now quite recovered from the effects of her cold. She takes her food well at all times. Bowels frequently need the aid of aperient medicine. Has very good nights.

Jan. 22 Lady Rice has been very comfortable of late, the bowels working well, and her appetite being excellent. Her lord it has been found advisable that she should not go to the Chapel Terrace or entertainments. Her life seems quite happy.

H. Wilson/11

Jan. 26. Today a slight superficial bruise, for which no cause could be found was discovered on the patient's right knee. She appeared to suffer no discomfort from it. Her ladyship was present at the last band practice. H.P.S.

March 25<sup>th</sup> The patient now regularly attends at the band practices, goes out driving daily. Her son visited her yesterday. Her mental condition remains the same. H.P.S.

May 25<sup>th</sup> No change to report. H.P.S.

August 14<sup>th</sup> She patient goes on very comfortably.

1910

she sleeps well upon one regularly in the double carriage. She has not been taking any medicine lately. c.w.f.B.

Sep. 27<sup>th</sup> She patient is going on very comfortably. c.w.f.B.

Oct. 4<sup>th</sup> Lady Rice has caught a slight cold and is scraping in bed today. c.w.f.B.

" 6<sup>th</sup> She has now recovered from her cold and is up and about again. c.w.f.B.

Nov. 7<sup>th</sup> She patient is in very good health. c.w.f.B.

Dec. 5<sup>th</sup> She has had a patch of eczema on one leg but it has rapidly got well with local treatment. Her health is very good. c.w.f.B.

1911

Jan. 18<sup>th</sup> She is doing very well. c.w.f.B.

March 2<sup>nd</sup> Lady Rice has had a cold lately but has recovered from it and is in her usual health. c.w.f.B.

" 18<sup>th</sup> She is doing very comfortably. She has a prolapsed uterus which causes trouble sometimes. c.w.f.B.

" 20<sup>th</sup> She has a bruise on the back of the right hand from striking it against the lavatory wall by accident. c.w.f.B.

**Special Report** She is the subject of senile dementia. **Certificate** her memory has completely failed. She cannot name the photographs of her late





1911

## Lady Rice

Nov. 26<sup>th</sup> Lady Rice has not been quite so well for the last day or two when she has been kept in bed. She is looking better today. She has been a little trouble with the bowels but this has not been rectified by enemas. C.W.P.B.

Dec. 25<sup>th</sup> Good or very comfortably. She slept well again out in her chair when the weather permitted. C.W.P.B.

1912

Jan. 11<sup>th</sup> Lady Rice had a hematoma auris on the left side. There has been no history of injury to cause it. sup. billar. is being applied.

26<sup>th</sup> The swelling of ear is considerably less. Her general condition is good. C.W.P.B.

Feb. 6<sup>th</sup> She very comfortable. Her tooth better. C.W.P.B.

7<sup>th</sup> Yesterday evening became feverish, but that nature rising a little. Her pulse becoming quicker than normal. She was given a Diaphoretic mixture when being kept in bed. This morning pulse & temp. are both normal. She made a good breakfast. C.W.P.B.

Feb. 11<sup>th</sup> She is not so well. Her temperature rose suddenly at mid-day to 102.2° as she evidently had influenza. Her cough is a troublesome one

1912

## Lady Rice

is very restless at times. At 6.30 p.m. the temp. was 101.1°. Pulse 70, Respiration 40. When her nourishment well. She is having a saline expectorant (diaphoretic). C.W.P.B.

Feb. 12<sup>th</sup> Her temperature has not been above 101.2°. Pulse about 72, full irregular. Respiration 40, irregular w/ the C.S. type. is taking brandy 3p. 4<sup>th</sup> hour, mild soda, Berber. Beef tea. (1/2 oz. of nourishment every 2 hrs). She is also having Annon. Carb. p. 5 Dr. Strophant. and every 4 hours. She is sweating. Cough easier. C.W.P.B.

13<sup>th</sup> Her condition is very serious. She has rales & some loss of resonance in both bases. She takes her food fairly well but has some difficulty in swallowing. Her son came to see her today. C.W.P.B.

14<sup>th</sup> This morning the temperature is normal. Pulse 70, Resp. 36. At 1.45 the temp. had fallen to 100°, pulse 74, Respiration 40. She has an emesis at 4 pm which has a slight effect. C.W.P.B.

15<sup>th</sup> The temp. has ranged between 101.2 & 100.2. Pulse 76 Resp. 46. Bowels moved by enema. Very restless. Swallowing still difficult. is taking Champagne. C.W.P.B.

To page 342

1909

Sept 27 Patient is often very frequently becoming excited when he goes wandering about the corridors up and down the stairs talking to himself in a very loud voice. *RS*

Oct. 10 Has presents for himself Calcein & Pulo Jalapae Co for the both of which he has taken apparently with good effect. *RS*

Nov. 15 His wife is staying nearby and patient frequently goes out walking with her having for the time being controlled himself.

Dec 29 Patient has now for several days behaved himself in a wild excited manner not only during the day but also at night disturbing the other patients with the noise he makes yelling and shouting at the top of his voice. *RS*

1910

Jan 21<sup>st</sup> He has finished the above excited period, during which he came five times in 20 minutes, to my sitting room door, wishing to speak to me. Having been opened the window each time some

1910.

fairly intelligent remark, but insane as to its point of view. The last time he came to the door I could not open it, as I was busy & told him so, he then walked off saying "I only came to tell you that I am a Lyceum".

Since the above he has had a quiet & fairly sane period, but of late he has again become excited & noisy.

His room is a museum of rubbish, all arranged according to his ideas, & he is always writing & messing things up with a fluid mixture of boot black & dubbing. His physical condition is good. *RSW*.

March 13<sup>th</sup> At his own request made before his wife his rooms have been changed, & he now resides in "the north" & at times goes out with, or visits his wife, at a neighbouring farm. His health, with the exception of a sore throat from shouting, now well is good & he sleeps well as a rule. *RSW*.

April 10<sup>th</sup> A period of excitement is almost at an end. He keeps to himself more & is better in his new rooms, as there is less to disturb him & attract his attention there. He is in good health. *RSW*.

May 26<sup>th</sup> No change to report, regularly goes to his wife, who is living near. *RSW*.



1910

Dr. Maurice Fitzgibbon

June 3<sup>rd</sup> The patient has behaved well lately he was somewhat excited yesterday and was out of his room several times in the night: is quiet today. c.w.j.B.

June 18<sup>th</sup> Special Report & Certificate.

I have this day seen & examined the above named Patient & by to report that, with regard to mental condition, he is most unstable and excitable. He easily becomes noisy reckless & abusive. He never goes more than three weeks or so without a break-down, this generally being associated with masturbation. His habits are eccentric and objectionable and with regard to bodily condition he is in good bodily condition and health.

and I hereby certify that he is still of unsound mind & a proper person to be detained under care & treatment.

Signed. H.H.N.

June 23<sup>rd</sup> The patient is today staying in his sitting room as he is not feeling very well: the 26<sup>th</sup> he spent in bed. He has behaved quietly of late. c.w.j.B.

1910

Dr. Maurice Fitzgibbon

August 14<sup>th</sup> The patient has probably been again masturbating, this morning he was in a very fearful and excited condition: he came down to prayers in the chapel, coming in late & kneeling down in the aisle & repeating the voice of a Psalter in a low tone: he afterwards returned & went back to bed. c.w.j.B.

" 19<sup>th</sup> He has been noisy & restless for some of the last night but had a quiet night & is in his usual condition today: his habits are still disgusting, he puts horse-dung in his pockets & frequently carries a smell of it about him. c.w.j.B.

" 29<sup>th</sup> He is quieting down again after his period of nervous excitement: he is very dirty & objectionable in his habits: today ~~at~~ in my presence he emptied his commode in which he had defecated, into his hand-basin to take to the S.C. c.w.j.B.

Sept: 20<sup>th</sup> The patient is again in one of his crying, hysterical attacks and remains in his bed-room. c.w.j.B.

Nov: 7<sup>th</sup> At present he is doing well but his changes come suddenly at any time, when well he is very pleasant & amiable, when not he is very noisy, wild & disagreeable to everybody. c.w.j.B.

## 1911 Dr. Maurice FitzGibbon

Jan. 18<sup>th</sup> There is no improvement, he is even delirious for more than a few days at a time & changes suddenly from a pleasant state to a very offensive one. c.w.p.B.

Feb. 6<sup>th</sup> He is now recovering from one of his usual periods of noisy mania, his habits continue to be disgusting, e.g. he will fill <sup>his</sup> the drinking-water bottle with urine. c.w.p.B.

March 18<sup>th</sup> Since the last note he has had some days less & then when he has been quite pleasant but these intervals rarely last more than a week or so, on the 5<sup>th</sup> he was playing Bridge at the Vineyard & behaved himself very well indeed, that night however (probably due to masturbation) he did not sleep at all & had to be locked in his room at 5.30 a.m. His habits are horrible, twice lately he has put his faces into his bath, stirred it up with his hands in it & he is in good bodily condition. c.w.p.B.

May 5<sup>th</sup> The patient has varied as usual from time to time, lately he had been very well: he went to the Vineyard to play Bridge & put some things up & behaved very well. c.w.p.B.

## Dr. Maurice FitzGibbon

May 26<sup>th</sup> He is again in a state of noisy mania, restless & sticking at night <sup>today</sup> shouting loudly at any one who comes near him: his wife left several days ago for a month. c.w.p.B.

June 4<sup>th</sup> His maniacal state lasted for about ten days, since then he has been fairly quiet. c.w.p.B.

July 12<sup>th</sup> He is now very well for many days at a time. c.w.p.B.

August 12<sup>th</sup> The patient has been doing excellent at night lately & has several times had to be locked in his bedroom. c.w.p.B.

September 11<sup>th</sup> There is no improvement, his habits continue to be most disgusting, his bedroom smells abominably & he refuses to open the windows & let any fresh air in: yesterday afternoon when he was not allowed to do so he cried & cursed at the top of his voice for at least ten minutes. In the middle of his ravings he roared out the Lord's prayer. c.w.p.B.

Nov. 8<sup>th</sup> He has been fairly well until about a week ago when he relapsed into his state of noisy mania, he is now becoming quieter again. c.w.p.B.

" 26<sup>th</sup> Has been quite well behaved lately. c.w.p.B.

Jan 10<sup>th</sup> 1912. Continues to be horribly dirty in his habits (micturates) e.g. he defecates in his fire place: he has

## Dr. Maurice FitzGibbon

- been going down to see his wife every day lately. She says he is most disgusting in his habits. c.w.j.B.
- April 5<sup>th</sup> He going on much as usual. c.w.j.B.
- " 22<sup>nd</sup> Very noisy hysterical today after a few days of rational mood. c.w.j.B.
- June 20<sup>th</sup> Quite calm. c.w.j.B.
- August 22<sup>nd</sup> After a month of quietness a rational behaviour he has again relapsed; he has no sleep was driving all last night. c.w.j.B.
- Sept. 25<sup>th</sup> Today he annoyed Mr. Cunningham Rouse in the library side letter, who is a good boxer, squared up to him. Dr. F. was turned tail while walking out of the room Mr. Rouse gave him a kick behind. c.w.j.B.
- " 29<sup>th</sup> In a state of great excitement, probably due to yesterday's event, he said he was all black blue, but he put it down to "chase to-y attendants"; he was examined in his back & no bruises were found. c.w.j.B.
- October 25<sup>th</sup> For the last three weeks the patient has been very well, quite well behaved, devoted in his person, calligraphic & different handwriting. On the 17<sup>th</sup> inst. he went to Cambridge, Colton

1912

## Dr. Maurice FitzGibbon

- a visit to his wife, and yesterday went for a walk with her in Seabrook. c.w.j.B.
- Nov. 16<sup>th</sup> After 32 days of quietness - rational behaviour the patient has lapsed into a maniacal condition again & as is always the case when in these moods, is entirely, noisy, noisy, noisy. c.w.j.B.
- Dec. 15<sup>th</sup> Feels quite lately but has not yet settled down into a rational mood; he is entirely careless in his dress when things come of putting on his clothes e.g. will put things on inside out & a few days ago was wearing his trousers back to the front; he complains that this was "so convenient for defecation". c.w.j.B.
- " 22<sup>nd</sup> He is now quite well behaved. c.w.j.B.
- To 51. p. 71



A number of blank pages follow  
and have not been photographed.

Name of Asylum, Hospital, or House:

TICEHURST HOUSE

*Capt*

NOTICE OF DEATH.

Date of Reception Order, the 28th day of April 1907

I hereby give you Notice, That Dame Cecilia Caroline Rice a [private] patient, received into this (a) House on the 28th day of April 1907 ~~at~~, died therein on the 17th day of February 1912.

Signed *[Signature]*  
(b) Joint Medical Officer

Dated the 19th day of February 1912.

*Rec'd in date*

To the (c) Commissioners in Lunacy, The Clerk of the Peace for East Sussex, Charles Sheppard Esq. Coroner Battle, Mr H.B. Gilliam Registrar, Hurst Green.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - Cecilia Caroline Rice  
 Sex and age - Female - 85 years *Born 6<sup>th</sup> Oct. 1821*  
 Married, single, or widowed - Widow  
 Profession or occupation -  
 Place of abode immediately before being placed under care and treatment (if known) - 8 Marine Parade Dover  
 Apparent cause of death - Influenza Pneumonia *Pneumonia*  
 Whether or not ascertained by post-mortem examination - No  
 Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased - 8.5 P.M. No unusual circumstances No injuries *injuries*  
 Duration of disease of which patient died - 8 days *days*  
 Names and description of persons present at the death - Miss Bessy King Lady Superintendent, Gertrude Mellor and Amy Rose Farrer, Nurses, all of Ticehurst House Ticehurst.  
 Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - No

I hereby Certify that the particulars contained in the above statement are true.

Signed *[Signature]*  
(d) Joint Medical Officer.

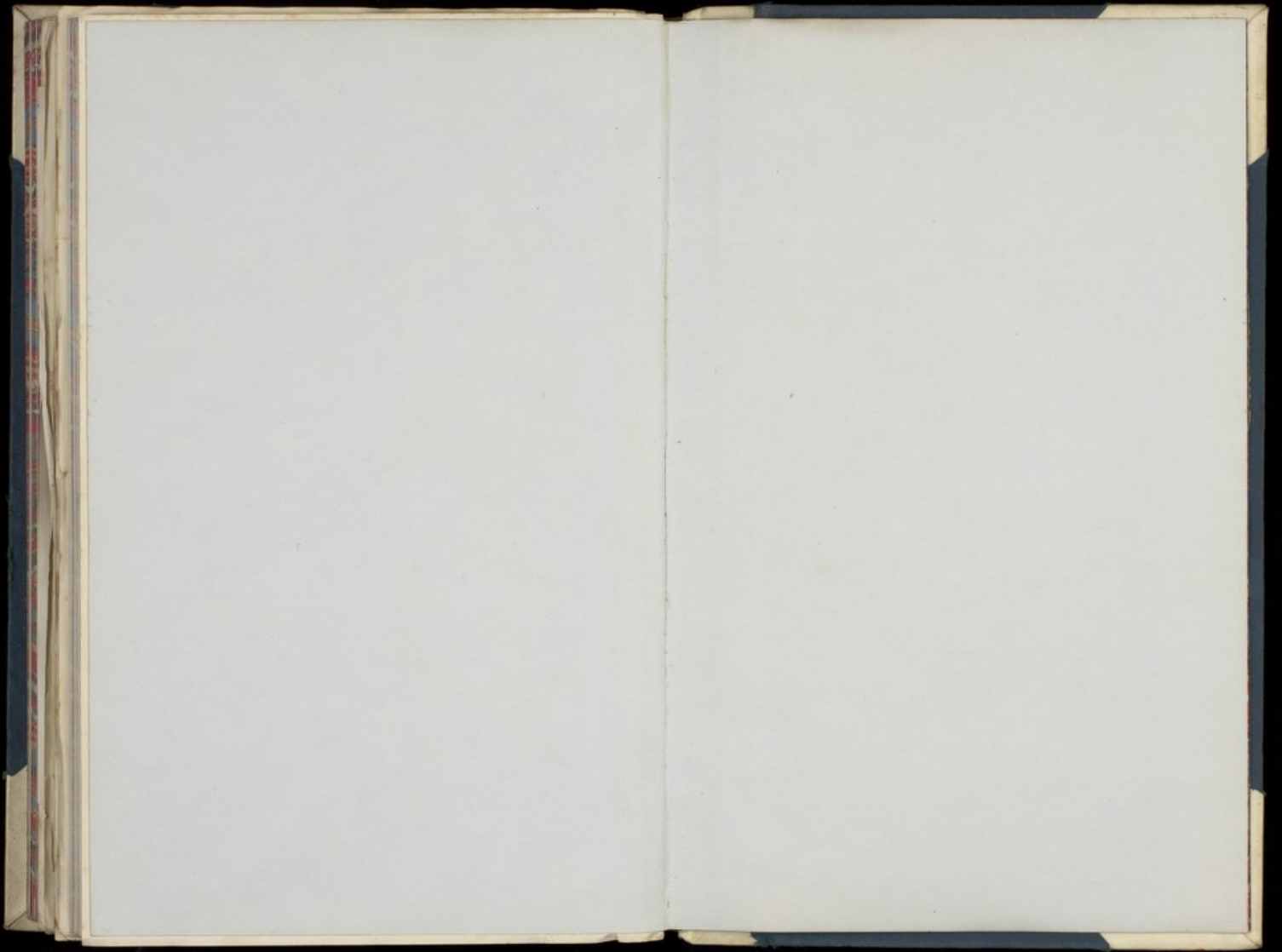
(a) Asylum, or hospital, or house. (c) Commissioners in Lunacy, or as the case may be.  
 (b) Clerk of asylums, or medical officer of hospital or house, or medical attendant of the patient. (d) Medical officer of asylum, or hospital, or house or medical attendant of patient.

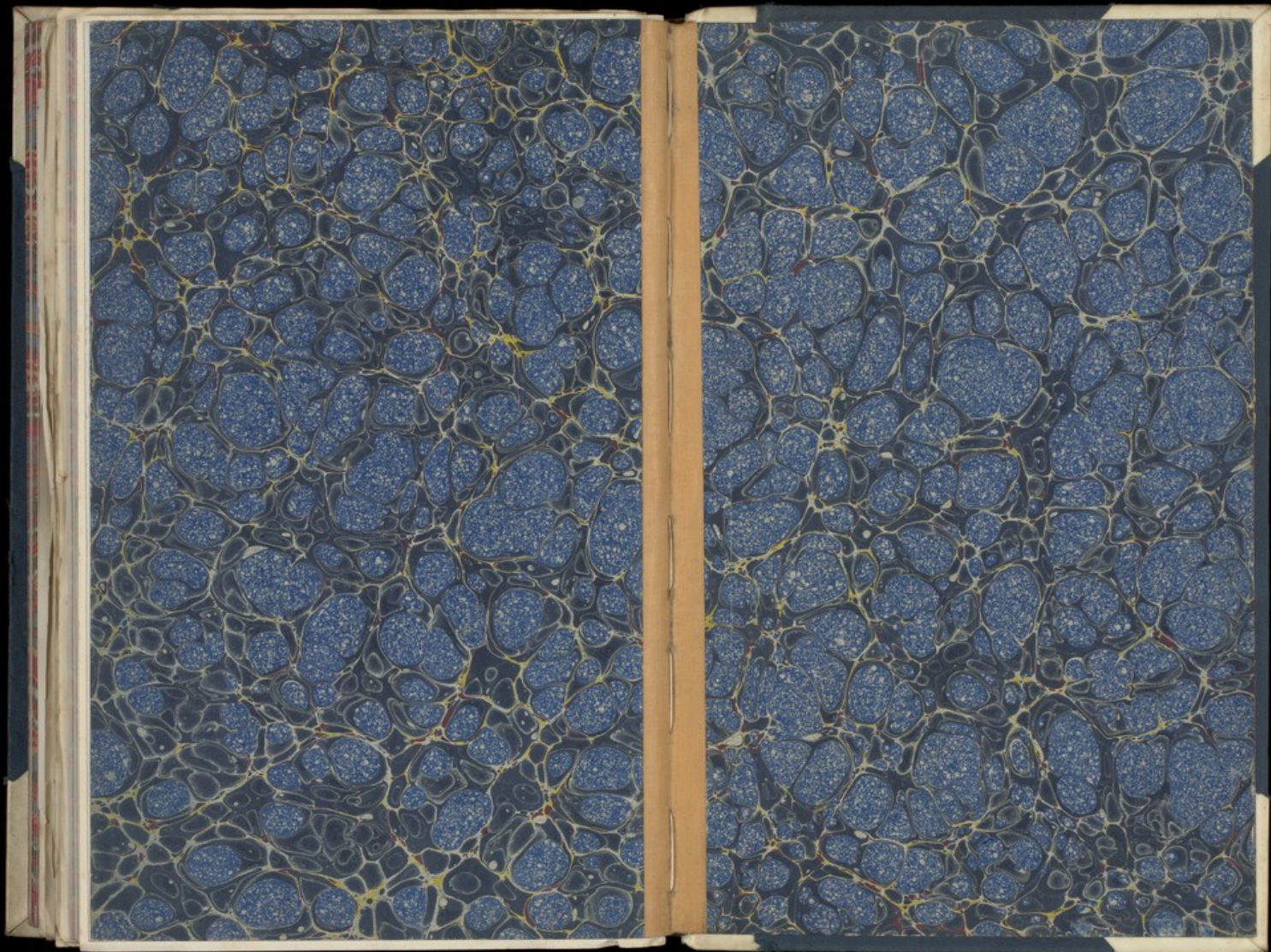
## Lady Rice.

Feb. 16<sup>o</sup> Her condition is very serious but the pulse remains fairly strong. The cough is troublesome. Her temperature has been mounting up steadily today: at 8.30 am it was  $100.2^{\circ}$  at 3.45,  $102.2^{\circ}$  at 6 p.m.  $104.6^{\circ}$ . The pulse is now intermittent and is faster, 90 to the minute. Respiration 60. An ice-bag has been applied to the back of neck. c. w. p. B.

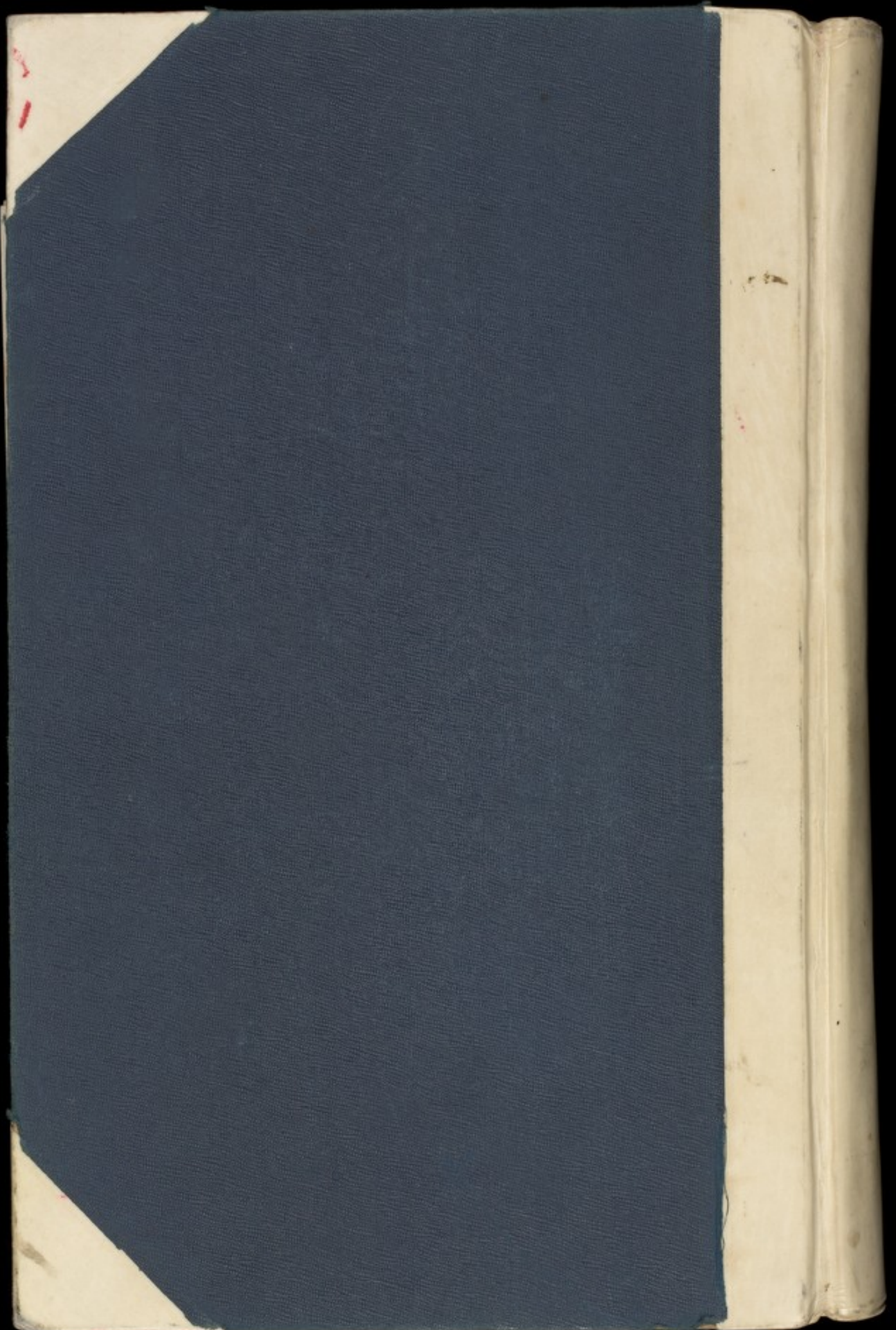
- 17<sup>o</sup> She takes very little, not much more than a little champagne. Temp. has fallen to  $101.2^{\circ}$  pulse 99. Resp. 56. Dig. Starch. n.v. was injected at 9 a.m. also at 1 p.m.  
2 p.m. fasting. pulse 104. intermittent. Temp. still again rising. at 1.30 was  $103.2^{\circ}$  at 6 p.m.  $102.2^{\circ}$  at 8 p.m.  $108.6^{\circ}$ . She died at 8.5 p.m. c. w. p. B.













48

A