

## **Case Book No. 11 Certified Male patients admitted Mar 1901- Jun 1902**

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THE BOOK  
No 11  
SALES



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SHAW & SONS,  
Printers & Publishers,  
*Fetter Lane,*  
LONDON.

N<sup>o</sup> 4884 Date 1899

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and date, as patterns of all books made to  
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MC. 8160

53 VICT. C. 5.

THE  
MEDICAL  
CASE BOOK.

AS PRESCRIBED BY THE COMMISSIONERS IN LUNACY.

London:  
SHAW AND SONS, FETTER LANE AND CRANE COURT,  
PRINTERS & PUBLISHERS OF THE BOOKS & FORMS OF THE LOCAL GOVERNMENT BOARD, FACTORY INSPECTOR  
BURIAL BOARDS, COMMISSIONERS IN LUNACY, COUNTY COURTS, FRIENDLY SOCIETIES, &c. &c.  
Lunacy E.-(1-490)

Sep 28-1901  
Kneodham families  
L. S. Dayth } Lunacy

24. Jan. 1902  
Ellenette Foster } Commrs  
G. Harold Brown } in Lunacy

9. July 1902  
Ellenette Foster } Commrs  
G. Harold Brown } in Lunacy

Feb 3. 1903  
Sidney England } Commrs  
W. H. Gifford } in Lunacy

January 17. 1905  
Sidney England } Commrs  
G. Harold Brown } in Lunacy

NOV. 5-1906  
Ellenette Foster } Commissioners  
L. L. Shadwell } in Lunacy.

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## 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.

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 Chase John  
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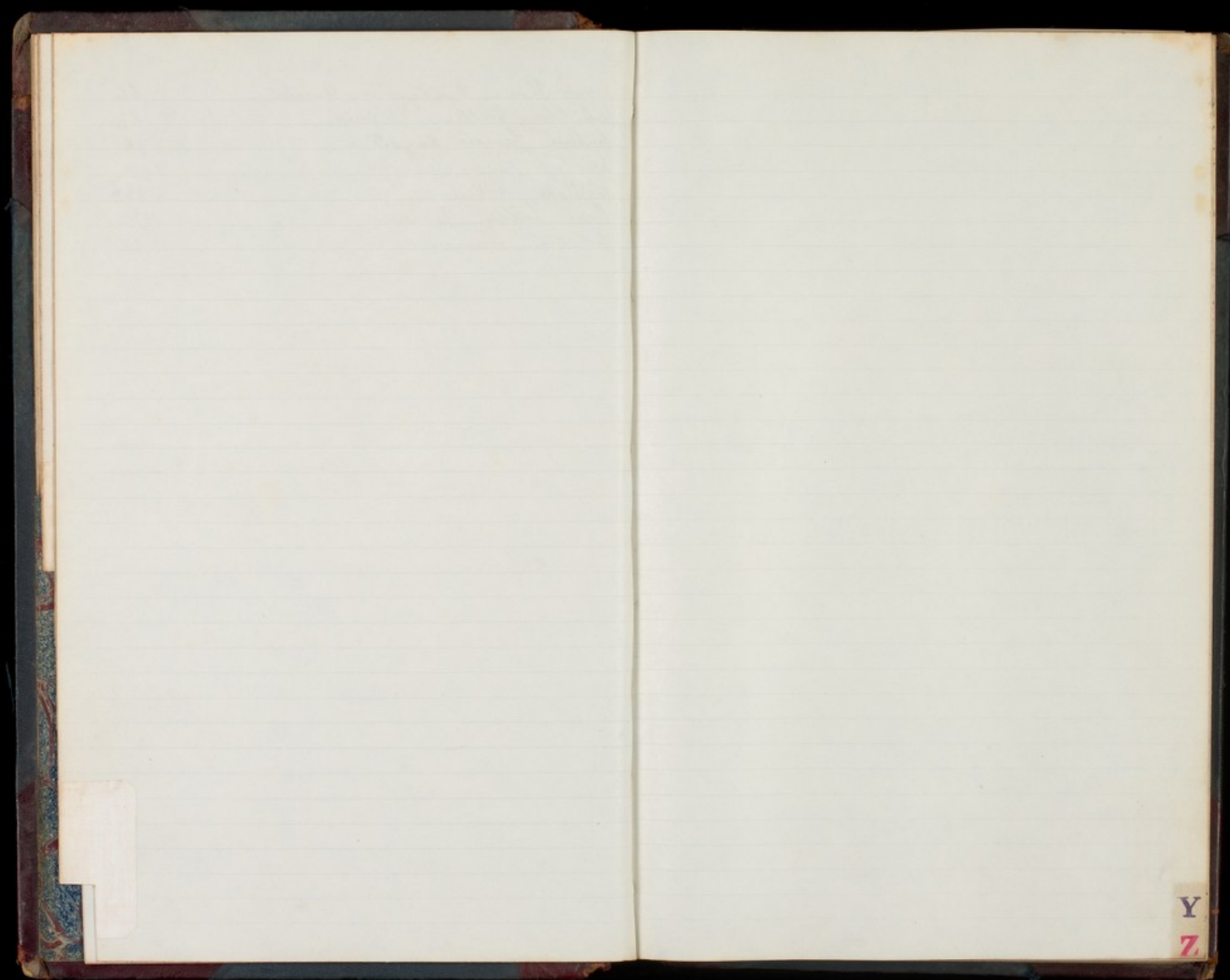
Temple Joseph Abbott:  
Trethowan James:

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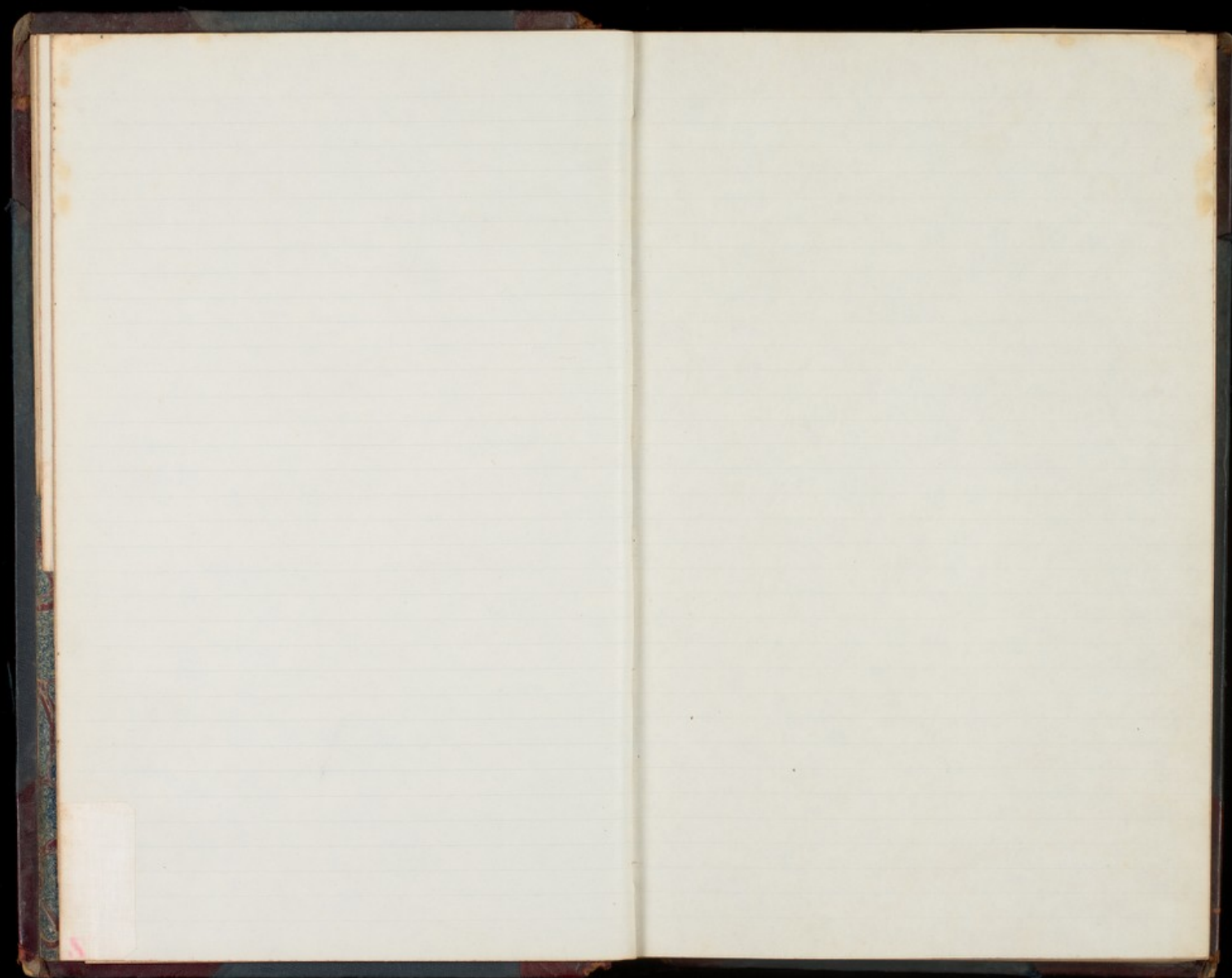
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I  
transferred  
to Smith's  
16th March 1901.

George Phillip Hill. Oct 69?

Widower: Church of England  
Second Attack, & was under treatment  
at the Asylum, Colombo Ceylon. Supposed Cause  
Sunstroke in Ceylon. No history of  
Insanity in the family.

Personal History. He is supposed to have had a  
Sunstroke in Ceylon, where he was upon  
a previous occasion under treatment for  
mental symptoms. Duration of present attack 2 months.

Copy of Certificate: Is very excited, orders people about;  
has loss of memory states he has  
£5,000 a year which he gives  
to charity, a private Secretary  
who left him stranded here, offers  
me a thousand pounds practice.

Is going to see the King about  
taking his wife round the world.

William Green the attendant at the  
Indiary Union Workhouse states that  
he imagined he saw his son in the  
night smashing the windows.

Dypt. Warton Chatham Police Station  
states that he threatened to strike  
him because he could not find him  
a bed.

Walter Buchanan  
31st Jan. Paddock House  
Chatham  
31st Jan 1901.

Appearance: He is a tall man of a spare build.  
His skin is dark & sallow & his eyes are  
sunken: His hair is dark & turning grey  
& his moustache is also dark & slightly  
turning grey, he states that his age is  
69 years, but he does not look that  
by 10 or 15 years.

Phys. Exam. The patient is of spare build but he  
is not emaciated. His chest is fairly  
well formed & the chest note & breath  
sounds are normal. The Cardiac sounds  
are somewhat forcible, & there is  
marked epigastric pulsation, but no  
cardiac murmurs are to be made  
out.

Present Mental Condition. The patient is in a somewhat unduly  
excited state, he is ready & willing to  
talk about himself, but his conversa-  
-tion is rambling, & he is full of ideas  
of his own importance, & he also  
appears to have some beliefs of  
persecution: He is inclined to quarrel  
with the other patients & has in  
consequence been transferred to male 6.

25th March 1901. The patient is excitable & very  
talkative, he is more incoherent than  
he was, & is boastful & full of  
his own importance. He has been  
very pleased with his change of ward  
& appears to be perfectly happy at the  
retreat.

30th March 1901. He is excitable, talkative & noisy.  
He is however quite happy & expresses  
no wish to leave the institution.

16<sup>th</sup> April 1901.

The patient is noisy, excitable & incoherent: He says that he is in reality the King of England, & that if the King came here he would receive the King like a brother, but that no one knows that he is the King - & he rambles in a very incoherently when spoken to in a very expansive manner. *DDH.*

13<sup>th</sup> April 1901

The patient is extremely noisy, restless & excitable, he is full of every varying delusions & is most incoherent in conversation: He is untidy in his habits & his speech is thick & halting: His bodily health is only fairly good. *DDH.*

13<sup>th</sup> May 1901.

The patient is restless noisy & excitable: He is incoherent in conversation, & full of delusions, most of which are of an expansive, & some of a fantastic type: His bodily health is fairly good. *DDH.*

13<sup>th</sup> June 1901.

The patient is extremely deluded, noisy, restless & excitable, he shows no signs of improvement, & in fact he appears to become worse instead of better: His bodily health is fairly good. *DDH.*

13<sup>th</sup> July 1901

The patient is untidy, destructive deluded & excitable, & he shows no signs of any improvement of any kind: His bodily health is fairly good. *DDH.*

13<sup>th</sup> Aug. 1901.

The patient is a hopeless chronic maniac, he varies from day to day, some days being fairly quiet & other days as noisy as ever. *DDH.*

24<sup>th</sup> Aug. 1901

Discharged not improved to  
Colney Hatch Asylum.  
24<sup>th</sup> August: 1901



Admitted  
18<sup>th</sup> March  
1901.

Family History.

Personal History.

Arthur Sykes M. 42.

Builder. Single. Presbyterian.

First Attack, Duration of attack about three months. Supposed cause, overwork and strain of business responsibility. Rather <sup>spitting</sup> <sup>restless</sup> <sup>and</sup> <sup>dangerous</sup>.

No history of insanity in the family.

The patient's father died of paralysis.

He worked hard as a young man, & he was always steady - he has had no accident, but he had influenza about five years ago. He has been depressed for the last three months - he went for a voyage & returned at the end of February more depressed than when he went away.

He has always never threatened suicide. He has always been of a reserved nature.

These facts were obtained from his brother.

Copy of Certificate.

Extreme mental despondency, says he has a band pressing on his brain which can never be removed, that his head is heavy as lead & his feet are lead & therefore he cannot drag them along.

Erin Sykes sister of Arthur Sykes tells me that Arthur Sykes says he is hopelessly lost body & soul - nothing can save him, & that his life has been a useless one & that he is a nuisance to himself & others.

Herbert Tanner M.D.

1. Devonshire Road

South Lambeth.

15<sup>th</sup> March 1901.

Copy of Certificate. Mental Depression - quite sure of never being well again - wishes he were dead - says his brain absolutely degenerated & will get steadily worse - no hope - religious depression.

Brothers say - Religious Depression - this is the only case of the kind - he'll never get well. Brain disorganised.

J. Quinton Brown.

The Grange

Spencer Park

Windsorworth Common

15<sup>th</sup> March 1901.

Appearance. He is slightly below the average height & of somewhat slight build. He is fairly well nourished, but the skin is harsh & dry. His facial expression is dull, heavy & depressed looking. His hair is brown & he wears a moustache.

Physical Exam. The patient's chest is fairly well formed & the Cardiac & Abdominal sounds are normal, he is of a spare build & not very muscular.

No. All Sugar small quantity.

Present Mental Condition. The patient is reserved, self absorbed & depressed. He says that his brain feels perfectly solid, as though it were made of lead & that the feeling spreads to his body & to his limbs, & that he is unable to walk much in consequence. He states that he knows that his brain is not lead, & that these

feelings are only imaginary, but he says the sensations are there over the loss. He says that though he sleeps, yet he gets no rest as these feelings persist during sleep & he constantly hears noises, of a buzzing nature, during the night, he would hear these noises, so he states, during the day, but the various noises round about him, people talking &c. prevent him from taking notice of these noises during the day. D.H.

March 1901. The patient is a little more settled & not quite so self centred, he still believes he cannot walk far & thinks unduly about himself, but he is taking a little interest in his surroundings. His bodily health is good. D.H.

April 1901. The patient still states that he is too feeble to walk, but he does take a fair amount of walking exercise in the grounds nevertheless. He is however less self absorbed & somewhat brighter. D.H.

April 1901. The patient is slowly improving, he is taking more interest in his surroundings & he is making friends with the other patients & taking more fresh air & exercise. D.H.

April 1901. The patient is hypochondriacal & inclined to think too much about himself & his ailments. He believes that he cannot walk much, but he is quite able & does walk a fair amount every day. D.H.



Copy of Certificate. Mental Depression - quite sure of never being well again - wishes he were dead - says his brain absolutely degenerated & will get steadily worse - no hope - religious depression.

Brothers say - Religious Depression - this is the only case of the kind - he'll never get well. Brain Kingman

J. Quinton Brown.

The Grange

Spencer Park

Windsor, Conn.

15<sup>th</sup> March 1901.

Appearance - height 5 feet 6 in weight 145 lbs 12 lbs.

He is slightly below the average height & of somewhat slight build. He is fairly well nourished, but the skin is harsh & dry: his facial expression is dull, heavy & depressed looking: his hair is brown & he wears a mustache.

Physical Exam. Temp. - 102.0.

No. Alb. Sugar small quantity.

Present Mental Condition.

The patient's chest is fairly well formed & the Cardiac & Breath sounds are normal, he is of a spare build & not very muscular.

The patient is reserved, self absorbed & depressed: He says that his brain feels perfectly solid, as though it were made of lead & that the feeling goes to his body & to his limbs, & that he is unable to walk much in consequence.

He states that he knows that his brain is not dead, & that these

feelings are only imaginary, but he says the sensations are there over the loss: He says that though he sleeps, yet he gets no rest as these feelings persist during sleep & he constantly hears noises, of a buzzing nature, during the night, he would hear these noises, so he states, during the day, but the various noises round about him, people talking &c, prevent him from taking notice of these noises during the day. etc.

25<sup>th</sup> March 1901.

The patient is a little more settled & not quite so self centred, he still believes he cannot walk far & thinks unduly about himself, but he is taking a little interest in his surroundings: His bodily health is good. etc.

1<sup>st</sup> April 1901

The patient still states that he is too feeble to walk, but he does take a fair amount of walking exercise in the grounds never the less. He is however less self absorbed & somewhat brighter. etc.

8<sup>th</sup> April 1901.

The patient is slowly improving he is taking more interest in his surroundings & he is making friends with the other patients & taking more fresh air & exercise. etc.

15<sup>th</sup> April 1901

The patient is hypochondriacal & inclined to think too much about himself & his ailments: He believes that he cannot walk much, but he is quite able & does walk a fair amount every day. etc.



15<sup>th</sup> May 1901.

The patient is self absorbed & very hypochondriacal: He has no confidence in himself & is deluded upon the subject of his incapacity. His bodily health is fairly good. *OTH.*

15<sup>th</sup> June 1901.

The patient is still extremely hypochondriacal, & it is impossible to convince him that there is no serious & fatal disease, which will soon end his days, holding him within its grasp: His bodily health is fairly good. *OTH.*

15<sup>th</sup> July 1901.

The patient is as hypochondriacal as ever: He believes that he cannot walk, that there is some serious brain disease present in his case, that he is not long for this world &c. There is no use endeavouring to convince him of his error & he takes but little interest in anything. His bodily health is fairly good. *OTH.*

15<sup>th</sup> Aug: 1901.

The patient remains in the same self centred, self absorbed condition: It is quite impossible to convince him that his bodily health is good, & to argue with him appears only to fix his hypochondriacal ideas more firmly: His bodily health is fairly good. *OTH.*

Dec 13. 01.

Today I made a complete physical examination of the patient - & failed to find any signs of organic trouble - Chest - normal, breath sounds & heart - area & not palpable

weak but no bruit.   
 ex. <sup>fast</sup> react. to accommodation & light.   
 reflexes. Ankle jerk - Muscular   
 system fair - tongue clean -   
 urine 1020. No signs of albumin.   
 Generally Anxious, slightly anaemic (anxious)   
 Mentally. Very depressed & hypochondriacal   
 says that his condition is that hopeless   
 that he is a perfect wreck, that he is   
 unable to walk (quite a delusion) & that   
 his end must soon come. *OTH.*

4<sup>th</sup> Jan 1902

The patient is depressed & full of delusions - he is being punished by the Almighty for his past sins - he is becoming too feeble to walk &c. His bodily health is fairly good. *OTH.*

4<sup>th</sup> April 1902

There is no change or improvement of any kind to be noted. *OTH.*

Discharged Not Improved: at   
 Request of Friends.

27<sup>th</sup> May 1902

Admitted

19<sup>th</sup> March 1901Richard Curtis

Oct 61.

Drapes. Married. Home-furnisher. Seventh  
Attack. Previously under treatment at  
Westbrook House. Athos. (1870-1879. 1887) &  
St Anne's Heath (1891. 1893. 1894)  
Supposed Cause Predisposition: Not Epileptic  
or suicidal, & only dangerous when thwarted.

Family History.

Nil - See Case-book 6. page 55.

Personal History

The patient has been keeping well since  
he was last here. (discharged recovered 8<sup>th</sup> Nov 1894)  
until about a week ago - he has been  
depressed & excitable for the past six days.  
He has not threatened suicide, & he has  
been sleeping badly.

Copy of Certificate  
(Emergency)

Talks about having led a sinful life:  
says that he has killed devils outside  
the house & burnt some in the fire.

States that there are many devils which  
in colour which enter his mouth and  
he spits into fire.

Patient's son states that he told him  
he was a Levite and one of the ten  
tribes, also that he was going to  
confess to a man who was coming from  
London. He also wished his son to go to  
College for ten years with his uncle.

He wanted a pick-axe to dig a grave  
for a dog. The name of the son is Richard  
Curtis Henry Curtis & he lives with his  
parents.

John Parsons. M.R.C.S. & L.R.C.P.  
Stanford.

Liphook  
Hants  
19<sup>th</sup> March 1901.



Appearance: He is a man of about the medium height. He is of a spare build but he is fairly well nourished. He is dark, with dark hair & beard just turning grey, & his skin is sallow & dark. His facial expression is dull, heavy, & depressed.

Phys: Exam: The patient is somewhat thin but not emaciated, his chest is fairly well formed & the cardiac & breath sounds are normal, he has a double inguinal hernia.

Present Mental Condition: The patient is depressed, silent & self absorbed: He will hardly answer when spoken to, & he walks about most of the day muttering to himself & will not employ himself in any way: At night he is very restless & talkative: He takes his food but badly.

26<sup>th</sup> March 1901 Yesterday the patient made a premeditated attack upon another patient, Mr. De Poney, fortunately he was prevented by the attendants from doing any harm: He became deluded concerning Mr. De Poney, thinking he was his enemy &c.

27<sup>th</sup> March 1901 Yesterday the patient was removed to the retreat on account of his violent tendencies, & he had not been very long there before he gave Mr. Matome a black eye.

3<sup>rd</sup> April 1901 The patient is more & silent as ever, but he has outbursts of excitement & violence: He is very deluded & he is a dangerous aggressive patient: His bodily health however keeps good.

10<sup>th</sup> April 1901 The patient remains in the same sullen & uncertain tempered condition, though he is not so frequently violent as he was: He however remains in ward 7.

10<sup>th</sup> May 1901 The patient is sullen & morose as ever. He is full of delusions & is constantly muttering incoherently to himself. His bodily health is good.

10<sup>th</sup> June 1901 The patient is somewhat brighter, he is not so aggressive or excitable, he is however morose & silent & uncertain tempered. His bodily health is good.

10<sup>th</sup> July 1901 The patient has improved considerably, he is somewhat silent & self absorbed, but he is quiet & well behaved: He appears to be free from delusions & hallucinations. His bodily health is good.

10<sup>th</sup> Aug. 1901 The patient is more cheerful & not so self centred as he was: He can converse sensibly, & he appears to be free from delusions & hallucinations. He plays a game of bowls occasionally, & has much improved since the last note. His bodily health is good.

Discharged Recovered  
10<sup>th</sup> August 1901.



Admitted  
16<sup>th</sup> April 1901.

William Frederick Whitting 1829.  
Brewer's Agent. Church of England. Single.  
First attack. Duration of present  
attack about 15 months. Not  
dangerous. Possibly suicidal. Not  
epileptic. Supposed cause unknown.

Family History

Personal History

Copy of Certificate. He told me that his attendant had  
lately tried to murder him; he  
said his friends were all plotting  
against him & that people followed  
him about wherever he went, also  
he told me that sometimes when  
he saw a knife he felt inclined to  
commit suicide.

Edmund Victor Whitting. 2, Albion Place,  
Ramsgate, no occupation, his father,  
told me he had declared that everyone  
was plotting against him; that  
there were telephones in the house  
which took down all he said; that  
his mother had urged him to go  
with prostitutes; that his father had  
tried to get people to murder him;  
and that he intended to drown himself.

R J Borden  
Rockford House  
Ramsgate  
14<sup>th</sup> April 1901

of certificate. He considers that his father & mother are  
always plotting against him; that  
statements made by him in private  
are overheard and become public and  
are then repeated against him; and that  
he is being constantly followed about.

His father ~~Victor~~ Edmund Victor Whitting  
2 Albion Place, Ramsgate, of no occupation  
tells me that he has threatened to end  
his life, that he talks in dirty language  
to his sister and in disgusting language  
to his mother, and that for a long period  
they have had a male attendant to  
take charge of him.

G. T. Halstead  
Albion Hill House  
Ramsgate  
15<sup>th</sup> April 1901.

Appearance: He is a man about the medium  
height fairly thick set. His hair is  
brown & he wears a moustache. His eyes are  
light grey. His expression is somewhat  
furtive & restless, but he does not  
appear to be greatly depressed.

Examination: He is fairly well built & muscular.  
& his chest is well developed. The  
cardiac & chest sounds are normal.

1019. He is fairly muscular, but he is  
somewhat flabby.

Mental  
Condition: He is reserved & self absorbed, but he is  
fairly quiet, though he is rather restless  
& states that there is nothing else  
matter with him.

Continued page 27.

Admitted  
16<sup>th</sup> April 1901.

William Frederick Whitting Esq.  
Brewer's Agent. Church of England. Single.  
First attack. Duration of present  
attack about 15 months. Not  
Dangerous. Possibly suicidal. Not  
epileptic. Supposed cause unknown.

It amply his tongue

Personal History

Copy of Certificate. He told me that his attendant has  
lately tried to murder him; he  
said his friends were all plotting  
against him & that people followed  
him about wherever he went, also  
he told me that sometimes when  
he saw a knife he felt inclined to  
commit suicide.

Edmund Victor Whitting. 2, Albion Place,  
Ramsgate, no occupation, his father,  
told me he had declared that every one  
was plotting against him; that  
there were telephones in the house  
which took down all he said; that  
his mother had urged him to go  
with prostitutes; that his father had  
tried to get people to murder him  
and that he intended to drown himself.

R J Borden  
Rockford House  
Ramsgate  
12<sup>th</sup> April 1901

Copy of Certificate. He considers that his father & mother are  
always plotting against him; that  
statements made by him in private  
are overheard and become public and  
are then repeated against him; and that  
he is being constantly followed about.

His father ~~Victor~~ Edmund Victor Whitting  
2 Albion Place, Ramsgate, of no occupation  
tells me that he has threatened to end  
his life, that he talks in dirty language  
to his sister and in disgusting language  
to his mother, and that for a long period  
they have had a male attendant to  
take charge of him.

G. T. Halstead  
Albion Hill House  
Ramsgate  
15<sup>th</sup> April 1901.

Appearance. He is a man about the medium  
height fairly thick set. His hair is  
brown & he wears a moustache. His eyes are  
light grey. His expression is somewhat  
furtive & restless, but he does not  
appear to be greatly depressed.

Phys: Exam. He is fairly well built & muscular.  
& his chest is well developed. The  
cardiac & chest sounds are normal.

Reflex: 10/19.  
No sugar. Walks. He is fairly muscular, but he is  
somewhat flabby.

Present Mental  
Condition. He is reserved & self absorbed, but he is  
fairly quiet, though he is rather restless  
& states that there is nothing the  
matter with him.

Continued page 27.



Admitted  
4<sup>th</sup> April 1901.

Alexander Bouquet. Aet. 60.  
Married. Bank of England Clerk  
Church of England. First Attack.  
Duration of present attack about two  
months. Not epileptic, suicidal or  
dangerous.

Family History.

Personal History.

Copy of Certificate. He walks the room & says he  
"cannot breathe" & clenches his  
hands, although his lungs are  
normal. Says "I am a doomed man",  
that he is a "dying man" & that  
his case is hopeless. Says food upsets  
his breathing, although he has no  
pain: his appearance is very melancholic.

M<sup>rs</sup> Bouquet states that on  
waking mornings he says his breath  
is fearful, & that there is great  
difficulty in inducing him to take  
food.

R. Gillbard M.R.C.S.I.R.C.P.  
Falkland.  
Surrey.

3<sup>rd</sup> April 1901.

Copy of Certificate. He is restless, will not sit down, keeps  
moving his hands about. He complains  
that he cannot draw his breath though  
there is no apparent difficulty of breathing.  
He says he cannot take food as he fears  
it will stop his breath: He says that life is  
not worth living.

Laura Caroline Bouquet his wife informs  
me that he has been mentally depressed  
since October last, has been lately very  
restless. He has ~~been~~ at times been very  
irritable & once struck out at her but  
appeared sorry afterwards.

A. Percy Allen: M.D. Lond. B.S.  
56. (Corkum Road)  
South Craydon:  
3<sup>rd</sup> April 1901.

Appearance. He is a man slightly below the medium  
height of a spare build. His hair is  
dark & turning grey & he wears a  
beard & moustache. His face is sallow  
& unhealthy looking & there are  
dark circles under his eyes, & the  
skin is harsh & dry. He has a very  
depressed unhappy expression & appears  
to be very much self-absorbed.

Phys: Exam: The patient is of a spare build, but  
his chest is fairly well formed, & the  
cardiac & breath sounds are quite  
normal. He is emaciated, but  
that is due to the fact that he  
has not been taking his food well of late.

Urine: - 1022.  
Slight quantity of  
alb. No sugar.



Present Mental  
Condition:

The patient is self absorbed, depressed & restless, he will not endeavour to occupy his time in any way, but gives up his attention entirely to his thoughts about himself.

He believes that he cannot swallow his food, that he fears he will ~~there~~ not be able to breathe if he swallows. He says he knows that he cannot swallow because he has to gasp for breath when he attempts to do so - he can & does take his food nevertheless - He fears there may be cancer in his throat, or that he has some dreadful disease, & that he never will be better.

11<sup>th</sup> April 1901.

The patient is full of delusions concerning his inability to take food, though he takes a very fair quantity, never the less: He is silent & depressed & cannot be induced to occupy his time in any way: His bodily health keeps fairly well. O.H.

18<sup>th</sup> April 1901.

The patient is making no real progress he is so self centred & absorbed that he cannot be induced to take his mind off his own imaginary troubles: His bodily health keeps fairly well however. O.H.

25<sup>th</sup> April 1901.

The patient does not brighten up at all & he cannot be induced

25<sup>th</sup> April 1901.

to take any interest in his surroundings, nor in any of the many amusements of the place: He still takes a fair quantity of food, though he requires to be made to take it. O.H.

2<sup>nd</sup> May 1901.

The patient remains in the same apathetic, self absorbed & depressed state, & so far he does not show the least sign of improvement: His bodily health keeps well. O.H.

2<sup>nd</sup> June 1901.

The patient is a little brighter, though he is still very depressed & deluded about his powers of feeding. He takes his food better though & is improving: His bodily health has improved.

1<sup>st</sup> July 1901.

The patient is improving slowly & he has put on some weight & takes his food much better. O.H.

1<sup>st</sup> Aug: 1901.

The patient is self absorbed & quiet & does not occupy his time in any way, but he appears to have lost his delusion concerning his inability to swallow, & he now takes his food well. His bodily health is good. O.H.

1<sup>st</sup> Sept: 1901.

The patient is apathetic & self absorbed, & though his delusions appear to have left him, yet he is demented & silent: His bodily health is good. O.H.

Transferred to Camberwell House  
28<sup>th</sup> September 1901.



Presented  
with  
Certificate  
Admitted  
4<sup>th</sup> April 1901.

Theodore Mackenzie. Oct 40:

Married. No occupation. (Church of England).

First attack: Duration of last attack a few days. Supposed Cause: Drink & excitement. Not epileptic. Has attempted suicide.

Threatening others & violent under the influence of delusions.

Family History: No insanity in the family.

Personal History

Copy of Certificate. He believes that there is a woman in the coal-cellar who means to injure him - his memory for incidents which have just happened is deficient, after being brought out of the street by a policeman he has no recollection of being there - he threatens to kill the attendant should he come near him or enter the house.

He threatened to cut his wife's throat, he thinks that people come into the house to murder him - He chased an imaginary woman out of the coal-cellar into the street & pursued her with a poker - He took his wife for a waiter & offered to pay her - He is exceedingly violent & dangerous - Charles F. Sheldon. Med. Officer. Corporation 10 May St Manchester. A.C.

Wid. & Emily Mackenzie 46 Onslow Road.

James F. Thompson, M.D., F.R.C.S.  
24 Queen Road  
Richmond Surrey

18<sup>th</sup> Feb. 1901



Copy of Certificate

He believes that there are strange people in the house who want to rob him - that he gets letters from strange people three or four times in an hour he declares he will knock anybody's head off who goes near him, has used violence to the attendant:

Emily J. Mackenzie 46 Oaklow Road, wife says he has threatened her with violence - she found he had secreted a corkscrew to attack her with - declares she is a waiter - he has attempted to commit suicide -

Rose Roberts, servant, same address says he has attacked her with a poker in the cellar where he said there were men stealing coal.

Walter G. Gourd  
Friston House  
Richmond.

Dursey.

12<sup>th</sup> February 1901.

Appearance:

He is a tall man, well above the medium height. He is well built, but he is inclined to stoutness. His expression is dull & he is very quiet & reserved in manner. His hair is brown & somewhat thin & he wears a moustache.

Phys: Exam:

The chest is well formed & the breath sounds are normal. He has a dyspnoeic bruit, heard at both the Aortic and

Phys: Exam:

Wine: 1030

No sugar  
Large quantity  
of Alb.

Present

Mental Condition

Mitral areas, & there is epigastric pulsation.

He states that he does not suffer from breathlessness, but knows that he has a "weak" heart.

He is quiet & reserved, but he occupies his time a good deal by reading, & he takes daily walks. He has, so far, not made friends with any of his fellow patients. He has not yet shown any signs of violence, nor has he given vent to any delusions.

11<sup>th</sup> April 1901.

The patient is very quiet in his manner & habits. He is civil when spoken to, but he is reserved & will not be drawn into conversation.

He reads a good deal, but he takes no exercise except walking & takes no part in the amusements of the place. D.H.

18<sup>th</sup> April 1901

The patient makes no friends & keeps himself very much to himself, but he behaves in a quiet, sensible manner, & he is sensible in conversation & apparently free from delusions.

His bodily health is good. D.H.

25<sup>th</sup> April 1901

The patient is apparently free from delusions & hallucinations, but he is as quiet & reticent as ever. D.H.

Discharged Recovered  
1<sup>st</sup> May 1901.

(Admitted)

16<sup>th</sup> April 190123<sup>rd</sup> April 1901.

William Frederick Whitely Oct 29.

Continued from page 16.

The patient is restless & argumentative, he declares there is nothing the matter with him, that he wants to be allowed the run of the grounds &c. &c.

He is still self absorbed & reticent, & he is probably deluded though he will not allow himself to be drawn out: His bodily health is good.

30<sup>th</sup> April 1901.

The patient remains in much the same mental condition, he takes a languid interest in the amusements of the place, but he is too reticent & self absorbed to make many friends.

7<sup>th</sup> May 1901.

The patient is sullen & self absorbed he is unsociable, but he will, when he feels so inclined, talk to some of his fellow patients. He takes a little interest in cricket which he sometimes plays: His bodily health is fairly good.

14<sup>th</sup> May 1901.

The patient is quite wrapped up in himself, he appears to have but little interest in any thing or person beyond himself. His bodily health has improved.

14<sup>th</sup> June 1901.

There is no improvement or change of any kind to be noted.

14<sup>th</sup> July 1901.

The patient is extremely self centered & reticent, he does not make friends with the other patients, but he occasionally plays croquet or bowls: His bodily health is fairly good.

14<sup>th</sup> Aug. 190114<sup>th</sup> Nov. 1901

July 14.02



Holloway Sanatorium  
Virginia Water  
May 1<sup>st</sup>

Dear Nell

I wrote you a few lines the other day asking will you marry me - but I received no answer will you - you might answer the question I expect to be out of here at the end of the week and if I receive a favourable





Holloway Sanatorium  
Virginia Waters  
May 1<sup>st</sup>.

Dear Nell

I wrote you a few  
lines the other day asking  
will you marry me -  
but I received no answer  
will you . you might  
answer the question  
I expect to be out of here  
at the end of the week  
and if I receive a favourable



answer, I shall come  
straight to Hastings

Yours Sincerely  
William Whitting

P.S. Remember me to  
Eve. I am the poorest  
in our family as I have lost  
just upon all my money. I don't  
know whether that makes any  
difference

Santorini

St Ann's Health

Virginia Water

Private Confidential Survey

Apr 24<sup>th</sup>

Dear Nellie

I believe that  
you cared for me once  
will you marry me  
I have not any love to  
offer you ... you won't have  
any of my people to bother  
you as they have shut  
me up here again

my will & I never mean  
to go home any more  
Willi let me know as  
soon as possible

Yours

Willie  
Whittrif

P.S. remember me to

Em



Admitted

16<sup>th</sup> April 190123<sup>rd</sup> April 1901.30<sup>th</sup> April 1901.7<sup>th</sup> May 1901.14<sup>th</sup> May 1901.14<sup>th</sup> June 1901.14<sup>th</sup> July 1901.

William Frederick Whitely Oct 29.

Continued from page 16.

The patient is restless & argumentative, he declares there is nothing the matter with him, that he wants to be allowed the run of the grounds &c. &c.

He is still self absorbed & reticent, & he is probably deluded though he will not allow himself to be drawn out: His bodily health is good.

The patient remains in much the same mental condition, he takes a languid interest in the amusements of the place, but he is too reticent & self absorbed to make many friends.

The patient is sullen & self absorbed he is unsociable, but he will, when he feels so inclined, talk to some of his fellow patients. He takes a little interest in cricket which he sometimes plays: His bodily health is fairly good.

The patient is quite wrapped up in himself, he appears to have but little interest in any thing or person beyond himself. His bodily health has improved.

There is no improvement or change of any kind to be noted.

The patient is extremely self centered & reticent, he does not make friends with the other patients, but he occasionally plays croquet or bowls: His bodily health is fairly good.

14<sup>th</sup> Aug. 1901

There is no change or improvement of any kind to be noted.

14<sup>th</sup> Nov. 1901

The patient is uncertain tempered self absorbed & sullen. He is very deluded but he joins in some of the amusements of the place.

July 14.02 He has been rather better behaved of late but is controlled by his delusions but is weak minded To day transferred to Claybury



Admitted Charles Lizard Beare Oct 73.  
 17<sup>th</sup> April 90, Married. Doctor of Medicine. Church of  
 England. First attack, duration of attack  
 about 44 years. Has been treated at  
 St Andrews Hospital & Cotton Hill, Stafford  
 1886 to 1890. Supposed cause - worry  
 following an unfounded charge brought  
 against him. Not epileptic. Possibly suicidal  
 & possibly dangerous.

Family History

Personal History

- Copy of Certificate. 1. Says he has been engaged for years  
 writing books on the Septuagint.  
 2. That his sons have destroyed or concealed  
 them.  
 3. That for years he has been subjected to  
 persecution in his own house, yet is  
 unable to state by whom.  
 4. That his wife has been spirited away  
 he knows not where.

Chas. Butler, Day attendant, St. Giles's  
 Workhouse states that he heard the  
 patient say to his two sons that he  
 could not rest for voices saying to him  
 that his body must be burnt down or  
 alive.

2. That he has been told by his sons that  
 the patient has already been in two  
 different Asylums. His son



Copy of certificate: Arthur (Chas) Beard says there is nothing in his statements as to books, persecutions &c

James Bremner M.D. &c  
26. Drury Lane  
London W.C.  
16<sup>th</sup> April 1901.

That patient stated he heard voices shouting after him, that he had been condemned to death for revealing secrets of the Masonic Craft.

(Chas) Butler, Day attendant, St. Giles Infirmary states that patient stated to his sons that he heard voices saying his body was to be burnt dead or alive.

Barrett Henry Jones  
4. High Street  
Bloomsbury W.C.  
16<sup>th</sup> April 1901.

Appearance. He is an old man with white hair & white, long, beard: He has a prominent nose & deep sunken eyes. He is tall, well above the medium height, though he stoops somewhat: He is of spare build, though he has been a well built man.

Phys: Exam: His chest ~~has~~ is well formed & he has been a fairly muscular man: His cardiac & breath sounds are healthy  
Urine 1026. He has a J. inguinal hernia:  
No sugar: No alb.

Present Mental Condition. The patient is untidy in person & confused in his ideas, he does not appear to recollect why he is in this institution & does not take much interest in his surroundings. He is quiet, but he is self absorbed & reticent, he is somewhat feeble.

24<sup>th</sup> April 1901. The patient is somewhat brighter & he takes a slight interest in his surroundings & asks for books so that he may read, & he says that has always been a great reader: His general health is improving.

1<sup>st</sup> May 1901. The patient takes an active interest in his surroundings, he is glad to enter into conversation, & when conversing he shows great depth of thought & all the evidence of a widely & deeply read man.

8<sup>th</sup> May 1901. The patient is cheerful & happy, & he takes a great interest in everything, & he indulges his taste for reading to a large extent, he however does not neglect to take fresh air & exercise to a proper extent: His bodily health has improved.

10<sup>th</sup> May 1901. The patient has been complaining of some giddy sensations; his urine has therefore again been tested: Sp. Gr. 1020, No Alb. 20.14.02

17<sup>th</sup> May 1901. The patient is cheerful & apparently quite happy, he is fond of reading, but he always takes a fair amount of exercise in the grounds. His bodily health is good.

8<sup>th</sup> June 1901.Urine 1012.  
No alb. No sugar.

Yesterday the patient was complaining of pains in the region of the kidney, & also that his urine was very scanty. He thought that he had taken too much exercise the previous day. The urine was tested. —

9<sup>th</sup> July 1901.

The patient is apparently free from delusions, at least he is very careful not to be drawn into admitting any, & he will converse sensibly & learnedly upon almost any subject. He is subject to attacks of faintness & there is undoubtedly some cardiac debility, for which he is being treated with Digitalis, & from which treatment he states he derives great benefit. —

Aug.  
9<sup>th</sup> July 1901.

The patient's mental condition remains unchanged, today he is suffering from Pharyngitis, & he complains of feeling very unwell. He is however very nervous & afraid of himself when ever there is the slightest thing the matter with him: —

9<sup>th</sup> Nov. 1901.

There is no change or improvement of any kind to be noted. —

July 20. 02.

Is very hypochondriacal & probably suffers with auditory hallucination which he does not admit to. —

Oct 02  
Jan 18<sup>th</sup>

No change. —  
Pt sent to Infirmary for a couple of days with bronchitis. —  
Mental state still unaltered. —

April 1903

Patient is always absorbed in books

Holloway Sanatorium

April 4<sup>th</sup> 1901.

The Medical Superintendent,

I shall feel obliged if you can make it convenient for me to go <sup>London</sup> tomorrow to Bow Street Police to make enquiries as to any will and other legal documents taken from me on, or about, April 12<sup>th</sup> 1901.

Yours truly

(Chas. J. Beard.)

May I ask for an early answer?  
C.J.B.

to. Bodily health good and suspicious, constantly Greek & Hebrew works, the he is correcting, and which underlines and annotates, y. He carries his papers pockets and hands out of his sight. He is

one mental condition, he is well occupied with his good health. He is of extreme condition. He over minutes of an unnecessary in the weight of an article the diminution in the distance magnitude as they converge. He is extremely suspicious and hypochondriacal. Health fair. —

and two pockets bulge with his papers which he always carries about with him. Health fair. —  
30 June. He is hypochondriacal and deluded that attempts have been made here to poison him with strychnine. He is in fair health. —

17 Sept. Patient is in the same suspicious state; believes that attempts have been made to poison him & fill his pockets with books and papers which he imagines would otherwise be stolen from him. Health fair. —

16 Dec. He has delusions of persecution and thinks that other patients have been incited to call him "wounded" and "murderer". Health fair. —

1905. 20 Mar. Patient remains in the same deluded state. —



9<sup>th</sup> June 1901.

Vine 1012.

No All. No Sym.

9<sup>th</sup> July 1901.Aug.  
9<sup>th</sup> July 1901.9<sup>th</sup> Nov. 1901.

July 20. 02.

Oct 02  
Jan 18<sup>th</sup>

April 29. 03

Yesterday  
of pains in  
also that  
he thought  
much easier  
was

The patient  
from Delus  
careful in  
admitting  
sensibly &  
any subject  
attacks of  
an doubt  
for which  
with Dips  
he states

The patient  
remains in  
suffering  
of feeling very unwell, he is however  
very nervous & afraid of himself when  
ever there is the slightest thing the  
matter with him.

There is no change or improvement  
of any kind to be noted.  
Is very hypochondriacal & probably suffers  
with auditory hallucinations which he  
does not admit to.

No change  
PT sent to Infirmary for a couple  
of days with bronchitis.  
Mental state still unaltered.

Patient is always absorbed in books

1903

20 Aug.

24 Sept.

20 Dec.

1904

30 Mar.

30 June

17 Sept.

16 Dec.

1905 20 Mar.

and making notes. Bodily health good. He is very eccentric and suspicious, constantly engaged with Latin, Greek & Hebrew works, the text of which he says he is correcting, and which he most profusely underlines and annotates, in a meaningless way. He carries his papers in bundles in his pockets and hands refusing to let them out of his sight. He is in good health. E.S.T.

He remains in the same mental condition, suspicious and eccentric. Is well occupied with his books & notes. In good health. E.S.T.

Patient poses as a man of extreme erudition. He is incessantly occupied over minutiae of an unnecessary kind e.g. the difference in the weight of an article in Paris & in London, the diminution in the distance between the degrees of longitude as they converge towards the poles etc. He is extremely suspicious and inclined to be hypochondriacal. Health fair. E.S.T.

He is suspicious & hypochondriacal, untidy in dress and his pockets bulge with his papers which he always carries about with him. Health fair. E.S.T.

He is hypochondriacal and deluded that attempts have been made here to poison him with strychnine. He is in fair health. E.S.T.

Patient is in the same suspicious state; believes that attempts have been made to poison him & fill his pockets with books and papers which he imagines would otherwise be stolen from him. Health fair. E.S.T.

He has delusions of persecution and thinks that other patients have been incited to call him "sounded" and "murderer". Health fair. E.S.T.

Patient remains in the same deluded state. Collected



c. 5.30 p.m. 31 Aug. 1905

The following is heard by

me -

20 "You can't help it" Beared now

10 "She must die for what she

"has done to us - You told her

"to do it." I said in reply

that "I have ~~not~~ told

20 "her nor any body else to

1906. 2 "do anything to injure you"

(Chas. I. Black)

6

1 1/2

reading newspapers which he collects and stores away in his room. His pockets bulge with papers weeks old, and other articles of no value. He will get up in the night and rummage under his bed with a stick. He states that his reason for doing so is that he is annoyed by small boys who come and worry him during the night time. *Chas. I.*

6 December

Still under the influence of delusions of persecution. Health fair. *Chas. I.*

1907. 5 February

Essentially unchanged. Is subject to attacks of madness when walking in the grounds. Has been placed on a mixture containing strychnine. *Chas. I.*

23 May

Patient shows no mental change. He has a private interview with the Committee at every meeting which apparently gives him great satisfaction. He is in good bodily health considering his age. *Chas. I.*

20 August

Patient has been laid up lately with tonsillitis and slight heart trouble, but is now better again. Mentally he is unchanged. *Chas. I.*

15 November

Patient is deluded that the persecution he is subjected to at night time is done by small boys at the instigation of Jews. *Chas. I.*

(Admitted)

22nd April 1901

Edward Pringle

Ret 67.

Married. Minister. Protestant. First attack.

Not previously under care. Duration of existing attack about five weeks. Supposed cause Imaginary money difficulties. Not epileptic or dangerous. Incidental.

Family History

The patient's father was insane.

Personal History

Copy of Certificate

He is in a very excitable and irritable state. Some money losses of a trifling nature have been assumed an inordinate magnitude.

He told me he was tired of life & wished to have done with it.

His wife states that on a recent occasion she found him on the beds of the house in a suspicious position. On another occasion she found him with a rope in his possession and acting suspiciously.

D. Woods.

3. Regent's Park Road

N. H.

21st April 1901.

Informed me that he had sold the house he is now living in and bought another, which he had since sold at a loss as it was unsuitable. Says he is ruined and that the worry is sending his mind all wrong. Says he will continue to pass sleepless nights & to worry till the end.

- and loads his pockets & cupboards with large numbers of old newspapers. Health fair. *SD?*
- 20 June. No mental or physical change. *SD?*
- 10 Sept. Has hallucinations of hearing and states that people accuse him of murder. Well employed & in fair health. *SD?*
- 20 Dec. No mental or physical change. *SD?*
1906. 22 Mar. Continues to be troubled by auditory hallucinations. Health fair. *SD?*
- 6 June. Subject to auditory hallucinations and deluded that he is persecuted by people unknown to him and accused of various crimes. Health good. *SD?*
- 1<sup>st</sup> Sept. Occupies himself with correspondence, and reading newspapers which he collects and stores away in his room. His pockets bulge with papers weeks old, and other articles of no value. He will get up in the night and rummage under his bed with a stick. He states that his reason for doing so is that he is annoyed by small boys who ~~come~~ come and worry him during the night time. *Chld.*
- 6 December. Still under the influence of delusions of persecution. Health fair. *Chld.*
1907. 5 February. Mentally unchanged. Is subject to attacks of weakness when walking in the grounds. Has been placed on a mixture containing strychnine. *Chld.*
- 23 May. Patient shows no mental change. He has a private interview with the Committee at every meeting which apparently gives him great satisfaction. He is in good bodily health considering his age. *Chld.*
- 20 August. Patient has been laid up lately with tonsillitis and slight heart trouble, but is now better again. Mentally he is unchanged. *Chld.*
- 15 November. Patient is deluded that the persecution he is subjected to at night time is done by small boys at the instigation of Jews. *Chld.*

Admitted  
22<sup>nd</sup> April 1901

Edward Oxridge:

Ret 67.

Married. Minister. Protestant. First attack. Not previously under care. Duration of existing attack about five weeks. Supposed cause Imaginary money difficulties. Not epileptic or dangerous. Livedal.

Family History

The patient's father was insane.

Personal History

Copy of Certificate

He is in a very excitable and irritable state. Some money losses of a trifling nature have assumed an inordinate magnitude.

He told me he was tired of life & wished to have done with it.

His wife states that on a recent occasion she found him on the beds of the house in a suspicious position. On another occasion she found him with a rope in his possession and acting suspiciously.

D. Woods.

3. Regents Park Road  
N. W.

21<sup>st</sup> April 1901.

Informed me that he had sold the house he is now living in and bought another, which he had since sold at a loss as it was unsuitable. Says he is ruined and that the worry is sending his mind all wrong. Says he will continue to pass sleepless nights & to worry till the end.



Copy of Certificate. Mr. Orridge, his wife, states that he has three times attempted to commit suicide.

Alfred E. Orridge, his son understands that his father possesses ample means although he imagines that he is ruined. Has heard his father hint at suicide.

Edward Gray M.B., F.R.C.S.  
47, Regent's Park Road N.W.

21<sup>st</sup> April 1901.

Appearance

brought to the

He is a man of spare build & about the medium height, he has grey hair & moustache: he has an opacity of the cornea of the L. eye, though he wears glasses: he has an anxious & worried expression.

Phys. Exam:

He is somewhat emaciated & of a somewhat slight build & his chest is only fairly well shaped.

Urine: 1022.

No Sugar: No Alb.

His cardiac & respiratory sounds are however normal.

Present Mental Condition.

The patient is depressed & greatly worried about business matters, he states that he has lost money, & that he has worried greatly about the loss of it - he says that he cannot help worrying: he admits that he did mention suicide as a way out of his difficulties, but states that he never really intended doing anything of the kind, & that he certainly has no such intention now.

April 1901. The patient is a little more cheerful, but he still worries a good deal about his monetary position, & believes that his wife & his sons are spending all his savings: his bodily health is improving. D.H.

May 1901. The patient is brighter & more cheerful he still worries somewhat about his monetary troubles, but he finds other interests in life, & takes more interest in his surroundings: his bodily health is good. D.H.

May 1901. The patient has been keeping better of late, & although he is somewhat self absorbed & inclined to worry too much about his own affairs, yet he is much improved since admission: his bodily health has improved. D.H.

May 1901. The patient is fairly bright & cheerful & mixes freely with the other patients: his bodily health keeps good. D.H.

Discharged relieved to Bethlem Hospital  
20<sup>th</sup> May 1901. D.H.



Copy of Certificate. Mr. Orridge, his wife, states that he has three times attempted to commit suicide.

Alfred E. Orridge, his son understands that his father possesses ample means although he imagines that he is ruined. Has heard his father hint at suicide.

Edward Gray Esq. Esq. Esq.  
47. Regent's Park Road

21<sup>st</sup> April 1901.

Appearance

Brightly & 4<sup>th</sup>

He is a man of spare build & about the medium height, he has gray hair & moustache. He has an opacity of the cornea of the L. eye, though he wears glasses. He has an anxious & worried expression.

Phys. Exam.

He is somewhat emaciated & of a somewhat slight build & his chest is only fairly well shaped.

Urine: 1022.

No Sugar: No Alb.

His cardiac & respiratory sounds are however normal.

Present Mental Condition.

The patient is depressed & greatly worried about business matters, he states that he has lost money, & that he has worried greatly about the loss of it - he says that he cannot help worrying: He admits that he did mention suicide as a way out of his difficulties, but states that he never really intended doing anything of the kind, & that he certainly has no such intention now.

24<sup>th</sup> April 1901. The patient is a little more cheerful, but he still worries a good deal about his monetary position, & believes that his wife & his sons are spending all his savings: His bodily health is improving. D.H.

6<sup>th</sup> May 1901.

The patient is brighter & more cheerful he still worries somewhat about his monetary troubles, but he finds other interests in life, & takes more interest in his surroundings: His bodily health is good. D.H.

13<sup>th</sup> May 1901.

The patient has been keeping better of late, & although he is somewhat self absorbed & inclined to worry too much about his own affairs, yet he is much improved since admission: His bodily health has improved. D.H.

20<sup>th</sup> May 1901.

The patient is fairly bright & cheerful & mixes freely with the other patients: His bodily health keeps good. D.H.

Discharged relieved to Bethlem Hospital  
20<sup>th</sup> May 1901. D.H.







Admitted 26<sup>th</sup>  
April 1901.

Frank Ernest Osborne. Oct 26.  
Single. Wesleyan Methodist. Professional  
Singer. First attack. Duration of  
present attack about three months.

Never previously under treatment.  
Not epileptic or dangerous. Talks  
of suicide.

Family History. No relative known to be or known  
to have been insane.

Personal History.

Copy of Certificate. He was very depressed, and said that he  
despaired of his life, and that he had  
attempted to make away with  
himself. He seemed to be ill, with  
hot head, coated tongue, and swift pulse.

His brother Harry Charles Osborne, of same  
address informed me that he had slight  
doubts, that he frequently talked of  
suicide, and accused himself of killing  
his mother (who is alive).

Richard Kingston Roe.

23, Finsbury Square E.C.

22<sup>nd</sup> March 1901.

He came into the room alone in an  
excited ~~maniacal~~ state, eyes glaring &  
shrieked out, I have killed my mother.

I tried to pacify him, but he  
assured me that his purpose now was  
to kill himself. He has been suffering  
from mental depression for the last

Copy of Certificate. two months & I have seen him gradually  
getting worse.

His brother, Harry C. Osborne of 20 Wilberforce  
Road, came to me ~~the~~ on morning of 20<sup>th</sup> March  
1901. Stating that Frank Osborne had been  
much worse the previous two days, & had  
that morning refused to get up, & told him  
he was intending to destroy himself, & he  
found an open razor on the table.

Geo. Thos. Kelle, M.D., F.R.C.S. L.S. &  
81, St. Pauls Road.

Kingsbury R.

23<sup>rd</sup> March 1901.

Appearance. He is somewhat below the medium  
height, but fairly well proportioned.  
Height 5<sup>ft</sup> 5<sup>1/2</sup> in. He has brown curling hair & grey  
height 5<sup>ft</sup> 6<sup>1/2</sup> in. eyes & a small moustache. His expression  
is fairly cheerful & he appears to be  
in no way depressed.

Phys. Exam. He is fairly well developed for his  
size, & his chest is well formed. The  
cardiac sounds & breath sounds  
are satisfactory.

Present Mental Condition. He stated that there is nothing the  
matter with him, that he was,  
at one time, depressed, but that  
now he is all right. He appears  
to be cheerful & intelligent &  
takes an interest in his surroundings.

3<sup>rd</sup> May 1901. He is cheerful & well behaved & he is  
working in the carpenter's shop, he  
assists with the printing, & he takes  
an interest in the amusements of the place.

10<sup>th</sup> May 1901.

The patient is well behaved, sensible & works in the the printing shop. He plays tennis & various other in door & out door games & he is in good bodily health. <sup>8th</sup>

17<sup>th</sup> May 1901.

The patient is keeping in good mental & bodily health. <sup>8th</sup>

24<sup>th</sup> May 1901.

The patients' mental & bodily health remain satisfactory. <sup>8th</sup>

24<sup>th</sup> June 1901.

The patient is somewhat quiet & self absorbed at times, but as a rule he is cheerful, bright & takes an interest in the amusements of the place. <sup>8th</sup>

8<sup>th</sup> July 1901.

The patient has improved & was discharged recovered.

8<sup>th</sup> July 1901:

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Admitted 26<sup>th</sup>  
April 1901.

George Bishop.

Age 43.

Married: Farmer. Church of England  
First attack: Duration of present  
attack. Not definitely known, first  
noticed nine days ago: Not epileptic,  
Suicidal or Dangerous: Never  
previously under treatment.

Family History. His mother was insane.

Personal History.

(Copy of Certificate: He is suffering from delusion of  
treachery: Says he won £6000  
yesterday & is going to give his  
wife £10,000 of jewels, neither  
being true. He has other & various  
delusions as to his wealth:

His wife, of same address, & says he  
has completely changed in his habits  
& ways, being now coarse in act &  
word.

G. H. Savage M.D.

3. Henrietta St. W.  
21<sup>st</sup> April 1901.

1. He says "he has received an order from  
the Emperor of China for 100 pigs at  
£5 each."

2. He won £6000 at Ipswich on the 23<sup>rd</sup>  
out of this he is going to give his  
wife a present of jewellery value  
£10,000 to his sister to value of

Copy of Certificate: £15,000. & to my self to value of £10,000, he  
has paid the amount into the "Bank"  
which is not true his life being overdrawn.

His brother William Bishop, of 17 Shalbey,  
Southall (Middx). Horse Dealer. Says -  
"he has quite altered in his character.  
Doing all kinds of absurd things."  
"He does not appear to know what he  
is doing" "He cannot now drive a horse."  
"He does not take any interest in his  
business." &c &c.

J. D. Brindle. M.D.  
South Road.  
Southall.  
Middlesex.

25<sup>th</sup> April 1901.

Appearance. He is a heavily built man of about  
the medium height. His hair is dark  
Height 5<sup>ft</sup> 9<sup>in</sup> & coarse & streaked with grey & he wears  
weight 12<sup>st</sup> 11<sup>lb</sup> a short coarse moustache. His expression  
is dull, & apathetic & somewhat  
fatigued. His eyes are blue & the  
pupils small & sluggish.

Phys. Exam. There is nothing about the cardiac or  
respiratory sounds to call for notice:

Urine 1012 His patella reflexes are absent,  
his gait is heavy & unsteady. His  
speech is thick & somewhat halting.  
The tongue when protruded is very  
fairly steady & there is no marked  
trembling of the lips when speaking.

He is mute in appearance & neglectful  
of the minutiae of life:

Present Mental Condition: The patient is dull apathetic & does not readily enter into conversation, though when he does express ideas they are of the expansive type.

3<sup>rd</sup> May 1901. The patient is dull & apathetic, he sits about most of the day & talks to no one, & he cannot be made to interest himself in anything, he is untidy in personal appearance, & he is now in ward 6. D.H.

10<sup>th</sup> May 1901. The patient is silent & apathetic as ever, he sits about most of the day doing nothing, he will not always answer when spoken to: He is now wet & dirty. D.H.

17<sup>th</sup> May 1901. The patient is becoming very demented & what intelligence he ever possessed is fast leaving him. His untidy in his dress & dirty in his habits. D.H.

24<sup>th</sup> May 1901. The patient is progressing slowly, but surely, towards the last stage of General Paralysis: His bodily health keeps good. D.H.

24<sup>th</sup> June 1901. The patient is extremely demented, but he is at times resistive & troublesome: He is a General Paralytic in an advancing stage. D.H.

24<sup>th</sup> July 1901. The patient is remaining in about the same mental condition, there is no marked advance of the disease since the last note. D.H.

24<sup>th</sup> Aug: 1901

There is no change of any kind to be noted. D.H.

24<sup>th</sup> Nov: 1901.

The patient is becoming more feeble in body & he is very demented. D.H.

23<sup>rd</sup> Jan: 1902

This morning the patient, who went out into the grounds as usual, was missed at dinner time - he has not been found anywhere about the place, therefore the presumption is that he has escaped. D.H.

24<sup>th</sup> Jan: 1902

Yesterday afternoon a note was received from the patient's brother saying that the patient had found his way to his brother's shop in Danwell. Two attendants were at once sent off & the patient was safely brought back late last night. D.H.

Transferred to City of London Asylum

8<sup>th</sup> April 1902



Admitted 27<sup>th</sup> April 1901. Harry Bristow Jennings. Aet 49.  
 Married; Master Sailor. Dissenter Protestant.  
 First attack. Never previously under treatment.  
 Duration of present attack. About three months.  
 Not suicidal, epileptic or dangerous to himself or others.

Family history Nil

Personal history He has been depressed for the last three months, & no cause can be given for his depression, except that his business has always taxed him a good deal.

Copy of Certificate. Melancholic demeanour, morbid mutterings, restlessness, fidgeting with hands & feet, either answers questions slowly, dawning, & incompletely; constantly muttering I can do him no good, he is ruined, lost all trade, marked despondency crying in despair about his ruined state.

Wife. 61 Langney Road, Eastbourne, states went out his food, under impression can't afford it, muttering to himself at same time "I mustn't I mustn't". Says his money is gone, ruined (contrary to fact) very suspicious, follows his wife some every moment in the house, hells on appearance of strangers. Refuses orders, & won't work. Sleepless sits in chair crying morning

William James Smith, M.B.C.M.  
 31, Gildbridge Road  
 Eastbourne

24<sup>th</sup> April 1901.



Copy of Certificate Melancholic aspect: In some time refused to speak, then muttered incoherently about business going to ruin: everything in bad plight, speaking in sobbing tones.

Wife: - walks about house muttering the whole time about coming ruin. A tradesman (Milk) calls he sends him away saying he has no means when work comes to the house he endeavors to send it away stating that it cannot be done. Tells every one business is going to the bad. Is very suspicious and is constantly listening.

Richard Watts White  
Redlands  
Hatfield Road  
Eastbourne

23<sup>rd</sup> April 1901.

Appearance - He is a cadaverous looking man with light brown hair & beard, thin & "ragged" & turning grey. His cheeks are hollow & his eyes very sunken & his skin is an unhealthy yellow, sallow colour. He looks extremely dejected & miserable. He is about the medium height of spare build & extremely emaciated.

Phys. Exam. - The patient shows all the appearances of starvation. The heart sounds are feeble but there is no cardiac murmur. The breath sounds are normal, & so far the bases of the lungs are free. He is extremely feeble & emaciated.

## Holloway Sanatorium Hospital, Virginia Water

### NOTICE OF DEATH

Date of Reception Order, the 26<sup>th</sup> day of April 1901 189

I hereby give you Notice, That Harry Bristow Jennings  
a Private Patient, received into this Hospital on the 27<sup>th</sup> day of  
April 1901 189 died therein on the 8<sup>th</sup> day of May 1901 189

Signed W. D. Moore M.D.  
Medical Officer

Dated the 9<sup>th</sup> day of May 1901 One Thousand  
Eight Hundred and Ninety  
To the Commissioners in Lunacy

### STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Harry Bristow Jennings  
Sex and age - male 49  
Married, single, or widowed - married  
Profession or occupation - Master Tailor  
Place of abode immediately before being placed under care and treatment (if known) - 61 Langney Road Eastbourne  
Apparent cause of death - Exhaustion from Acute Melancholia  
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 - 4.10 p. m.  
Duration of disease of which patient died - uncertain  
Names and description of persons present at the death - attendant A. H. Legge  
Mr. F. Jennings (son)  
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no

Signed W. D. Moore M.D.  
Medical Officer

Holloway Sanatorium Hospital,  
Virginia Water

*copy*

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To the Commissioners in Lunacy

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - Harry Bristow Jennings  
Sex and age - - - - - male 49  
Married, single, or widowed - - - married  
Profession or occupation - - - Master Tailor  
Place of abode immediately before  
being placed under care and  
treatment (if known) - - - } 61 Langney Road  
Eastbourne  
Apparent cause of death - - - Exhaustion from Acute Melancholia  
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 } 4.10 p. m.  
Duration of disease of which patient }  
died - - - - - } uncertain  
Names and description of persons }  
present at the death - - - } Attendant A. H. Legge  
Mr S. Jennings (son)  
Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - - - - - } no.

Signed W. S. Moore M.D.  
Medical Officer



Copy of Certificate Melancholic aspect: For some time refused to speak, then muttered incoherently about business going to ruin: everything in bad plight, speaking in sobbing tones.

Wife: - walks about house muttering the whole time about coming ruin. A tradesman (Milk) calls he sends him away saying he has no means when work comes to the house he endeavours to send it away stating that it cannot be done. Tells every one business is going to the bad. Is very suspicious and is constantly listening.

Richard Watts White  
Redlands  
Hatfield Road  
Eastbourne  
23<sup>rd</sup> April 1901.

Appearance He is a cadaverous looking man with light brown hair & beard, thin & "ragged" & turning grey. His cheeks are hollow & his eyes very sunken & his skin is an unhealthy yellow, sallow colour.

He looks extremely dejected & miserable. He is about the medium height of spare build & extremely emaciated.

Phys. Exam. The patient shows all the appearances of starvation. The heart sounds are feeble but there is no cardiac murmur.

The breath sounds are normal, & so far the bases of the lungs are free. He is extremely feeble & emaciated.

Present Mental Condition.

The patient is extremely dull, apathetic & melancholic. He will not converse, but when spoken to mutters incoherently to himself about "being ruined" &c. He cannot be induced to take any interest in anything & can with difficulty be persuaded to take liquid nourishment.

4<sup>th</sup> May 1901.

The patient is becoming more stuporous & obstinate over his food, & today there is some slight congestion of the bases of the lungs. He still takes a little liquid nourishment, though it has to be forced upon him. He is very feeble. 82. Yesterday, 5<sup>th</sup> May, the patient showed signs of collapse, he was fed with the nasal tube, but was so feeble that his friends were wiled for, he took nourishment without the tube during the day, & this morning he is slightly better. 82.

7<sup>th</sup> May 1901

The patient's state varies considerably, sometimes he appears to be at the point of death, & then he recovers somewhat & he is in a very critical state nevertheless. 82.

8<sup>th</sup> May 1901

The patient died at 4<sup>10</sup> P.M.  
8<sup>th</sup> May 1901. 82.





G. Smiller  
17 May 1901.

Thomas Montgomery Hunter Wood Oct. 36.  
Married. Chaplain in India. (Church of England). ~~Not for~~ First attack: Never pregnant, under treatment. Duration of existing attack. On & off about ten months. Supposed cause: Entire fever. Indian Climate. Perhaps distress at lunacy of his youngest brother.

Family History

Not epileptic, suicidal or dangerous. His youngest brother was insane, his grandmother was insane when she was over eighty years of age.

Personal History

In 1890 he had an attack of great depression presumed due to excessive treatment with Iodide of Potassium.

Copy of Certificate

Manner is irrational and suspicious; he glances furtively behind him while talking; smiles & mutters to himself without any apparent cause.

He makes sudden pauses in conversation as if listening to voices, watches persons in the looking glass, scowling & moving his lips. I consider him to be labouring under delusion of persecution. I have seen a letter of his in which he expresses his intention of writing to the Queen at Windsor, or of calling on her to express gratitude.

His brother, Mr. David Tomlinson Baird Wood of the British Museum London E.C. informs me that patient often looks behind him, fancying that

Copy of Certificate. his wife is behind him. Fancies he is watched & followed. Has lately developed a wish to write to the Queen.

Edward George Younger.  
19, Mecklenburgh Square  
London. W.C.  
16<sup>th</sup> July 1900.

That he has completely changed in manner & temperament & is depressed, he avoids all acquaintances with whom he has been on terms of intimacy. He is exceedingly irritable & abrupt in manner.

He considers each one of a gang who has some Devilish design upon him. He has delusions of suspicion. - The people in house open his letters, they try to get his money, they are all playing a part in this horrible scheme. He loses the thread of any continued conversation.

Mr. David Tomlinson Baird Wood Civil Servant British Museum E.C. informs me that above named says that he deserves a good time at Windsor; that he should see her Majesty & thank her.

A railway servant in Barchill station L.B. & C. R.Y. (I saw him off at the station) informed me that the above named said he was quite certain he had seen Ray at Barchill on Saturday, quite possibly in connection with his visit. Cannot identify the railway servant again. I saw overheard

Copy of Certificate & can confirm what above named said on this occasion.

John Owen Harvey M.D. F.R.C.S.  
16. Parkhurst Road.  
Beechill on Sea

14<sup>th</sup> July 1900.

Appearance: He is a tall slim man, with dark brown hair, becoming somewhat thin at the top of the head, & he wears a moustache. He is good-looking with grey eyes & good regular teeth. He smiles somewhat putuously at times, otherwise his face is not remarkable for any abnormality.

Phys: Exam: The patient has a well formed chest, & the cardiac & respiratory sounds are normal. He was admitted with two suspicious patches of *Pinea Syphilis* on each side of the neck, & necessary pre-cautions have been adopted.

Urine 1032.  
No sugar, no alb.

The chest & extensor aspect of his arms was found to be the seat of Psoriasis, which the patient states is of long standing. His speech is distinct & no tripping over long words was noticeable, nor was there any tremor of the lips when speaking. His gait however is somewhat heavy & he appears to walk more upon the heels than he ought to do.

mental The patient is somewhat confused in his ideas, & he has a somewhat expansive view of many things. He wants to go to the Langham Hotel - when asked why he cannot say, except that it is necessary & that that has been arranged long ago, though by whom he does not say.

When asked about his capabilities as a cricketer & tennis player, he says that he "can play any game ever played on two legs". However he refuses to play cricket or take any part in the amusements of the place until he has been to the Langham Hotel.

May 1901. The patient is civil when spoken to, but he shows no inclination to hold a sustained conversation, he is self absorbed & reserved. He will not take any interest in his surroundings, & although he professes to be a keen cricketer, he will not play until he has been sent to the Langham Hotel.

May 1901. The patient still refuses to take part in any games unless he is sent to the Langham Hotel. He takes a certain amount of exercise every day however, walking round the front grounds. He is civil when spoken to but reserved & silent as a rule. His bodily health is good.

May 1901. The patient cannot be induced to take any interest in anything, & he avoids conversation, still stating that he will do nothing until he has been to the Langham Hotel.



Copy of Certificate & can confirm what above named said on this occasion.

John Owen Harvey M.D. Lond  
16. Parkhurst Road.  
Beachill on Sea

14<sup>th</sup> July 1900.

Appearance: He is a tall slim man, with dark brown hair, becoming somewhat thin at the top of the head, & he wears a moustache. He is good-looking with grey eyes & good regular teeth. He smiles somewhat fatuously at times, otherwise his face is not remarkable for any abnormality.

Phys: Exam: The patient has a well formed chest, & the cardiac & respiratory sounds are normal. He was admitted with two suspicious patches of *Vinea Sycleris* on each side of the neck, & necessary precautions have been adopted.

Urine 1032.  
No sugar. No alb.

The chest & extensor aspect of his arms was found to be the seat of Psoriasis, which the patient states is of long standing. His speech is distinct & no tripping over long words was noticeable, nor was there any tremor of the lips when speaking. His gait however is somewhat heavy & he appears to walk more upon the heels than he ought to do.

Present Mental Condition: The patient is somewhat confused in his ideas, & he has a somewhat expansive view of many things. He wants to go to the Langham Hotel - when asked why he cannot say, except that it is necessary & that that has been arranged long ago, though by whom he does not say.

When asked about his capabilities as a cricketer & tennis player, he says that he "can play any game ever played on two legs". However he refuses to play cricket or take any part in the amusements of the place until he has been to the Langham Hotel.

8<sup>th</sup> May 1901.

The patient is civil when spoken to, but he shows no inclination to hold a sustained conversation, he is self absorbed & reserved. He will not take any interest in his surroundings, & although he professes to be a keen cricketer, he will not play until he has been sent to the Langham Hotel.

16<sup>th</sup> May 1901.

The patient still refuses to take part in any games unless he is sent to the Langham Hotel. He takes a certain amount of exercise every day however, walking round the front grounds. He is civil when spoken to but reserved & silent as a rule. His bodily health is good.

23<sup>rd</sup> May 1901.

The patient cannot be induced to take any interest in anything, & he avoids conversation, still stating that he will do nothing until he has been to the Langham Hotel.

30<sup>th</sup> May 1901

The patient's mental condition is very unsatisfactory, he is very deluded, but it is extremely difficult to obtain definite delusions from him, as he is very suspicious of the medical officers & avoids being drawn out in conversation by them.

The Tonic Sygnis has extended to the scalp. he is very much averse to any treatment, but it is now under treatment with Ung. Resinol. & this appears satisfactory. The Psoriasis is increasing & the body is covered with it & the extensive aspect of the arms & thighs.

30<sup>th</sup> June 1901

The patient is quiet & self absorbed & he is very reticent in conversation, he will not occupy his time in any way & still insists in being sent to the Longham Hotel. The Tonic Sygnis has recovered & the Psoriasis is improving.

30<sup>th</sup> July 1901

The patient's mental condition is not improved in any way, he cannot be induced to join in any of the games or amusements of the institution & does not occupy his time in any way. His Sygnis has quite recovered & the Psoriasis has nearly recovered. His bodily health is good.

30<sup>th</sup> Aug. 1901

There is no change or improvement of any kind to be noted.

30<sup>th</sup> Nov. 1901

The patient is very silent & self absorbed. He cannot be

30<sup>th</sup> Nov. 1901

induced to take any interest in any thing out side himself. He is very suspicious & is, in all probability, very deluded but he is so reticent & so averse to conversation that it is extremely hard to obtain delusions from him. His bodily health is good. He will not sustain a conversation does not associate with others or employ himself in any way.

Jan 20. 02

Oct 02

Nov 02

Jan 26. 03

April 03

July 12. 03

No improvement of any kind noticed in patient. Does not associate with others & is very suspicious. Bodily health is good.

Patient mutters and swears to himself. Very suspicious but will not be induced into conversation. No change.

To day transferred City - London Hospital



13 July 1903.



Admitted  
6<sup>th</sup> May 1901.

Faustet Baker Baker: Oct 47.  
Married. Major, Retired Royal Army Medical Corps. Not first attack. About four years ago he was treated at Royal Murray Hospital, Perth. Duration of seizing attack, about one month. No cause known. Not epileptic, suicidal or dangerous.

Family History Some relative believed to have been insane.

Personal History

Copy of Certificate. He assured me he was in London that day, whereas he had not been there - He informed me he had had a serious accident a fortnight ago by fall off bicycle: whereas he only had a slight injury last Tuesday, having forgotten it entirely.

By Mr. Baker, his wife: - He has become extremely extravagant of late. He has bought no less than four cameras lately, which he never uses. He is incessantly dressing & going up to London; & is easily persuaded not to do so. He painted the furniture & his trunks in his room with green paint.

Pauline Martin:  
Clodd House  
Abingdon  
Berks.

5<sup>th</sup> May 1901.



Copy of Certificates. At Somers the other day he told me that his wife had been driving with him the whole afternoon: He played billiards with me & he frequently played with the red ball, & he had no idea of the score. He took an aperient in the morning, & as soon as it commenced to act he took some opium to stop it.

Mr. Baker - wife. He loses control of his temper, he spends money very recklessly, he painted his furniture boxes, trunks, & iron bedstead green. Gave away all his clothes: He ordered full mess out for a fortnight after he retired from the army.

Mr. Hayman - Abingdon - says he never ceases giving instructions to his friends & servants, before they can be carried out he forgets all about them.

He is under the delusion he is very well off & gives gold away freely.

G. P. Russell Woodford  
Abingdon  
5th May 1901.

#### Appearance:

Height 12 8 1/2

Height 5 ft 11 in.

The patient is well above the medium height & fairly well built. His hair is brown turning grey, his eyes are blue & he wears a moustache.

His ~~face~~ facial expression is dull & heavy & wanting in animation.

There is some twitching at the angles of the mouth when he speaks.

Phys. Exam:

Wine. 1015

No lills. No Sugar.

The patient is tall & fairly well built & muscular: The Cardiac & breath sounds are normal.

His reflexes are exaggerated & the pupils are unequal, & there is some unsteadiness of the tongue when protruded, & also some twitching of the lips when speaking.

His gait is somewhat, though not markedly so as yet, unsteady & his speech is slow, heavy & harsh, & there is some slurring over difficult words.

Present Mental Condition.

Upon admission he was violent & excitable, & he forcibly resisted being admitted into the institution: Later in the day it was found necessary to send him to the retreat, for he was so restless & unsettled.

13th May 1901.

The patient has been sent over to the main building again as he has been more settled & sensible for the last few days: He becomes a little restless at times however, & will in all probability soon require to be sent over to the retreat: He has no memory for past events, & forgets the simplest names connected with his own profession - being unable to remember the word pleurisy the other morning - He will converse however in a fairly sensible manner though his ideas are somewhat mixed & he evidently has difficulty in giving expression to his thoughts.

20<sup>th</sup> May 1901.

The patient is quiet & well behaved. he is however somewhat childish in his ideas, & though he will converse readily, yet he shows marked evidence of failing memory & loss of all his finer perceptions & ideas.

27<sup>th</sup> May 1901.

His bodily health is good. The patient is quiet & well behaved so far, he is however very fond of dress & wears gloves when he is in the grounds, when he goes to church, & even, this morning, he was wearing them in his smoking room looking at the papers.

He is somewhat uncertain & not to be relied upon, he was heard to say yesterday, that he would not stop in the "Darned!" place any longer, that he had had enough of it. His bodily health is good.

3<sup>rd</sup> June: 1901.

The patient is rather fond of show & dress, & frequently makes remarks upon the appearance of the clothes worn by the Medical Officers, & states that he has similar clothes at home &c.

10<sup>th</sup> June: 1901.

His bodily health keeps good. The patient is childish in conversation, & the speech is becoming more & more hutting & scanned. He keeps himself tidy & clean however, but still wears his gloves at unnecessary times.

10<sup>th</sup> July: 1901.

The patient is wonderfully tidy & well dressed for a General Paralytic.

# Holloway Sanatorium Hospital, Virginia Water

## NOTICE OF DEATH

Date of Reception Order, the 5<sup>th</sup> day of May 1901 189  
I hereby give you Notice, That Fanshel Maker Baker  
a Private Patient, received into this Hospital on the 6<sup>th</sup> day of  
May 1901 189 died therein on the 10<sup>th</sup>  
day of March 1902 189

Signed W. D. Moore M.D.  
Medical Officer

Dated the 11<sup>th</sup> day of March 1902 One-Thousand  
Eight-Hundred and Ninety  
To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - Fanshel Maker Baker  
Sex and age - - - - - male 48  
Married, single, or widowed - - - married  
Profession or occupation - - - Major (retired) R. A. M. C.  
Place of abode immediately before  
being placed under care and  
treatment (if known) - - - 224 Herbert Road  
Woolwich  
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 } 2.25 p.m.  
I was on back  
laceration from teeth or lips.  
Duration of disease of which patient  
died - - - - - uncertain  
Names and description of persons  
present at the death - - - - - Attendant William Henry Collier  
Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - - - no

Signed W. D. Moore M.D.  
Medical Officer

His mental condition is stationary, there having been no advance in the disease since the last note. His bodily health keeps good. B.H.

10<sup>th</sup> Aug. 1901. The patient continues about the same, there is no appreciable change since the last note: His bodily health is good. B.H.

10<sup>th</sup> Sept. 1901. The patient is slightly more feeble in mind & body since the last note. B.H.

10<sup>th</sup> Dec. 1901. The patient has advanced very rapidly, & is now very feeble, not & billy & demented. B.H.

Died 10<sup>th</sup> March 1902



Admitted  
16<sup>th</sup> May 1901.

James Basset Basset Esq.  
Single

Duration of existing attack: From birth.

Supposed Cause:

Not epileptic, suicidal or dangerous:

Family history: No relative known to be or to have been insane.

Personal history

Copy of Certificate: Has the appearance and manner of an idiot.  
Is incapable of converting any ideas or thoughts which he may have into words.  
Unable to observe or concentrate his attention.  
Appears to be incapable of abstract thought.  
Has no power of judgement or reason.

His brother, Captain Phillip Huistane Bruce Basset of Beaupre Cowbridge, Glamorgan, gentleman, states that he has fits of violent temper occasionally during which he is very violent in manner and mood, and during which he will damage or destroy any article within his reach.

Charles Booth Meller.  
High Street  
Cowbridge  
South Wales  
13<sup>th</sup> May 1901.

(Copy of Certificate: He is irrational and unintelligent in manner: He is also incoherent in speech and unable to converse or reply to any questions put to him.

His brother, Captain Phillip Thurstone Bruce Bassett, of Beaupre, Ayrbridge, Glamorgan, gentleman, states that he is unable to feed or dress himself without assistance, and that he suffers from periodic outbursts of temper during which he uses bad language and breaks things.

William Hartland  
Station Street  
Port Talbot  
Glamorgan.  
13<sup>th</sup> May 1901.

Appearance:

Height 5<sup>ft</sup> 6<sup>in</sup>  
Height 13<sup>st</sup> 10<sup>lb</sup>

The patient is about the medium height thickly built & extremely fat & heavy. His facial expression is dull, vacant & fatuous: His hair is a reddish-brown & straight & he wears a beard & moustache.

Phys: Exam:

He patient is extremely & most unhealthy fat, but there is no sign of Cardiac or Pulmonic Disease.

He is flabby & feeble however & sits about most of his time.

Present Mental Condition:

The patient is dull apathetic, & idiotic in appearance & manner, he will not speak, unless he

has not been heard to speak since his admission, but when spoken to he answers with a grunt - he does nothing & is a hopeless apathetic idiot with very small intelligence.

23<sup>rd</sup> May 1901

The patient is able to speak, though he is unable to converse, his articulation is thick & imperfect, & it is but seldom that he uses words, & when he does so he does not talk, but simply uses a few words with <sup>rather</sup> no reason or coherence.

25<sup>th</sup> May 1901.

This morning whilst he was being dressed it was noticed that he had a large bruise upon his abdomen:

He was examined & a large bruise was found in the front of the abdomen slightly above the level of the navel, & there was a small bruise somewhat higher up on the abdomen. The bruises were of some hours standing, but were not of a serious nature: There was no further injury to be found & the patient complained & did not appear to suffer from any pain or discomfort.

He was unable to say how the bruise was caused, & no reason could be found, he had not been noticed to have been struck by another patient.

3<sup>rd</sup> June 1901.

The patient chatters incoherently to himself & makes grunting noises, like a pig nearly all day, & he is at times noisy & restless at night.

- 10<sup>th</sup> June 1901. The patient is uncertain tempered, & he is at times excitable & noisy. He remains in good bodily health: *Ed.*
- 17<sup>th</sup> June 1901. The patient remains in the same mental condition, his bodily health is good.
- 17<sup>th</sup> July 1901. The patient is occasionally noisy at night. There is no change or improvement of any kind to be noted. *Ed.*
- 17<sup>th</sup> Aug. 1901. There is no change or improvement of any kind to be noted. *Ed.*
- 17<sup>th</sup> Sept. 1901. The patient is a congenital idiot, & he is very uncertain tempered, when the patient is angry he is very noisy & abusive & he will bite or kick any one who offended him. His bodily health is good. *Ed.*
- 17<sup>th</sup> Dec. 1901. There is nothing further to be noted. *Ed.*
- July 20. 02. Occasionally noisy, spiteful & destructive, he recently had one of the attacks *Ed.*
- Oct 1<sup>st</sup> or Jan 1<sup>st</sup> 03. No change in patient's mental condition. *Ed.*
- April 03. No alteration. He is imbecile, does not speak, cannot employ himself or look after himself. He wears a fatuous smile. In good health. *Ed.*
- 21 Aug. Patient is imbecile and has frequent attacks of excitement & is violent & noisy. In good health. *Ed.*
- 24 Sept.



15 Oct. 1903

- 20 Dec. An imbecile with attacks of violent excitement. His health is fair. *Ed.*
1904. 30 Mar. Imbecile, with violent & noisy temper - incapable of occupation. Health fair. *Ed.*
- 30 June. No change mental or physical. *Ed.*
- 17 Sept. Imbecile. Cannot converse or answer questions. At times noisy and violent and destructive to his clothing. Health fair. *Ed.*
- 16 Dec. No mental or physical change. *Ed.*
1905. 20 Mar. A noisy, destructive imbecile. Health fair. *Ed.*
- 20 June. No mental or physical change. *Ed.*
- 10 Sept. Imbecile. Incapable of occupations. Health good. *Ed.*
- 20 Dec. No mental or physical change. *Ed.*
1906. 22 Mar. An imbecile - noisy & destructive. Health good. *Ed.*
- 5 April. Removed - not improved to City of London Asylum Stone.



Re-admitted  
2nd June 1901.  
Borough.

Family History

Personal History

Copy of Certificate

Theodore Mackenzie <sup>third</sup> Oct 40:  
Married. Gentleman. ~~attack~~ attack.  
Duration of existing attack: 7 days. Cause:  
Alcoholic excess. Not epileptic. Violent prior  
to admission: Three years ago attempted suicide  
by gas: (Can. Book: II. page 24)

Negative:

Chronic alcoholic excesses:

That he is suffering from alcoholic mania -  
is violent and attempted to strike me:

The patient is in the same condition as on  
the previous occasion when I certified him  
for admission to (Chenwick House) Hospital:

That he has been violent, striking his wife  
& a cabman. He believes his wife has stolen  
cheques; that he is very suspicious about  
any one who comes to the house; believes  
that people are talking <sup>against</sup> about him.

Informant: - Mrs Emily Jane Mackenzie,  
wife, 46. Ourslow Rd. Richmond.

That someone is always robbing him; that  
there are thieves in the house; that all food  
is filthy; that he is always violent to  
Mrs Mackenzie or to any man that comes  
to the house.

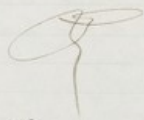
Informant: - Laura Rose Roberts, servant at  
46. Ourslow Road, Richmond.

Jas. Johnstone, M.B. & F.R.C.S.  
26. St. John Road  
Richmond.

1st June 1901.

1. Appearance: See page 25:  
 Phys. Exam: See page 25: He was bruised on the back, both arms, & both legs, upon admission - there was however serious injury upon admission: ~~None~~ -  
 No. Inj: No. Ill: ~~None~~  
 Present Mental: The patient is dull & depressed, & he is extremely shaky from his recent alcoholic excesses, but he is not in any way excitable, he states that he feels very "bad" & requires a "Pick-me-up".  
 1. Condition: ~~None~~  
 19<sup>th</sup> June 1901: The patient is greatly improved since his admission, he appears to be free from delusions & hallucinations, & he is cheerful & contented. His bodily health has greatly improved.  
 17<sup>th</sup> June 1901: The patient is keeping well both in mental & bodily condition.  
 24<sup>th</sup> June 1901: The patient remains in sound mental & bodily health.

To Day the patient was discharged recovered - 29<sup>th</sup> June 1901.



Theodore Mackenzie was re-admitted on 15<sup>th</sup> August 1901 upon an Urgency Order. —  
 See for Case Book ~~IX~~ pages 24 & 80:

- (Copy of Certificate) That he appears in a confused mental condition; imagines I am receiving a commission from Cheswick House, and Virginia Water Sanatorium; imagines that people are plotting against him to do him an injury - the patient appears to be in the same condition as on two former occasions when he was removed (Cheswick Ho. and Virginia Water Sanatorium, when he was violent and dangerous and suffered from various delusions:  
 by Mrs Emily Jane Mackenzie, 46 Oaklaw Road, Richmond, Surrey, wife; that he has been for about 14 days violent and abusive to her and the neighbours; he imagines that people are plotting against him; he has been dangerous by turning on the gas unlit; and throwing about lighted matches; that he has lost the idea of the value of money etc. by tearing up cheques, unopened letters etc. that he imagines he is going on a journey and is constantly packing upon preparation for the same, he is always imagining that people are making money out of him.  
 Jas. Johnston M.B. & R.C.S.  
 26 Shear Road, Richmond  
 15<sup>th</sup> August 1901.

Present Mental Condition: He was resistive & excitable during his journey to the hospital, but upon his arrival he soon settled down. He expressed great regret at his breakdown, & with the exception of some slight mental confusion he was perfectly quiet &

22<sup>nd</sup> Aug: 1901. Sensible a few hours after admission.  
 The patient is quiet, well  
 behaved & perfectly sensible, he is  
 free from delirium & hallucinations, &  
 his bodily health has improved. etc

23<sup>rd</sup> Aug: 1901. This Day the patient was  
 discharged recovered so it was  
 impossible to certify him. etc

—



Admitted 6<sup>th</sup>  
June 1901.  
Wargney.

Sigmund Hirschfeld:

Oct. 40.

Married: Publisher: Hebrew:

First Attack: Duration of attack: about eight weeks. Supposed Cause: Excess & over work. Not Epileptic: Not Maniacal. Impulsive.

Family History.

Not known. Cousin died from General Paralysis.

Personal History.

He was under treatment in the River Crest Sanatorium, New York.

He was acutely violent & maniacal at the commencement of his attack, has had grandiose ideas for the last week. Suffered from Syphilis about 10 years ago.

Copy of Certificate.

He is suffering from General Paralysis of the Insane. He has almost universally grandiose ideas being possessed the sum of £100,000,000. & making a railway over the Atlantic. Master of three languages, & able to play all musical instruments.

Geo H. Savage R.D.  
3. Kentville Road W.

5<sup>th</sup> June 1901.

Appearance.

He is a man slightly below the medium height, he has a thin angular face, & his expression is somewhat fustian & wandering: his hair is coarse & of a dark brown colour, & he wears a small moustache.

Phys: Exam.

Urine 1010.

He has no Syphilis.

Present Mental

Condition.

He is fairly well developed, & there is no sign of disease or injury to be found: He is however somewhat thin: His knee-jerks are exaggerated slightly.

He patient is in a state of mental excitement & activity, he is very verbose & will converse as long as any one will listen, all his ideas are of a very expansive nature & he over states & greatly exaggerates every thing about which he converses.

13<sup>th</sup> June 1901.

He patient is restless, noisy, & excitable: He is very deluded & all his delusions take a very expansive form. He is becoming rapidly worse.

17<sup>th</sup> June 1901.

The patient, who is full of the idea that he has discovered the cure for insanity in mesmerism, while endeavouring to mesmerise a fellow patient, Mr. Chittenden, he received a blow in the eye from the before mentioned patient, & is now suffering from a black eye. He also, unfortunately, while in the No. 6 airing court, tripped over one of the wires at the side of the grass, & bruised his nose & face rather badly.

24<sup>th</sup> June 1901.

The patient is a restless, excitable & deluded General Paralytic, he is full of the ideas of grandeur & frequently falls foul of the other patients: His bodily health is good.

28<sup>th</sup> July June.

The patient is becoming more excitable & mentally enfeebled & his disease is advancing rapidly.

Removed by wife.  
29<sup>th</sup> June 1901.







Richard Smyth Brandon. Oct 49

Single. Trading in South Africa  
(Church of England). First attack:  
Duration of present attack, about  
25 years. Cause of attack, partially  
attributed to sunstroke: neither  
dangerous or suicidal. Slight epileptic  
fits occasionally.

Family History

A sister - Agnes Brandon, has been a  
patient in this Hospital for the past  
12 years: no other family history to  
be ascertained.

Personal History

He has been insane for the past  
25 years, & has been in various institutions.

Copy of Certificate

Is incoherent in conversation, when asked  
does not know his age, says he  
supposes he is the same age as other  
people, states that he has resided in his  
present abode there three or four weeks,  
whereas he has been some years, seems  
to have no memory.

by Arthur Egerton of Woodlands, Rother  
Road, Attendant: Great failure of  
memory, breaks out into laughter without  
any cause - when in a room moves  
about frequently touching the different  
articles of furniture in a purposeless  
manner, picking up bits of fluff from  
the floor. He is mischievous and will  
tear up paper &c such as the "Graphic".

R. Moreton Richards M.D.

Beech House

Dunburgh.

24th April 1901.

Copy of Certificate. No memory for either recent or remote events,  
such as how long he has lived here or his former  
residence (as Smyth) knows me well, but  
fails to give me a name: gives vacuous  
answers to questions and at times laughs  
incoherently, childish habit, and meaningless  
expression.

Arthur Egerton, Woodlands, Dunburgh, Attendant.  
That he has this silly laugh which breaks  
upon him spasmodically and at irregular  
periods. That he is mischievous in small  
things, as of tearing up newspapers &c to burn  
them - that he has a desire to pick up odds  
and ends of no value & to no purpose - inclined  
to be destructive to his clothes.

J. Lloyd Roberts M.B.

Bath St

Dunburgh.

24th April 1901.

Appearance: The patient looks his age, 44 years, &  
perhaps slightly older. He has brown  
hair turning grey, & wears a beard &  
moustache, both of which are turning  
grey. His expression is fatuous & vacant.

Phys: Exam. There is no abnormality or injury  
of any kind of or recent to be found.

Weight 10 1/2 He is some what thin, but otherwise  
robust. No signs healthy.

Present Mental The patient is demented & fatuous.  
Condition: His memory is extremely defective &  
his powers of conversation limited. He is  
however perfectly happy & contented  
with himself & his surroundings.

Dr.

- 13<sup>th</sup> June 1901. The patient is quiet & well behaved. He has a very deficient memory & is demented & childish, he however gives no trouble & is in good bodily condition & his bodily health is good. *ESS.*
- 20<sup>th</sup> June 1901. The patient is a harmless, quiet dement. He has no memory & but little intelligence. His bodily health is good. *ESS.*
- 27<sup>th</sup> June 1901. The patient's mental & bodily condition remains the same. *ESS.*
- 4<sup>th</sup> July 1901. He is a harmless dement & no improvement or change can be expected in his mental condition. His bodily health is good. *ESS.*
- 14<sup>th</sup> Aug. 1901. There is no change or improvement of any kind to be noted. *ESS.*
- 19<sup>th</sup> Aug. 1901. This morning the patient had a slight epileptic fit. *ESS.*
- 9<sup>th</sup> Sept. 1901. The patient is demented & fatuous. He is inclined to be destructive at times, tearing up the post papers in the ward &c. His bodily health is good. *ESS.*
- 9<sup>th</sup> Dec. 1901. There is no change or improvement of any kind to be noted. His bodily health is good. *ESS.*
- Jan 10.02 ~~He is demented & childish & is inclined to be destructive at times. Excitable. *ESS.*~~
- 23.03 No change
- April 03 No change
- 23 Aug. He is demented and epileptic, in good health. *ESS.*
- 24 Sept. Harmless and demented. has occasional fits

- 20 Dec. His health is good. *ESS.*
1904. He is epileptic cannot converse. *ESS.*
- 30 Mar. Epileptic and very violent & health fair. *ESS.*
- 30 June. Demented & spiteful. *ESS.*
- 17 Sept. No mental or physical change. *ESS.*
- 7 Oct. Went to Hove Villa Brighton. *ESS.*
- 29 Nov. Returned from Brighton in good health. *ESS.*
- 16 Dec. A demented, incoherent epileptic. Health good. *ESS.*
1905. 20 Mar. No mental or physical change. *ESS.*
- 20 June. Epileptic, demented & at times had temper & violent. Health fair. *ESS.*
- 20 Sept. Went to Hove Villa Brighton. *ESS.*
- 27 Oct. Returned from Brighton in good health. *ESS.*
- 20 Dec. An epileptic dement - spiteful & violent at times. Well employed & in good health. *ESS.*
1906. 22 Mar. No mental or physical change. *ESS.*
- 6 June. Demented & incapable of conversation. Works well & is in good health. *ESS.*
- 16 June. Went to Hove Villa Brighton. *ESS.*
- 31 July. Returned from Hove Villa, Brighton. *ESS.*
- 8 Sept. Had a fit last night. Was given 5 grains of calomel. Was looking better this morning, and less excited. Demented & incoherent. *ESS.*
- 7 December. Has only had one seizure since the last entry. Has quiet intervals with intervening periods of excitement. At times impulsive & inclined to be violent. *ESS.*
1907. 5 February. No mental or physical change. *ESS.*



21 June 1903.



23 May

Has been sent over to the Retreat, as lately he has become more unmanageable, being destructive, and fits of impulsive violence have been recurring at more frequent intervals. *Chld.*

13 June

Sent to Home Villa. *Chld.*

25 July

Returned from Home Villa. *Chld.*

20 August

Patient had an epileptic fit the other day.

Mentally he has been less excitable since he returned from Brighton. *Chld.*

15 November

Patient is now quiet and demented. He has not had a fit or an impulsive outburst for some time. *Chld.*

Cont'd Case Book A. P. 339.

admitted

June 1901.

agency.

Leonard Hazell Wilson.

Oct 27.

Single. Insurance Broker (Congregationalist).

First attack: never previously under treatment.

Duration of existing attack, a few weeks.

Supposed Cause: Over strain of the nerves &amp; overwork of the body, &amp; through worry of father's illness.

Neither suicidal, epileptic, nor dangerous.

Family History

No history of insanity.

Personal History

~~Admitted to the Retreat on 29th June 1901 at 3.30 P.M. He cut his throat 21st May 1901.~~

of delirium. He is restless & excitable and childish in his bearing & way of talking. He is hypochondriacal & imagines he has several diseases, i.e. a tumour of the Brain, for which he has taken drugs. He says that God has ordered him to be his Surgeon - & to obey no other Surgeon. He communicates with him by signs.

Benjamin Hawes Wilson, his father of 56, Parliament Hill - Hampstead - says that Leonard Hazell Wilson is an altered person - unable to attend to work - & unable to look after himself and not now obedient to paternal authority.

William Wadham Phipps  
Egham  
Surrey.

7th June 1901.



23 May

Has been sent over to the Retreat, as lately he has become more unmanageable, being destructive, and fits of impulsive violence have been recurring at more frequent intervals. *Chld.*

13 June

Sent to Home Villa. *Chld.*

25 July

Returned from Home Villa. *Chld.*

20 August

Patient had an epileptic fit the other day.

Mentally he has been less excitable since he returned from Brighton. *Chld.*

15 November

Patient is now quiet and demented. He has not had a fit or an impulsive outburst for some time. *Chld.*

Cont. Case Book A. P. 339.

Admitted

7<sup>th</sup> June 1901.

Burgess.

Leonard Hazell Wilson.

Aet. 27.

Single. Insurance Broker (emigrationist).

First attack: Never previously under treatment.

Duration of existing attack, a few weeks.

Supposed Cause. Over strain of the nerves &amp; overwork of the body, &amp; through worry of father's illness.

Neither suicidal, epileptic, nor dangerous.

Family history No history of insanity.

Personal history admitted to. D.B. 29<sup>th</sup> May 1901 at 3<sup>rd</sup> 149. He cut his throat 31<sup>st</sup> May 1901.

Copy of certificate. He is restless & excitable and childish in his bearing & way of talking. He is hypochondriacal & imagines he has several diseases, i.e. a tumour of the Brain, for which he has taken drugs. He says that God has ordered him to be his Surgeon - & to obey no other Surgeon. He communicates with him by signs.

Benjamin Hawes Wilson, his father of 56, Parliament Hill - Hampstead - says that Leonard Hazell Wilson is an altered person - unable to attend to work - & unable to look after himself and not now obedient to paternal authority.

William Wadham Pilger  
Egham  
Surrey.

7<sup>th</sup> June 1901.

## Appearance:

The patient is a slim young man about the medium height, his face is thin & hollow cheeked & his expression is somewhat vacant & wild. His hair is brown & he is clean shaven.

## Physo: Exam:

His chest is not very well developed & his general muscular development is not good. He is thin, but otherwise there is no disease to be made out.

## Present Mental Condition:

The patient is in a restless, & somewhat excitable state, he is full of delusions, mostly of a religious & suspicious type. He holds communication with God Almighty, who has appointed him his Surgeon, & various delusions concerning his relations with God Almighty. *etc.*

17<sup>th</sup> June 1901.

The patient is somewhat quieter & he is behaving better & has now come over to the main building again.

He is still deluded but his delusions are not so marked or so prominent as they were. His bodily health is fairly good - he is less thin & requires to put on flesh. *etc.*

24<sup>th</sup> June 1901.

The patient is childish & weak-minded in conversation & in manner, he occupies his time but little, but he is much improved since admission, he is still thin, but his bodily health is improving.

27<sup>th</sup> June 1901.

To day the patient's parents removed the patient, against advice. He was therefore

Discharged improved to care of friends, at their request.

27<sup>th</sup> June 1901.






Admitted 9<sup>th</sup> June 1901 from Border Class. Harry Benjamin Harbong Et 56.  
 Married. Poulterer. (Church of England).  
 First attack: Never previously under treatment.  
 Duration of existing attack: One day!  
 Supposed Cause: Unknown: neither Epileptic nor  
 Dangerous: One day.  
 Family History: An uncle was insane.

Personal History. Admitted as Border 29<sup>th</sup> May 1901. see B.P. 189.  
 Cut his throat 31<sup>st</sup> May 1901.

Copy of Certificate. He is nervous & anxious; thinks others are  
 conspiring against him to get him punished.  
 To avoid punishment admits cutting his  
 throat.

Alfred Marshall, head attendant,  
 Holloway Sanatorium, states that after  
 admission he became more violent. On  
 Friday last he cut his throat with an  
 old knife.

C. Graham Hodgson.  
 The Cedars  
 Chertsey.  
 3<sup>rd</sup> June 1901.

He is depressed & concerned about himself, as he  
 says he fears he might go mad. He believes  
 people have laughed at him, & are against  
 him. & consequently he cut his throat  
 with a knife to prevent himself going  
 mad & from being placed in the asylum.

William Bradham Player.  
 Egham Surrey.  
 3<sup>rd</sup> June 1901

Appearances. He is a short thick set man with coarse brown hair. He wears an unattractive & his facial expression is indicative of great restlessness & dejection.

Phys. Exam: He is in good health & is well nourished.

Present Mental See Border Book No 2. page 109.

Stately.  
16th June 1901.

The patient is in a very restless & melancholic condition, his neck has progressed favourably from the first, & is now nearly healed up.

His bodily health is good. E.H.

17th June 1901.

The patient is restless, noisy & inclined to be hysterical; he shouts & groans, & when asked why he says - "It is coming on again" but he is unable to explain what. He frequently says that he knows that he is nearly dead & that he cannot last long &c. His bodily health is good & the wound has practically healed. E.H.

24th June 1901.

The patient is restless, acutely depressed & melancholic, noisy & uncontrollable at times. He is not showing any signs of mental improvement. His bodily health is good. E.H.

27th June 1901.

Last night the patient was extremely restless & had to be held in bed, & eventually had to be removed to the padded room. The result of the holding in bed was a

Considerable amount of bruising about the arms & body, there was no serious injury however. E.H.

July 1901.

The patient is in the same unsatisfactory state, & if he be quieter one day he is an acutely melancholic & uncontrollable the next. His bodily health however keeps good. E.H.

Aug. 1901.

The patient is slightly improved mentally, he will now smoke his pipe, but he does not employ himself in any way, & wanders about all day in an aimless manner. His bodily health is good. E.H.

Sept. 1901.

The patient is not nearly so well again, he is acutely melancholic, he wanders about all day, wringing his hands, pulling his hair, & groaning & shouting in a most unpleasant manner, his sleep at night is broken, but ~~and~~ he is not so sleepless as he makes out. His bodily health is good. E.H.

Aug. 1901

Discharged not improved to Bethlem Asyl. 23rd August 1901. E.H.

105

1062



Admitted.  
9<sup>th</sup> June 1901.  
Urgency.

Philip Daniel Outless: Oct 56.  
Married. Retired Naval Officer.  
Church of England. First attack. Not  
previously under care. Duration of existing  
attack: One week. Supposed Cause: Intemperance.  
Said to have had one fit. Neither suicidal  
nor dangerous.

Family History Negative

Personal History. There is a history of intemperance for years past.  
Copy of Certificate. That he has been restless, constantly  
moving from room to room in an aimless  
manner. That he has talked incoherently  
to such an extent that his voice is  
almost gone. He is so busy talking that  
he cannot stop to take food.

has rather dull and depressed for some  
days. Became suspicious, & said everyone  
was plotting against him. Yesterday  
(June 8<sup>th</sup>) became very excited & talked  
all day in an incoherent manner about  
plots, time & eternity, & dangerous.

Notes communicated by Arthur H. H. S.  
Mercer: Secretary, High Street House  
St. Margaret's, Swickenham.

David. R. Clark:  
High Street House  
St. Margaret's  
Swickenham  
9<sup>th</sup> June 1901.

Appearance. The patient is a man about the medium  
height, & he is stoutly built & inclined  
to be fatty. He has white hair &  
beard & his face is flushed & his  
expression excitable & restless.

Phys. Exam. The patient has a well marked  
accentuation of the 2<sup>nd</sup> heart sound  
Pulse 1020 & the heart's impulse is somewhat  
No Sugar. forcible, but it is fairly regular. There  
is no swelling of the feet so far.

Present Mental. The patient is restless & excitable,  
Ambition. & he constantly mutters incoherently  
to himself. He is unable to converse  
rationally, & in fact he will not  
answer questions which are put to him,  
but will only chatter incoherently to  
himself when spoken to.

16<sup>th</sup> June 1901. The patient is somewhat quieter & he is  
resting better at night. He is inclined to  
wander in conversation, & at times he  
breaks into tears on account of his past  
misdeeds, so he states: His bodily health  
has improved.

23<sup>rd</sup> June 1901. The patient is still full of hallucinations  
of hearing & is very suspicious of those  
around him. He believes the other patients  
make remarks about him, to the effect  
that he has committed some crime or  
crimes, & that he must be punished for  
his ill doing: His bodily health improves.

30<sup>th</sup> June 1901. The patient is improving & his hallucinations  
are passing away. He now converses with  
the other patients & he is not nearly  
so suspicious as he was.

8<sup>th</sup> July 1901.

The patient is now quiet, well behaved & sensible. He expresses very great regret at his break down, & he states that he will make it his business in the future to take absolutely no alcoholic liquors of any kind for fear of again giving way to habits of intemperance. His bodily health has greatly improved. etc.

Discharged Recovered  
22<sup>nd</sup> July 1901.

D.D.





Admitted: Herbert Errie Ajello Oct 25-  
11th June 1901 Single. No occupation. Church of England.  
Residence: North Allack. Duration of existing  
attack. One week. Supposed Cause.

Probably the heart! Not epileptic,  
but he is suicidal & dangerous.

Family History Negative

Personal History He has been three times before insane,  
& has at different times been under  
treatment at Bethlem Hospital 1887.  
Virginia Water 1898. Northumberland House 1899.  
He has had no attack for the past two  
years. See Case-book 9: page 28.

Copy of Certificate: He is in a state of mental excitement -  
Very talkative, laughing at everything he  
says; & he behaves in an idiotic manner -  
He says that he believes he is haunted -  
& that the best way of getting rid of it  
is to throw himself in front of a train -  
He confesses to having acted in a wild,  
irresponsible manner, & to having gone  
for animals with a pole.

William Ajello, his father of Glenmore,  
Wraybury, says that he is excited &  
becomes very violent at times, & is beyond  
his control.

William Wadham Floyer  
Egham Surrey  
11th June 1901.

Appearance: The patient is a young man about the  
medium height, well built & athletic  
height 5'8 1/2 the looking. His facial expression is constantly  
height 6'2 1/2 the changing, he will laugh one minute, from  
the next, & upon no apparent provocation  
will make grotesque faces & gestures.

Phys. Exam: The patient is a well formed & muscular  
young man. His bodily health & general  
bodily condition are excellent.

Wine 1022 The knuckles & back of both hands  
to Alb. to Syon are bruised & swollen & there is an abrasion  
on the knuckles of the L hand. There  
are also some slight bruises on the  
R. arm. These marks of injury are all  
due to his violent behaviour prior to  
his admission. There is also a very small  
recent scar of an incised wound in the  
patient's abdominal wall, to the right  
of & slightly below the navel. This  
is the result of a self inflicted wound  
with a pen knife prior to his  
admission. The wound is probably only  
superficial & there are no signs or symptoms  
of any great harm having been done.

There were no other marks or signs  
of injury or violence of any kind to  
be seen.

Present Mental Condition: The patient is very excitable &  
talkative, he is deluded & unable  
to converse rationally for any length  
of time. He is suspicious & has delusions  
of unseen agency & also of persecution.  
He is inclined to be noisy at night  
& has required to be treated with sleeping draughts  
till

8<sup>15</sup><sup>th</sup> June 1901.

The patient is much quieter & he is beginning to settle down: He now will converse fairly sensibly, though he is inclined to laugh fatuously at nothing in conversation. His bodily health is good.

25<sup>th</sup> June 1901.

The patient has greatly improved he is now sensible & occupies his time in reading, & in taking an interest & share in the games & amusements of the institution.

1<sup>st</sup> July: 1901.

The patient remains in the same satisfactory mental & bodily condition.

8<sup>th</sup> July: 1901.

The patient is greatly improved, but he does not make many friends among the other patients. He told the S.D.O. the other day how very much ashamed he was of his late conduct when he was "mad". He states that all the neighbours know about it & he feels ashamed to go home. His bodily health is good.

8<sup>th</sup> Aug: 1901.

The patient is reserved, but he is quiet & well behaved, he reads a good deal, but he does not take advantage of the out-door amusements of the place in the way that he might. His conversation is rational & he will converse when spoken to, but he does not of his own accord converse with most people. His bodily health is good.

8<sup>th</sup> Sept: 1901.

The patient is keeping well mentally, & his bodily health is good.

Discharged Recovered  
1<sup>st</sup> October 1901.





Admitted  
12<sup>th</sup> June 1901.

Nilsson Peter. bet.  
Married. (Catholic). Protestant.  
First Attack. Never previously under  
treatment. Duration of attack. About  
two years. Supposed Cause.  
Not epileptic or suicidal. Dangerous at  
times.

Family History.

Personal History.

Copy of Certificates. Patient states that on Thursday last two men  
came into his house, took up the boards &  
carpet in one of the rooms, & placed a number  
of stones under the floor. Having done so they  
replaced the boards & carpet and went into  
the cellar. Meanwhile a man dressed in  
khaki mounted on a lamp-post in front  
of the house, whilst another man kept  
watch behind the garden wall to see that  
the others were not molested. Patient  
does not think that there was anything  
unusual in the conduct of these men.

(I am informed that this story has no  
foundation in fact.) Although patient  
talks rationally on general subjects, when  
the above incident is discussed, he becomes  
incoherent & rambling in his conversation.

From his general demeanour & conduct  
during the examination, I am satisfied  
that he is of unsound mind, and unable  
to take care of himself.

Certificate. Emma Sarah Nilsson - the patient's wife -  
informs me that the incident above described, is  
absolutely without foundation. That her husband's  
manner & conduct during the last two years are  
totally at variance with his former habits.

That he has become unable to conduct  
business. That on several occasions he has  
made grimaces at persons in the street,  
without any apparent object, and that he  
requires to be reminded that it is necessary to  
attend to matters of personal cleanliness  
and dress. That his mental condition is  
becoming progressively worse, and that she is  
afraid to undertake the responsibility of  
looking after him.

William MacLellan.

107. Water Lane

Hillside Green

London. N.W.

9<sup>th</sup> June 1901.

Patient ~~has~~ <sup>said</sup> he saw & heard 2 men in the  
cellar went to look for them. Said he saw  
them taking up the carpet in the morning  
room. Speaks very slowly & with a drawl,  
& does not seem to always understand  
what is asked him. Sometimes shouts at  
the top of his voice.

Emma Sarah Nilsson - Patient has been  
at times very violent lately. Threatens to  
throw witness. Shouts in the street at  
the top of his voice. At times is filthy in  
his conversation. Imagines he sees men in

Admitted

12<sup>th</sup> June 1901.Nilsson Peter

Pet.

Married. (Custodian). Protestant.  
 First Attack. Never previously under  
 treatment. Duration of Attack. About  
 two years. Supposed Cause.  
 Not epileptic or manic. Dangerous at  
 times.

Family History.

Personal History.

Copy of Certificate. Patient states that on Thursday last two men  
 came into his house, took up the boards &  
 carpet in one of the rooms, & placed a number  
 of stones under the floor. Having done so they  
 replaced the boards & carpet and went into  
 the cellar. Meanwhile a man dressed in  
 khaki mounted on a lamp-post in front  
 of the house, whilst another man kept  
 watch behind the garden wall to see that  
 the others were not molested. Patient  
 does not think that there was anything  
 unusual in the conduct of these men.  
 (I am informed that this story has no  
 foundation in fact). Although patient  
 talks rationally on general subjects, when  
 the above incident is discussed, he becomes  
 incoherent & rambling in his conversation.

From his general demeanour & conduct  
 during the examination, I am satisfied  
 that he is of unsound mind, and unable  
 to take care of himself.

Copy of Certificate.

Emma Sarah Nilsson - the patient's wife -  
 informs me that the incident above described, is  
 absolutely without foundation. That her husband's  
 manner & conduct during the last two years are  
 totally at variance with his former habits.

That he has become unable to conduct  
 business. That on several occasions he has  
 made grimaces at persons in the street,  
 without any apparent object, and that he  
 requires to be reminded that it is necessary to  
 attend to matters of personal cleanliness  
 and dress. That his mental condition is  
 becoming progressively worse, and that she is  
 afraid to undertake the responsibility of  
 looking after him.

William MacLellan.

107, Bodley Lane

Killesden Green

London. N.W.

9<sup>th</sup> June 1901.

Patient ~~has~~ <sup>and</sup> he saw & heard 2 men in the  
 cellar went to look for them. Said he saw  
 them taking up the carpet in the morning  
 room. Speaks very slowly & with a drawl,  
 & does not seem to always understand  
 what is asked him. Sometimes shouts at  
 the top of his voice.

Emma Sarah Nilsson - Patient has been  
 at times very violent lately. Threatens to  
 throw vitriol. Shouts in the street at  
 the top of his voice. At times is filthy in  
 his conversation. Imagines he sees men in



Copy of Certificate. the morning room. I called a policeman & asked him to arrest the men.  
Does not always understand what is said to him.

R. Woodley Stocker.

287. Willesden Lane

Willesden Green.

June 1901.

Appearance: The patient is somewhat below the medium height & thickly built.  
Height 5' 4" 1/2. His hair is dark brown & he wears a beard & moustache. His expression is heavy dull & fatuous.

Phys. Exam. The patient is a heavily built man, somewhat fatty & not very muscular. He is in good bodily health & condition, & there is no sign of cardiac or pulmonary disease.

His knee jerks are somewhat exaggerated & his tongue is protruded in a jerky manner. His gait is somewhat heavy & very slightly unsteady.

Present Mental Condition. The patient is dull & stuporous as a rule. He is unable to converse in a rational manner, but will answer simple questions fairly sensibly, though his speech is thick, slow, harsh & halting. He is somewhat excitable & inclined to be noisy at times & he has been removed to the Retreat.

19<sup>th</sup> June 1901. The patient is demented & fatuous. He is goodtempered as a rule, but at times shows a tendency to irritability. He is a General Paralytic in an

advanced stage & is becoming more & more feeble.

26<sup>th</sup> June 1901. The patient's gait & speech are very much affected & his mental powers are fast becoming enfeebled. He is in fact a rapidly advancing case of G.P. disease.

2<sup>nd</sup> July 1901. The patient is progressing on the downward path rapidly, he has been wet & dirty upon one occasion, & his mental condition is becoming very demented. His bodily condition however is good.

10<sup>th</sup> July 1901. The patient remains about the same mentally as upon the occasion of the last note, he has not however again been wet or dirty. His bodily health is good.

Discharged Not Improved by request of wife.

20<sup>th</sup> July 1901.



(Admitted) William Charles Johnson: Aet. 65-  
 12<sup>th</sup> June 1901. Single (Divorced) Bank Clerk. Church of England.  
 Last past attack: Previously under treatment  
 at Holloway Sanatorium & various other places.  
 Duration of existing attack. About three weeks.  
~~Copy~~ Supposed Cause: Recurrent. He is neither  
 epileptic, suicidal nor dangerous.

Family history Negative

Personal history See Case-Book 10. Page 115.

(Copy of Certificate) Patient is depressed & his memory is very  
 defective. He has hesitancy of speech, is very  
 reticent in answering questions. When pressed  
 for answers he becomes excited & threatening.  
 He has vague ideas of time, says he was  
 born in 1804.

Henry John Westcott attendant Fulham  
 Workhouse, states Patient is very restless both  
 by day & night. He is dirty in his habits, uses  
 filthy language & is spiteful & threatening  
 to the other inmates of the ward in which he  
 is placed.

Alfred Geo. Wells  
 Night House.

Beaumont Terrace  
 West Kensington

8<sup>th</sup> June 1901.

*Copy of Dictation:* He does not know where he is living. Imagines he has been robbed of his money, and that he is being starved for food.

Herbert Gregory attendant, informs me that he is very insolent and threatens violence at times. That he is constantly talking to himself and resents the company of others.

David Sivearight  
99, North End Road  
West Kensington  
8<sup>th</sup> June 1901.

*Appearances:* The patient is a tall thin man, his hair is turning grey & he has dull melancholic expression.

*Phys: Exam:* The patient is thin & in rather poor bodily condition. There is a bruise on the front of the chest. The bruise is fading & was caused prior to admission, there are no other signs of violence or injury. He suffers from a R. leguminal tumour of long standing. There is no Cardiac or pulmonary disease.

*Present Mental Condition:* The patient is silent, depressed, & somewhat sullen. He will not enter readily into conversation & keeps himself very much to himself. He is very uncertain tempered & very little would make him excited & abusive.

022.

19<sup>th</sup> June 1901. The patient is self absorbed & somewhat sullen as a rule, though at times he may be seen smiling to himself without apparent cause. He is uncertain tempered & inclined to be complaining & moaning. His bodily health is good. 022.

26<sup>th</sup> June 1901. The patient is suspicious & unsocial, he will not enter into conversation unless forced to do so, & then his powers of conversation are limited. He is self absorbed & silent. His bodily health keeps good. 022.

3<sup>rd</sup> July 1901. The patient appears to be a little brighter, that is to say he is not so morose. He can be frequently seen talking & laughing to himself, but he will not enter freely into conversation. His bodily health is satisfactory. 022.

11<sup>th</sup> July 1901. There is no further improvement, but on the other hand the patient does not appear to be becoming worse. His bodily health is good. 022.

10<sup>th</sup> Aug. 1901. The patient is sullen, self absorbed & suspicious. He may at times be seen muttering to himself; he is full of complaints & grumbles & it is seldom that a M.O. passes but that the patient has some request to make. His bodily health is good. 022.

10<sup>th</sup> Sept 1901. The patient is somewhat quieter & more settled, he is not so full of complaints & is altogether more contented. His bodily health is good. 022.

16<sup>th</sup> Oct: 1901

There is no change or improvement  
of any kind to be noted. *W.H.*

10<sup>th</sup> Jan: 1902

The patient is quiet & uncertain  
tempered, he is a confirmed grumbler,  
but he is perhaps not quite so  
bad in that respect as he was. *W.H.*

July 20. 02

Disson & badly behaved, untidy in  
dress, uses coarse & offensive  
language if crossed in any way. *W.H.*

Aug 26. 02

No change since above date. *W.H.*

Oct 2. 02.

Since above date patient has been  
gradually improving & today was  
discharged recovered. *W.H.*



Admitted  
29<sup>th</sup> June 1901.

Lawrence Jennings. Et 66.

Single. Late stockbroker. First attack  
Duration of existing attack. About 35 years.  
Previously under treatment at High House  
Northampton & Bromford House latter. Supposed cause  
Unknown. Neither epileptic, suicidal, nor  
dangerous.

Family History. An uncle & an aunt insane.

Personal History. Height 5 feet 11 in Weight 16<sup>lb</sup>

Order of Reception of Chancery Patient  
Dated 25<sup>th</sup> June 1901.

Phys: Exam: He suffers from varicose veins, otherwise healthy.  
Present Mental Condition. The patient is talkative & very fond of  
talking of himself & his affairs, & will  
enter into details of his most personal  
& private affairs upon the slightest  
acquaintance with any one. He just  
to talk of his financial position appears  
to be a great delight to him. etc.

6<sup>th</sup> July 1901. The patient is very fond of repeating  
his whole history & financial position  
whenever he can get any one to whom  
he can confide, & he states that his  
sister is his enemy & has obtained  
possession of some money which ought to  
be his by right, he cannot tell why his  
sister is his enemy, but states that  
several relatives warned him against  
his sister. He also states that J<sup>r</sup> Deas  
of Bromford House has been the means of  
his losing some property in Jersey.  
His bodily health is good. etc.

6.15<sup>th</sup> July 1901.

The patient is quiet, well behaved & sensible. He does not appear to make many friends among the other patients, but he readily converses with the A.M.C. when ever they meet. He is complaining of some discomfort from his varicose veins, otherwise he is in the best of health. *W.H.*

32<sup>nd</sup> July 1901.

The patient is apparently quite happy & pleased with his surroundings. He is very fond of talking about his property, & misses no opportunity of informing any one who will listen to him, that he is a wealthy man &c. His bodily health remains good. *W.H.*

29<sup>th</sup> July 1901.

The patient remains in the same ~~contented~~ contented & apparently happy condition. He is full as ever of his own importance & his property. His bodily health remains good. *W.H.*

29<sup>th</sup> Aug. 1901.

There is no change or improvement of any kind to be noted. *W.H.*

28<sup>th</sup> Sept. 1901.

The patient is fairly contented & happy, & with the exception of the varicose vein in his leg he is in good bodily health. *W.H.*

28<sup>th</sup> Oct. 1901.

There is no change to be noted, the patient's bodily health is good. *W.H.*

27<sup>th</sup> Jan. 1902.

The patient is full of his own importance, & he never allows an opportunity pass by of stating how wealthy he is &c. His bodily health is good. *W.H.*

July 20.02

Delus & egotistical, does not converse on any subject but. Anal. of his property - & relatives. *W.H.*

Oct. 02

Jan. 30.03

No change. No change, patient is happy and contented and talks of his private affairs to anybody who will listen. Bodily health is good. *W.H.*

April. 28.03

No change. *W.H.*

22 Aug. Patient went on leave of absence for one month. *W.H.*

24 Sept. Still on leave. *W.H.*

15 Oct. Returned from leave in good health. *W.H.*

20 Dec. He is solitary & selfish, his conversation consisting of his money affairs. He accuses his relatives and others of trying to cheat him. His health is good. *W.H.*

1904

30 Mar. He is egotistical & selfish & deluded that his relatives are trying to deprive him of property. His sight is failing owing to Cataract. General health good. *W.H.*

3 May

Removed, not improved, to private care; on the authority of the Committee of the Poor Law.

Admitted  
2<sup>nd</sup> July 1901  
Diagnosis:

George Howard Mapplebeck let 24  
Single. Articled to Mining Engineer, Church of  
England. First attack, not previously under  
treatment. Duration of existing attack.  
About six weeks. Further epileptic and  
suicidal. Makes impulsive attacks.  
Supposed Cause. Unknown.

Family History. No near relatives known to be insane.

Personal History.

Copy of Certificate. He is suffering from permanent mental  
weakness with periodic outbursts of  
homicidal violence. He admits nearly  
strangling his tutor simply because he  
lost a game at tennis & admits that he  
is unable to control himself.

Harold Mapplebeck of same address tells  
me he can neither be trusted with  
young children or the lower animals.

G. H. Savage: M.D.

3, Henrietta Street

W.

2<sup>nd</sup> July 1901.

Appearance.

Height 6 ft  
Weight 12 1/2 - 13 1/2

Phys. Exam.

Mapplebeck is a tall strongly built  
young man. He has dark brown hair  
somewhat coarse & straight. His  
facial expression is dull, heavy looking,  
& he frequently laughs in a forced  
manner upon the slightest provocation.  
He is strongly built, & he is fairly  
muscular. He is in good bodily health.



- Present Mental Condition. The patient is quiet & well behaved so far, & he will converse sensibly, though his conversation shows him to be of feeble intellect & not capable of deep thought or of great reasoning power. *CP*
- 8<sup>th</sup> July 1901. The patient is behaving well so far & is giving no trouble. He plays cricket & has also played tennis & has not as yet given way to any bad impulses. His bodily health is good. *CP*
- 15<sup>th</sup> July 1901. The patient is simple minded & of no mental capacity, but he is sensible, & so far, has shown no signs of moral depravity. His bodily health is good. *CP*
- 32<sup>nd</sup> July 1901. The patient is behaving well & taking a healthy interest in the games & amusements of the institution, & remains in excellent bodily health. *CP*
- 29<sup>th</sup> July 1901. The patient is simple minded, but so far he is good tempered & well behaved. His bodily health is good. *CP*
- 30<sup>th</sup> Aug. 1901. There is no change or improvement of any kind to be noted. *CP*
- 13<sup>th</sup> Sept. 1901. Today the patient went out on leave to Home Villa. *CP*
- 24<sup>th</sup> Oct. 1901. Today the patient returned from Home Villa. *CP*
- 23<sup>rd</sup> Jan. 1902. The patient is simple minded, but he is quiet & well behaved & he takes an interest in the amusements of the place. His bodily health is good. *CP*

- July 20.02. Completely weakened, well behaved & takes part in the games of the place. *CP*
- 4.1902 No improvement as to his weak mindedness. Takes an interest in what is going on. *CP*
- 30.03 PT has become very excited and peculiar in his manner for the last few days. He is sulky in his manner. Has erythema of left eye lid due to irritation caused by him picking a boil he had on left forehead over the left eyebrow with a dirty pin. *CP*
- 2.2.03 Patient's eye lid is less swollen and erythema abating. Patient is rather quiet & more sociable. *CP*
- 12.9.03 PT has been very silly and idiotic lately in his conversation and rather worrying. *CP*
- 3 Aug. This morning patient kicked Mr. Underley in front who struck him on the mouth. There is slight swelling of the upper lip - no other injury. Patient is incontinent & unintelligible in conversation and very untidy in his habits. His health is good. *CP*
- Aug. This morning on getting out of bed the patient became very excited and attacked two of the attendants under the delusion that they had a cheque of his. He was naked, and in the struggle which ensued he received a few very superficial scratches on the chest & arms. No other injury could be discerned on examination. *CP*



25 June 1903

Present Mental Condition. The patient is quiet & well behaved so far, & he will converse sensibly though his conversation shows him to be of feeble intellect & not capable of deep thought or of great reasoning power. E.S.

8<sup>th</sup> July 1901. The patient is behaving well so far & is giving no trouble. He plays cricket & has also played tennis & has not as yet given way to any bad impulses. His bodily health is good. E.S.

16<sup>th</sup> July 1901. The patient is simple minded & of no mental capacity, but he is sensible & so far, has shown no signs of moral depravity. His bodily health is good. E.S.

22<sup>nd</sup> July 1901. The patient is behaving well & taking a healthy interest in the games & amusements of the institute & remains in excellent bodily health.

24<sup>th</sup> July 1901. The patient is simple minded, but he is good tempered & well behaved. His bodily health is good.

29<sup>th</sup> Aug. 1901. There is no change or improvement any kind to be noted.

13<sup>th</sup> Sept. 1901. Today the patient went out on leave to Kove Villa.

24<sup>th</sup> Oct. 1901. Today the patient returned from Kove Villa.

25<sup>th</sup> Jan. 1902. The patient is simple minded, he is quiet & well behaved & he takes an interest in the amusements of the place. His bodily health is good.

July 20.02. Completely weakened, well behaved & takes part in the games of the place. E.S.

Oct. 1902. No improvement as to his weak mindedness. Takes an interest in what is going on. E.S.

Jan 30.03. PT has become very excited and peculiar in his manner for the last few days. He is silly in his manner. Has erythema of left eye lid due to irritation caused by his picking a boil he had on left forehead over the left eyebrow with a dirty pin. E.S.

Feb. 2.03. Patient's eye lid is less swollen and erythematous. Patient is rather quieter and more sociable. E.S.

April 19.03. PT has been very silly and idiotic lately in his conversation and rather worrying. E.S.

1903

14 Aug. This morning patient kicked Mr. Kinderley, informant who struck him on the mouth. There is slight swelling of the upper lip - no other injury. Patient is incontinent & inintelligible in conversation and very untidy in his habits. His health is good. E.S.

25 Aug. This morning on getting out of bed the patient became very excited and attacked two of the attendants under the delusion that they had a cheque of his. He was naked, and in the struggle which ensued he received a few very superficial scratches on the chest & arms. No other injury could be discerned on examination. E.S.



25 Jan 1903



1903. 24 Sept. He is foolish in manner and conversation, untidy in habit and destructive. In good health. *CHD.*
- 20 Dec. Patient is much improved, is clean & tidy in habits, is not obscene in conversation and goes for long walks with an attendant daily. He reads and otherwise amuses himself & is quite amiable. *CHD.*
- 1904  
30 Mar. He is weak-minded & foolish but has been conducting himself in the most orderly manner & is clean & good-natured. He is now in the 1st and goes for long walks & bicycle rides. *CHD.*
- 30 June. Patient continues to be clean and orderly in his habits and takes plenty of exercise out of doors. He is very weak-minded and addicted to masturbation. Health good. *CHD.*
- 26 July. Went on leave to Bournemouth with an attendant. *CHD.*
- 23 Aug. Returned in excellent health. *CHD.*
- 17 Sept. Weak-minded, foolish in manner and conversation. Fat & in excellent health. *CHD.*
- 16 Dec. No mental or physical change. *CHD.*
- 1905: 20 Mar. Imbecile: incapable of conversation. Fat & healthy. *CHD.*
- 20 June. No mental or physical change. *CHD.*
- 10 Sept. Imbecile at times very destructive & dirty. Health good. *CHD.*
- 20 Dec. An imbecile, incapable of occupation or intelligent conversation. Health good. *CHD.*
- 1906 22 Mar. No mental or physical change. *CHD.*
- 10 June. Imbecile, dirty, destructive & unscrupulous. In excellent health. *CHD.*
- 8 Sept. Has been better lately. Goes out for bicycle rides with an attendant & goes to the entertainments. Quite incoherent in conversation. At times suffers from his throat. *CHD.*

- 1 October. Was out bicycling with an attendant to-day and was knocked over by a motor car coming from behind. On examination he was found to have strained some of the muscles of his back, but otherwise was unharmed except for a bruise over the right hip, and one or two about the knees and legs. There were no signs of fracture or of any internal injury. *CHD.*
- 7 December. Incoherent, and at times dirty in his habits. In good health. *CHD.*
- 1899  
6 February. Dull and listless, with alternating periods of excitement. A confirmed masturbator. *CHD.*
- 23 May. Has been laid up for a week with cellulitis, but has since recovered under treatment. Before his illness he was destructive and violent. On one occasion he made an impulsive attack on his attendant and tried to strangle him, but fortunately was brought under control before he was able to do any harm. *CHD.*
- 20 August. Patient has improved lately mentally, and has ceased being destructive in his habits. He is quite incoherent in conversation, & occasionally violent. *CHD.*
- 15 November. No change since above entry. *CHD.*

Cont. Case Book A. P. 343.



Admitted  
17<sup>th</sup> July 1901.  
Weymouth.

Francis Gardner Lyon. Oct 28.  
Single, Agricultural Student, Church of England.  
His first attack: Previously under treatment  
at Weyford House, Exeter. Supposed cause  
over cycling & racing in hot sun: Neither  
Epileptic, suicidal or dangerous.

Family History. His near relative & known to have been  
insane.

Personal History. He has had at least <sup>two</sup> previous  
attacks. The present attack has commenced a few  
days ago.

Copy of Certificate. He was excited and incoherent: talked much of  
his powers as a cyclist: had broken himself  
to ride 20 miles within the hour on an  
average road: was going to buy a motor car  
& buy it for £800.

His mother Mrs Lyon, of East Caversham  
tells me he has twice been confined in an  
asylum. That he has no means of  
making such purchases: That he has been  
going about on bicycles & motor cars for  
two nights & two days and longer without  
rest. That he squanders his money.

H. J. Maurice  
Kendrick Road  
Reading.

16<sup>th</sup> July 1901.

Appearance: He is <sup>fairly</sup> <sup>well</sup> tall very built, muscular  
young man, in the best of health &  
Physical Condition. There was a bruise  
on the R. hip, & some bruising upon the  
arms, all noticed upon admission.

Appearance.

There will probably be further bruising  
about the arms & wrists in the course of  
the next few hours on account of his resistance  
during the time he was being conveyed to  
this institution.

Phys. Exam.

Wine 1025

1 built quality of all.

Present Mental

Condition

The patient appears to be in the best  
of health & in extremely good Physical  
Condition.

The patient is inclined to be resistive  
& threatens violence towards any one  
who will "lay a finger on him". However  
upon the appearance of several attendants  
he offered no kind of violence & did as he  
was told fairly quietly. He is in a  
very excitable state - he threatened  
to put the matter of his detention in  
the building in the hands of his  
Solicitor & stated that he would  
claim £100,000 damages for illegal  
detention, but he was unable to say  
from whom he expected to obtain these  
damages. He talked in a rambling &  
excited manner about many subjects, &  
in all his statements there was the  
same tendency to gross exaggeration.

24<sup>th</sup> July 1901

The patient is extremely restless &  
inclined to be excitable. In conversation  
he is boastful & much given to  
exaggeration & his conversation rambles  
a good deal, he rushes off from one  
subject to another & does not appear  
to be able to give his mind upon any  
one subject ~~from~~ for any length of  
time. He is always asking for something

And he is quite unable to look after himself, when he receives tobacco he will give it away, & he will then demand, & in no very civil manner, a fresh supply.

He states that he is not going to stay here any longer, that he is illegally detained, & that he will ~~press~~ sue the Medical Superintendent for false imprisonment.

He states that he did take a large quantity of spirits at one time, but that he has not done so of late.

30<sup>th</sup> July 1901.

The patient remains in a very restless & excitable state, he cannot keep still for more than a few minutes at a time, & he talks incessantly the whole day long. He is constantly writing letters & notes to various officials in the place, & he makes calculations on paper which he believes to be betting calculations, & he stated to me of the vol. borders that he betted as a rule to the amount of £500 every week, & that last week he had made £700 in betting, but this is impossible as he was then in this hospital.

Yesterday 29<sup>th</sup> July 1901. The patient played substitute for the cricket eleven which visited the institution, which had arrived a man short.

The whole day he behaved in

a most outrageous & ~~excitable~~ manner.

He boasted of every thing he did & could do:— he stated that he had backed himself for £5000 to ride a bicycle race in which he undertook to ride at the rate of 20 miles an hour: He stated that he only played village cricket now, & that he had for many years given up County Cricket — though it is pretty evident from his play that he never has played for any County — He complained of his ill usage upon his arrival here, though there is no evidence of any such ill usage, though as he was resistant at the time of admission he had to be firmly & properly dealt with. He stated that he was going to claim £500,000 Damages for illegal detention from the institution — £18,000 of which would be compensation for that amount which he stated he would have made if he had not been here & had been at the Hindon races. He also stated that he was leaving this hospital the next day, that Dr. Deas, & Dr. Savage & Dr. Nicholson were coming to certify him as sane, & set him at liberty. All this the A.M.C. heard him telling to various members of the visiting team, & his whole behaviour was boastful & vulgar.

5<sup>th</sup> Aug 1901.

The patient is somewhat quieter & better behaved, but he is still excitable & inclined to be outrageous.



6<sup>th</sup> Aug. 1901

in his ideas, & he is inclined to ramble in his conversation: yesterday while talking to the G. M. O. he was complaining of his illegal detention here, & although Dr. Deas came to see him three days ago, he expressed the opinion that he was not satisfied with all Dr. Deas said, & he stated that Dr. Deas was ~~very~~ prejudiced against him - though what he was unable to say: he also stated that the Dr., who was with him prior to his admission, & whom he believes signed his certificate, was going on in an insane manner. Standing various policemen in Champagne, & throwing handfuls of this, the patients, agitated out of the window to the passers by, & he expressed his opinion that this medical man was more like an insane person than himself. The probability is that the patient's statement is not to be relied upon as he is by no means a strict adherent to the truth: ~~etc.~~

The enclosed paper are an example of his so called billing transactions, & they are hardly intelligible: ~~etc.~~

13<sup>th</sup> Aug. 1901.

The patient is extremely bumptious & boastful, & he persists in stating that he was ill used, upon his admission, by certain attendants whom he has pointed out. ~~etc.~~

Page 158.

admitted  
July 1901  
ency.

Frank Lovick:

Oct. 45.

Address: 4 General Post Office, (Chancery Lane)  
First attack: never previously under treatment.  
Duration of existing attack: a few days (?)  
Supposed Cause: Grief at wife's death. Not epileptic or hysteric. Probably violent if provoked.

by history

His near relative known to have been insane.

by history

He has always been a steady man.

About three weeks ago he lost his wife suddenly - she died of shock following an operation for cancer. He has been squandering money recklessly for the last few days.

by history

He is very maniacal - Says he is the strongest man alive, that he can jump 18 feet, that he has £5,000,000 that he will give me a million, that his dog & four will take me to London, none of the above are facts: -

G. H. Savage R.D.  
3. Henrietta Street  
W.

16<sup>th</sup> July 1901.

circumstances

The patient is about the medium height of a somewhat spare build: His hair is of a dark brown colour & he is bald: his expression is excitable & restless & he will laugh upon the slightest provocation.

by history

The patient is thin but he is fairly muscular. He is well nourished & he is healthy as regards his bodily condition. His reflexes are active & his pupils slightly unequal.

in 1910

with history



1<sup>st</sup> Aug. 1901

in his ideas, & he is inclined to ramble in his conversation: yesterday while talking to the G. H. C. he was complaining of his illegal detention here, & although Dr. Deas came to see him three days ago, he expressed the opinion that he was not sane, with all Dr. Deas said, & he stated that Dr. Deas was ~~strongly~~ prejudiced against him - though when he was unable to say: he also stated that the Dr. who was with him prior to his admission, & whom he believes signed his certificate, was going on in an insane manner, standing various policemen and Champagne, & throwing handfuls of this, the patients, cigars out of the window to the passers by, & he expressed his opinion that this medical man was more like an insane person than himself. He probably is that the patient's statement is not to be relied upon as he is by no means a strict adherent to the truth:

The enclosed papers are an example of his so called betting transactions & they are hardly intelligible.

13<sup>th</sup> Aug. 1901.

The patient is extremely bumptious & boastful, & he persists in stating that he was ill used upon his admission, by certain attendants who he has pointed out.

Page 158.

Admitted  
18<sup>th</sup> July 1901  
Wynsey.

Frank Lovick;

Oct 45.

hider, in General Post Office. (Chase of day)  
First attack. Never previously under treatment.  
Duration of existing attack. A few days (?)  
Supposed Cause. Grief at wife's death. Not epileptic or suicidal. Probably violent & combative.

Family History

No near relative known to have been insane.

Personal History

He has always been a steady man. About three weeks ago he lost his wife suddenly - she died of shock following an operation for cancer. He has been squandering money recklessly for the last few days.

Copy of Certificate

He is very maniacal - Says he is the strongest man alive, that he can jump 16 feet, that he has £5,000,000 that he will give me a Million, that his dog & four will take me to London, none of the above are facts.

G. H. Savage R.D.  
3, Henrietta Street  
W.

16<sup>th</sup> July 1901.

Appearance

The patient is about the medium height of a somewhat spare build. His hair is of a dark brown colour & he is half bald. His expression is excitable & restless & he will laugh upon the slightest provocation.

Phys. Exam.

The patient is thin but he is fairly muscular. He is well nourished & he is healthy as regards his bodily condition. His reflexes are active & his pupils slightly unequal.

Present Mental  
Conditions:

The patient is very excitable & talkative: He is full of ideas of his powers as an athlete - he can run a mile in a minute - he is going to run a mile race this afternoon - His speech is but very slightly thick, & he only occasionally stutters over a word.

25<sup>th</sup> July 1901.

The patient is in a state of marked Mental exaltation: He is very talkative, & he is full of grandiose ideas & frequently boasts of his various achievements: He is going to ask several friends down here, so he states, & will stand his friends & all the staff here a Champagne lunch &c. His bodily health remains good.

1<sup>st</sup> Aug 1901

The patient is as full of exaltation as ever & is restless, talkative & excitable.

He has been complaining of sickness & dyspepsia of late & is looking pale & ill. The medical notes show his varying state of mind.

8<sup>th</sup> Aug. 1901.

The patient has been suffering from some slight gastric disturbance, but he made a great deal more of it than the condition required, & he was in consequence transferred to the Infirmary.

The patient is now recovered from this attack, but his mental condition is as unsatisfactory as ever.

15<sup>th</sup> Aug. 1901.

The patient has returned to the retreat: He is restless & excitable

as ever & his mental condition has not improved in any way: His bodily health, however, has improved.

22<sup>nd</sup> Aug. 1901.

The patient has become much quieter & much more sensible, he has been transferred to the main building & goes out onto the front grounds.

6<sup>th</sup> Sept. 1901.

To day, at the request of the physician, he was discharged relieved.

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Admitted  
19<sup>th</sup> July 1901.

Henry Plumridge. Aet 55.  
Married Organist. Church of England.  
First Attack. None previously under  
treatment. Duration of existing attack.  
Nine Days. Supposed Cause. Overwork.  
Whether Epileptic, Sincere or Dangerous.  
Family History. No relative known to be insane

Personal History

City of Certificate. He had the appearance of profound grief.  
and was holding the bedroom door as if  
in fear. When spoken to, he did not  
answer, nor did he seem to take any  
notice, except of sounds in the street;  
he kept repeating slowly "absolutely true",  
"false"

Miss Annie Louisa Cummings, Sarah  
Acland Nursing Home, Oxford, trained  
Nurse, that he thinks he has committed  
some crime for which he deserves  
to be hanged. That he told her  
to day (15<sup>th</sup> July 1901) that he was dead.

Alfred Rivers Millson.  
42, Wellington Square  
Oxford.  
15<sup>th</sup> July 1901.

Patient absolutely refused to answer  
any question or to enter into conversation.  
Has greatly altered in appearance  
of late.

City of Certificate

Esther Jane Plumridge wife of above, of  
6, Wellington Square informed me that her  
husband sleeps but little & wanders about  
the house in the night.

Harold Thompson F.R.C.S. L.S.O.  
St. Beaumont Street  
Oxford.

15<sup>th</sup> July 1901.

Family History  
Appearance.  
Present History

The patient is an old man with grey  
hair & beard; he was admitted in a  
an unconscious state, he was  
suffering from the effects of the  
heat. Upon admission he had a  
temperature of 104°. He was treated  
by applications of ice to the head &  
the temperature was reduced considerably.

Phys. Exam.

Urine 1080

No Alb. - No Sugar

The patient's temperature keeping above  
the normal on examination of the  
chest was made, but nothing was to  
be discovered to be wrong with the lungs  
or the heart. The patient has been  
practically unconscious since admission.

Present Mental  
Condition.

The patient has been unconscious  
& has not spoken since admission, &  
it has therefore been impossible to  
enquire into his mental condition.

26<sup>th</sup> July 1901.

Four days ago the patient was  
conscious & was able to put out his  
tongue when asked to do so. He was  
unable to answer questions sensibly,  
but he rambled in an incoherent  
manner & during which time he used  
the term "railway station" very frequently.

26<sup>th</sup> July 1901. He again lapses into a semiconscious state & he has spoken but little since: his temperature still keeps above normal.

2<sup>nd</sup> Aug. 1901. The patient now answers simple questions by "yes" & "no" but he is unable to converse for any length of time, he is quite "dazed" & no yet takes but little notice of his surroundings. He is as yet very feeble & unable to walk without assistance.

4<sup>th</sup> August 1901. The patient is very stuporose & is quite unable to do anything for himself, he hardly appears to understand what is said to him, & he is unable to attend to the calls of nature, for he has been found both wet & dirty during the last few days: his bodily health is but feeble.

16<sup>th</sup> Aug. 1901. The patient remains in the same stuporose, feeble & helpless condition.

He is wet & dirty at times & shows no signs of brightening up so far: his bodily health has slightly improved since admission.

28<sup>th</sup> Aug. 1901. The patient remains as stuporose as ever, & his mental condition is far from satisfactory: his bodily health however keeps fairly good.

23<sup>rd</sup> Sept. 1901. The patient is not improving, he is dull & apathetic, he will not converse when spoken to & he does

not employ himself in any way: his bodily health has improved.

Oct. 1901. The patient is stuporose & apathetic: he is at times wet & dirty, & he does not employ his time in any way: his bodily health is but feeble.

Nov. 1901. To day the patient was discharged & relieved to Bethlem Hospital.

26<sup>th</sup> July 1901. He again lapsed into a semicomatose state & he has spoken but little since: his temperature still keeps above normal.

2<sup>nd</sup> Aug. 1901. The patient now answers simple questions by "yes" & "no" but he is unable to converse for any length of time; he is quite "dazed" & as yet takes but little notice of his surroundings. He is as yet very feeble & unable to walk without assistance.

9<sup>th</sup> August 1901. The patient is very stuporose & is quite unable to do anything for himself, he hardly appears to understand what is said to him, & he is unable to attend to the calls of nature, for he has been found both wet & dirty during the last few days: his bodily health is but feeble.

16<sup>th</sup> Aug. 1901. The patient remains in the same stuporose, feeble & helpless condition. He is wet & dirty at times & shows no signs of brightening up so far: his bodily health has slightly improved since admission.

25<sup>th</sup> Aug. 1901. The patient remains as stuporose as ever. His mental condition is far from satisfactory: his health however keeps fairly good.

27<sup>th</sup> Sept. 1901. The patient is not improving, is dull & apathetic, he will not converse when spoken to & he does

not employ himself in any way: his bodily health has improved.

23<sup>rd</sup> Oct. 1901.

The patient is stuporose & apathetic: he is at times wet & dirty, & he does not employ his time in any way: his bodily health is but feeble.

12<sup>th</sup> Nov. 1901

To day the patient was discharged & relieved to Bethlem Hospital.



(Admitted)  
27<sup>th</sup> July 1901.

Harold Holgate Brown. Oct 35.  
Married. Journalist. (Church of England).  
Not first attack. (First attack 3 years ago). Never  
previously under treatment. Duration of existing  
attack. About three weeks. Supposed cause  
Overwork & drink. Not epileptic or suicidal.  
Dangerous - has threatened to shoot people.  
Family History. Father said to have died from brain disease.

Personal History.

Copy of Certificate. He is in a state of Mental excitement &  
has Delusions - he believes himself to be of  
great muscular strength - that his wife is  
pregnant (which I am informed is not true) -  
that men have congregated outside his  
house with the intention of assaulting him &  
committing burglary - & he says that there  
would be no other way to protect himself  
than by shooting them. He believes he is  
still able to work 48 hours a day.

Mr. George Hamtringham Cutler, Solicitor, of  
50 High Street Bognor, says that Mr. Brown's  
character has entirely altered of late: that  
he has seen him in a state of great  
mental excitement, & that he has  
threatened violence to others.

William Wadham Phipps  
27<sup>th</sup> July 1901.

Appearance. The patient is a man of slightly below  
height. 5' 9" 3/4" the medium height. His expression is  
height 5' 9" 3/4" somewhat restless & unstable looking, & there

## Appearance

## Phys. Exam.

Wine 1020.

Slight alk. body.

is a hectic flush in his cheeks: his hair is dark brown & he wears a mustache.

The patient is fairly muscular but thin, there is some flattening & marked dullness over the whole of the upper part of the L. side.

Breast: Mam: & Breast Res. are very considerably increased & there is all the evidence of advanced Phthisis of the L. lung: the R. side appears to be free so far: the cardiac sounds are normal. The patient is hoarse, & there is some congestion of the fauces.

He complains of a good deal of pain over the area of the L. apex of the lung: the tips of the fingers are very markedly clubbed, & he complains of being troubled by frequent expectoration.

## Present Mental Condition:

The patient was seen by the medical officer upon admission: he was then sullen & morose & averse to answering questions, but he was evidently excitable & somewhat disturbed by his journey. The next day the patient apologized for his rudeness the night before & stated that he had had a good night's rest & that the cause of his rudeness was due to the fact that he was upset at being forcibly brought here: He said that he had been drinking hard prior to his admission & that he had been very much worried over his private

affairs of late, & what with the drink & the worry he was very much run down & required a rest: He was very shaky & he certainly appeared as though a thorough rest was required: His chest was then examined & the condition mentioned before was found: He was then rather tired, & was thought better not to worry him by further questions that day.

The next day however he himself asked the A. M. O. for an interview. He first stated that he had had no sleep all night owing to the noise in the infirmary ward where he was sleeping - the ward had been noisy - & asked to be moved somewhere else.

Upon questioning him concerning the delusions mentioned in the certificate, he absolutely stated that he never had such delusions. - as regards the men whom he was supposed to have stated he was afraid would rob & assault him, he states that his house is in rather a lonely situation near a piece of waste ground where a fair was being held & that he had seen four rough looking men near the house & had remarked that it was possible they might endeavour to rob the house, if so he should have to protect himself with his revolver. He states that his wife is pregnant - a statement which is rather hard to disprove: He ~~is~~ makes no secret of the fact that he was drinking prior to admission & he

states that he knows he was in a very excitable state, & he also states that his wife's condition - being pregnant - & excitable & irritable together with worries over his private affairs, together with the drink <sup>had</sup> all combined to upset him & <sup>reduce</sup> him to a high nervous & excitable state, ~~which~~ he knew required rest to put him all right - He states that he is not insane & that he never was so.

3<sup>rd</sup> Aug. 1901.

The patient is quiet & well behaved <sup>etc.</sup> he converses sensibly, & is apparently free from delusions or hallucinations.

He does not admit that there was anything wrong with him prior to admission, with the exception of some excitement due to the causes mentioned before. His bodily condition, with the exception of the L. lung, has improved & he is not so shaky as upon admission <sup>etc.</sup>

Discharged recovered - Agency order having lapsed & patient having been with Brown.

8<sup>th</sup> August 1901

Francis Gardner Lyon: from page 143.  
20<sup>th</sup> August 1901. Yesterday the patient went before the Committee & his complaint of ill usage was thoroughly thrashed out, & after a lengthy & exhaustive enquiry the committee came to the conclusion that no undue violence had been used. etc.

23<sup>rd</sup> August 1901. On the 21<sup>st</sup> Aug. 1901. in the evening the patient, went as usual, to the ladies' side, & one of the lady patients danced a small step dance. The next day the patient complained to Dr. Harper that this dance was improper & unladylike.

However as the other C. M. C. of the male side was present when the dance took place, & saw that there was absolutely nothing wrong with the dance, he, the C. M. C. spoke very severely to the patient, Mr. Lyon, about his ungentlemanly insinuations.

The patient is now devoting a considerable portion of his time in the grounds sitting by the side of & talking to one of the Gray nurses, & in spite of his being engaged to a lady out side the building, & he therefore does not appear to possess too keen a perception between right & wrong.

15<sup>th</sup> Sept 1901.

The patient's cousin was visiting him yesterday, & this gentleman stated that his cousin F. G. Lyon wished to raise money in order to take proceedings against this institution for ill usage (see note 10<sup>th</sup> Aug.)



15<sup>th</sup> Sept. 1901.

Francis Gardner Lyon from page 158.

He also stated that M<sup>rs</sup>. Lyon wished to have money advanced to him by his trustees, of whom his cousin is one, so that he might buy a farm & settle down & marry one of the lady nurses here to whom he has become attached. He has, as his cousin states, broken off his engagement to the lady to whom he was engaged upon admission, in order that he may be free to marry the before mentioned nurse when he leaves here.

Dr. Gardner from also repeated to his cousin the statement he made some time ago concerning the conduct of the Medical man in whose company he was prior to admission (See note for 6<sup>th</sup> Aug. 1906, page 143). D.S.

25<sup>th</sup> Sept. 1901. To Day the patient was discharged  
relieved to comfort home Exeter.

28<sup>th</sup> Sept 1801

withd  
July 1901  
gency.

Ernest Lytles Fox: Oct 48  
Single. Late farmer in Canada. Church of Eng.  
First Attack. Never previously under treatment  
Duration of existing attack: Few weeks.  
Supposed cause unknown. Not epileptic or  
dangerous. Is suicidal.

ily History. A Sister has been insane.

30<sup>th</sup> July 1901. Attempted suicide by bucking a sharp round log

1/2 certificate He is in a state of melancholia & admits that yesterday he attempted suicide by strangling. He thinks that he is very wicked & that there is no hope for him.

G. Fielding Blandford

48. *Worm pole* 12

31<sup>st</sup> July 1901.

ance The patient is a tall man of spare build with curly brown hair, mustache.

to 6 feet His eyes are in a marked state of  
effusion of blood into the conjunctivae, &  
the orbital cavities, even up to the level  
of the superciliary ridges are ecchymosed  
due to his attempts ~~at~~ to strangle  
himself prior to a mission: his facial  
expression is greatly disfigured in consequence,  
but he appears to be deeply melancholic  
& miserable.

7. Exam. The patient is fairly muscular & he is apparently in good bodily health, though his restless condition renders a careful examination impossible.

15<sup>th</sup> Sept. 1901.Francis Gardner Lyon from page 158.

He also stated that F. G. Lyon wishes to have money advanced to him by his trustee, of whom his cousin is one that he might buy a farm & settle down & marry one of the lady nurse here to whom he has become attached. He has, as his cousin has broken off his engagement to the lady to whom he was engaged on admission, in order that he may be free to marry the before mentioned nurse when he leaves here.

F. Gardner Lyon also repeated his cousin the statement he made some time ago concerning the conduct of the Medical man in whose care he was prior to admission (See note for 6<sup>th</sup> Aug. 1901. page 142).

25<sup>th</sup> Sept. 1901.

To Day the patient was discharged, relieved to Womford House Eneta

25<sup>th</sup> Sept 1901

D.P.

Admitted

31<sup>st</sup> July 1901

Weymouth.

Ernest Lophis Fox

Aet 48

Single. Late farmer in Canada. (Church of Eng.)

First Attack. Never previously under treatment.

Duration of existing attack: Two weeks.

Supposed Cause Unknown. Not epileptic or dangerous. Is suicidal.

Family History

A Sister has been insane.

Personal History

He became melancholic after a monetary loss.

Copy of Certificate

30<sup>th</sup> July 1901. attempted suicide by bucking a sheep round his

He is in a state of melancholia &amp; admits

that yesterday he attempted suicide by

strangling. He thinks that he is very

riches &amp; that there is no hope for him.

G. Fielking Blandford

48. Weymouth St.

31<sup>st</sup> July 1901.

Appearance

The patient is a tall man of spare build with curly brown hair &amp; moustache.

Height 6 feet

Weight 11<sup>st</sup> 11<sup>lb</sup>

His eyes are in a marked state of

effusion of blood into the conjunctiva, &amp;

the orbital cavities, even up to the level

of the superciliary ridges are engorged

due to his attempts to strangle

himself prior to admission. His facial

expression is greatly disfigured in consequence,

but he appears to be deeply melancholic

&amp; miserable.

Phys. Exam.

The patient is fairly muscular &amp; he is

apparently in good bodily health, though

his restless condition renders a careful

examination impossible.

Urine 10.25

No Alb. No Sugar

Phosphates



Present Mental  
Condition:

The patient is in a state of acute melancholia - he suffers from the delusion that he is lost beyond redemption & wishes to be put out of his misery. At times he becomes extremely restless & hysterical, throwing himself into various positions & rolling off the sofa, unless held onto it, & slipping off any chair upon which he may be placed. He is quite incapable of rational conversation & can only mutter to himself of his misery & his desire to be put out of it. <sup>off</sup>

6<sup>th</sup> Aug. 1901

The patient is not quite so restless & hysterical, but he is still in a state of acute melancholia.

The discolouration of the eyes & face is as marked as upon admission.

His bodily health is fairly good. <sup>off</sup>

12<sup>th</sup> Aug. 1901.

The patient is in a state of melancholia agitata, & he is therefore very difficult to manage. He is frequently noisy at night & requires to have a special attendant sitting up with him. His bodily health is good. <sup>off</sup>

14<sup>th</sup> Aug. 1901.

The patient's mental condition does not improve & he is as restless & melancholic as ever, & he requires constant attention. <sup>off</sup>

26<sup>th</sup> Aug. 1901

The patient is somewhat quieter & not so restless, but he is still very depressed & melancholic. His bodily health has improved. <sup>off</sup>

26<sup>th</sup> Sept. 1901.

The patient is again extremely restless & acutely melancholic. He is sleepless at night, & he is full of the delusion that he has committed sins for which he can never be forgiven, & that he is being punished. He is becoming thin & is not looking well. His bodily health is ~~not~~ only fairly good. <sup>off</sup>

26<sup>th</sup> Oct. 1901

The patient is in a state of acute melancholia, & there is no improvement of any kind to be noticed. His bodily health is fairly good. <sup>off</sup>

26<sup>th</sup> Nov. 1901.

The patient is showing no signs of recovery, he is very deluded, he believes that his soul is lost, that he is suffering from Syphilis &c. His bodily health is fairly good. <sup>off</sup>

26<sup>th</sup> Feb. 1902

There is no change or improvement of any kind to be noted. <sup>off</sup>

Transferred to Moorcroft Asylum

15<sup>th</sup> April 1902.



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Admitted  
11th Aug. 1901  
Urgency:

John Brown. Oct 50.  
Married. Farmer. (Church of England).  
First attack. Never previously under  
treatment. Duration of this attack? 2  
Supposed cause: Business worries.  
Not suicidal. Epileptic, or dangerous.  
Family history: No relative known to have been insane.

Personal history.

Copy of Certificate has been in a restless condition for 4 days;  
has been depressed; imagines he is ruined;  
has lost account of time & place; wishes  
to take his wife to prison; has been  
violent to her; imagines that there are  
people coming onto the house to injure  
him; is in a dazed condition; cannot  
understand or answer questions.

by Mr. Aris Brown (Niece in law) 11 St. Stephens  
Gardens, E. Twickenham, Mid. that he  
is restless, constantly wishing to "go";  
that his wife is going to prison; has been  
violent to his wife; was afraid of his  
brother who has evil intentions against him.

by Mrs. Alice Brown (Niece) Marsh Gifford,  
Bicester; - that he imagines he is utterly  
ruined; that his mother & brother were  
both ill & that he was the cause; that  
his wife is going to prison; that people  
came into the house to injure him.

Jas. Johnston M.D. F.R.C.S.  
26 Elm Road, Richmond Surrey  
3rd Aug. 1901

Appearance.

Height 5' 6"  
Weight 11' 6"

Phys. Exam.

Wrote 10.25

Ulcer present  
he says.

The patient is a short thick-set man.  
Somewhat inclined to stoutness, his hair is  
of a sandy colour turning grey, & he  
wears a moustache. His expression is very  
stolid-looking & wanting in animation.  
The patient is fairly muscular, but the  
muscles are flabby & wanting in tone.

His chest is well formed & there is  
no sign of Cardiac or Pulmonary disease.  
His pupils are somewhat dilated but of  
equal size, but their reaction is sluggish.  
The tongue is protruded in a somewhat  
spasmodic manner, & when protruded is  
markedly tremulous. The knee jerks are  
active & upon the L. side the knee jerk is  
exaggerated. His gait is slow & of a slightly  
"shuffling" nature.

Present Mental  
Condition.

The patient is dull & silent, he can  
with difficulty be got to answer any  
questions. His speech is slow, hesitating  
& somewhat harsh. There seems to be  
a certain amount of stupor, & he does not  
appear to have any idea what day of  
the week it is. He will only answer  
questions in a monosyllabic manner, & so  
far it has been impossible to find out  
what his likes or dislikes might be, &  
therefore he has not occupied his time  
in any way. So far he has shown no  
signs of violence, & his conversation is  
so limited that it has been impossible  
to detect any delusions.

11th Aug. 1901.

The patient has become very restless  
& excitable. He is noisy at night & he

14<sup>th</sup> Aug. 1901.

wanders about all day struggling with the attendants, or any of the patients, wishing to fight. He is quite incoherent in speech & manner, his gait is shuffling & unsteady, & although he is pugnacious yet he is too feeble to do any serious harm to others. He has required to be controlled & in consequence there are some bruises on the chest, R side & abdomen. These bruises are not of a serious nature however. D.H.

18<sup>th</sup> Aug. 1901.

The patient is stuporous as a rule, but he has periodic attacks of resistive violence, & he is frequently noisy at night, his gait is feeble & his speech very much affected. D.H.

23<sup>rd</sup> Aug. 1901.

The patient is a General Paralytic, & the disease is advancing fairly rapidly & the patient is very troublesome at times. His bodily health is good. D.H.

30<sup>th</sup> Aug. 1901.

The patient is demented & mentally confused, but he is somewhat quieter, he is becoming more & more demented & feeble. His bodily health is good. D.H.

30<sup>th</sup> Sept. 1901.

The patient is somewhat brighter, & he is taking notice of his surroundings. There is still however great mental confusion. His speech is tremulous & his gait unsteady. His general health is fairly good. D.H.

30<sup>th</sup> Oct. 1901.

The patient is very greatly improved. He is sensible & able to converse in a

5. 1901

rational manner, he takes an interest in his surroundings & is looking extremely well. He is not so unsteady in his gait, & his speech is steady. D.H.

Nov. 1901

Today the patient went out on leave.

20<sup>th</sup> November 1901.

Discharged Recovered from leave.  
18<sup>th</sup> February 1902.



Admitted  
6<sup>th</sup> Aug 1901  
Agency:

Frederick Longman Oct 63  
Married, Engraver Protestant. Not  
first attack. Previously under treatment  
St Ann's Ranch 1898 (Aug. 117) Duration of  
existing attack. One year & ten months.  
Supposed Cause. Previous Attacks & Drink.  
Subject to epileptic seizures when he is  
drinking hot brandy. Dangerous at times.

Family History Father was insane.

Personal History He has been under treatment for insanity  
at least twice previous to his admission  
at the present time.

Copy of Certificate. Very great excitement for trivial causes,  
threatens to kill policemen & doctors, also  
suicide, threatens violence & greatly alarms  
other members of household. Talks of intimacy  
& knowing lots of the aristocracy also Prince of  
Wales & particularly Lord Dufferin, alluded  
to his powers as an actor. Called himself  
Garrik & could excel Irvine.

During the past week, he has been  
sleepless & not taking his usual food, very  
little indeed the last 3 days, takes to  
wandering about town at night time, one  
all night on 2 occasions, associating with  
lowest classes talking in great excitement,  
incoherent & vilifying certain persons of  
whom he is suspicious, unreasonably so &  
very contrary to his usual habits when  
himself, causing crowds to collect.

Ellen Jane Storey niece of Frederick Longman  
& living at Sandhurst Elphinstone Road Hastings

Allyp. Antipona states being afraid of his violence & himself & his wife being constantly & for the most causes terribly excited; heard him repeatedly threaten to kill police & doctors, alluded to buying pair of boots 600 yrs ago when Doubleday to the time said it might be 600 yrs ago not quite sure - Claims Lord Dufferin as a personal friend of his which is not so of course claims great personal strength & can run faster than any horse.

J. H. Roberts M.D. F.R.C.P. (Hon.)

18 Cambridge Road

Hastings.

5<sup>th</sup> August 1901.

Appearance: The patient is a badtempered looking man, half bald & wearing a mustache. Height 5<sup>ft</sup> 7<sup>in</sup> & heard turning grey. His expression is suspicious but sharp-looking & the whole expression is somewhat unpleasant.

He is below the medium height & of a somewhat spare build. Scars on forehead.

Phys. Exam: The patient is not very muscular, & though thin he is well nourished, the chest is fairly well shaped & there is no sign of Cardiac or Pulmonary Disease.

Mine. 105. 625.

No. 111. 110. 110.

Present Mental Condition.

The patient is easily excited & he is very full of ideas of his own importance.

He is extremely boastful, states that he is an extremely fast runner, that he is afraid of no one & c. & c.

His memory is extremely defective, & his bodily health is good.

12<sup>th</sup> Aug. 1901. The patient is excitable, talkative & boastful, his statements are not to be relied upon, & his belief in his own powers is abnormal. His bodily health is good.

19<sup>th</sup> Aug. 1901. The patient is uncertain tempered & excitable, he has been sufficiently quiet however to remain at the main building, & his bodily health is good.

20<sup>th</sup> Aug. 1901. The patient is talkative, boastful, & uncertain tempered. He has not however given way to any violence, & he still remains at the main building. His bodily health is good.

2<sup>nd</sup> Sept. 1901. The patient is perhaps slightly improved, but he is not to be relied upon in his temper is most uncertain. His bodily health is good.

2<sup>nd</sup> Oct. 1901. The patient is uncertain tempered & very excitable, he is noisy at times & is extremely restless. His bodily health is good.

2<sup>nd</sup> Nov. 1901. The patient's mental condition is not improved in any way, but his bodily health keeps good.

2<sup>nd</sup> Dec. 1901. The patient is noisy, talkative & excitable. His language is often filthy & his ideas are constantly dwelling upon the opposite sex in a manner which is most indecent. His bodily health is good.

July 25. 02. Is quite now, still has crying for alcohol, is demented but apparently now free from delirium.

Aug 26.02 To day went on bear To  
Oct 23.02 To day Anchorage received. 74

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Admitted  
7th Aug. 1901.

Joseph Abbott Temple. B.A. 1873.  
Married. (Clerk in Holy Orders (Retired))  
Church of England. First Attack. Never  
previously under treatment. Duration of  
existing attack. About a month.

Supposed Cause. Shock at hearing of serious  
illness in his son in S. Africa.

Family History. Neither Epilepsy, Insanity, nor Dangerous.  
No relative known to have been insane.

Personal History

Copy of Petitioner found him rambling & incoherent in his  
conversation. Under the impression that he  
was going to live in a palace, with  
large sums of money under his control.

Mr. Wilfred Durrant 20 St. Mary's Grove  
Gunnembury son-in-law says that he has  
tried to cut up the furniture to find  
£100,000 hidden there, & that most  
things which he talks of as having happened  
during the day have never taken place.

Henry Diney M.D.

6 Park Road

Bedford Park.

Chiswick

6th August 1901.

Manner Strange; Speech incoherent, rambling  
& irrational and statements unconnected;  
Gestures &c. extravagant. Delusion that  
he is a millionaire; that there was "gold in  
a leather case" in a chair which he

would get "with a dagger." Said Dick & Ds  
& Liberal M.P. would lick their heads from  
daylight in Hotel Metropole & fall into pit of  
destruction &c. &c.

Edith Jane Durrant, daughter, 20 St. Mary's Grove  
Gunnembury, Strangeness & Manner &c.  
Asks for food & then throws it in gutter; said  
he would put officials at Greenwich Post Office  
on the rack to find out what money his wife  
had; said his stockbroker was worth fabulous  
wealth which could only be maintained by  
adding together loans of antiquity & vast  
sums collected by Napoleon & stored in vaults  
in Paris & London &c. &c.

Gerald Denton Winston  
Grosvenor House  
Heathfield Gardens  
Chiswick.

6th August 1901.

Appearance. The patient is below the medium height  
& thin & withered looking, his hair, &  
his 5th 6th  
beard & moustache are white. He is old  
looking & somewhat vacant in expression,  
but there is nothing abnormal in his  
appearance for a man of his age.

Stature. The patient is very thin & the skin  
presents a very wrinkled & shrivelled  
appearance. The chest is fairly well  
formed, & there is no sign of Pulmonary  
or cardiac disease.

Int. Mental Action. The patient is incoherent & unstable.  
He chatters incoherently to himself  
the greater part of the day. He will

Admitted  
7th Aug. 1901.

Joseph Abbott Temple, M.A. Aet 78.  
Married. Clerk in Holy Orders (Retired)  
Church of England. First Attack. Never  
previously under treatment. Duration of  
existing attack: About a month.  
Supposed Cause. Shock at hearing of serious  
illness of his son in S. Africa.

Family History

Neither Epilepsy, Insanity, nor Dangerous  
No relative known to have been insane

Personal History

Copy of Certificate found him rambling & incoherent in his  
conversation. Under the impression that he  
was going to live in a palace, and  
large sums of money under his control.

Mr. Bertrud Durrant 20 S. Mary's Grove  
Gunnerybury son-in-law says that he has  
tried to cut up the furniture & find  
£100,000 hidden there, & that most  
things which he talks of as having happened  
during the day have never taken place.

Henry Durrant A.D.

6. Park Road

Bedford Park.

(Chiswick)

6th August 1901.

Manner Strange; Speech incoherent, rambling  
& irrational and statements unconnected;  
Gestures &c. Extravagant. Delusion that  
he is a millionaire; that there was "gold  
a leather case" in a chair which he

would get "with a dagger". Said Rich. A. P.  
& Liberal M.P. would lick their heads from  
daylight in Hotel Metropole & fall into pit of  
destruction &c. &c.

Edith Jane Durrant, Daughter, 20 S. Mary's Grove  
Gunnerybury, Strangers & manner &c.  
Asks for food & then throws it in gutter; said  
he would put officials at Greenwich Post Office  
on the rack to find out what money his wife  
had; said his stockbroker was worth fabulous  
wealth which could only be increased by  
adding together loans of antiquity & vast  
sums collected by Napoleon & stored in vaults  
in Paris & London &c. &c.

Genl. Denton Winston  
Grosvenor House  
Heathfield Gardens  
Chiswick.

6th August 1901.

Appearance. The patient is below the median height  
& thin & withered looking, his hair, &  
beard & moustache are white. He is old  
looking & somewhat vacant in expression,  
but there is nothing abnormal in his  
appearance for a man of his age.

Phys. Exam. The patient is very thin & the skin  
presents a very wrinkled & shrivelled  
appearance. The chest is fairly well  
formed, & there is no sign of Pulmonary  
or cardiac disease.

Present Mental (Incoherence). The patient is talkative & incoherent,  
he chatters incoherently to himself  
the greater part of the day. He will

readily converse, & his ideas are of the grandiose type, but he is quite unable to keep to the subject about which he is conversing, but he will branch off to some subject having no connection with the previous subject.

He stated that he wanted some real turtle soup - when asked if he knew the price of it, he said he did not know, but that the price did not matter as he was a "Millionaire", he said that he certainly had no money in his pocket, but that he was a Millionaire nevertheless. b22

14<sup>th</sup> Aug: 1901

The patient is still restless & talkative, he is boastful & full of ideas as to his wealth & own importance. He takes his food well. However & for his age, is in remarkably good bodily health. b22

21<sup>st</sup> Aug: 1901.

The patient's mental condition has improved considerably, he is much more quiet, less talkative & his delusions with regard to his wealth appear to be leaving him, his bodily health is very satisfactory. b22

28<sup>th</sup> Aug: 1901.

The patient is fairly <sup>quiet</sup> & well behaved, his delusions appear to have left him, & he is now simple minded & childish, but harmless, cheerful & contented.

His bodily health, for his age is wonderfully good. b22

4<sup>th</sup> Sept: 1901.

The patient is keeping quieter & he now behaves in a more rational manner, he is however somewhat talkative & unkind.

He is very resentful against his son-in-law whom he states has sent him here, & whom he states is a man of no education, & whose married his, the patient's, daughter for what he could get, & that this son-in-law is endeavouring to turn his, the patient's, wife against him. His bodily health is good. b22

4<sup>th</sup> Oct: 1901.

The patient is talkative, but he is not excitable or noisy now. He still makes statements to the effect that his wife is being turned against him by his son-in-law, that his wife is given to habits of intemperance &c. His bodily health is good for his age. b22

26<sup>th</sup> Oct: 1901.

To day the patient was discharged to the care of his friends.





Admitted  
17<sup>th</sup> Aug 1901.  
From Barber Class.

Personal history

Family history

Copy of certificate

Charles John Evans: Aet 55.  
Married. Retired Ironmonger (Chesh of England).  
1st fit attack. Previously under treatment  
at Holloway Sanatorium - Jan 1 to June 1897.  
See Case book XXX page 55. Duration of  
existing attack. About 8 weeks. Supposed cause  
not known. Neither epileptic, suicidal or  
dangerous.

Previous insanity. Admitted to this  
institution for a second time on 11<sup>th</sup> Aug. 1901.  
Participated 17<sup>th</sup> Aug. 1901.

Nil.

He is in a state of sub-acute mania -  
he is very excited - and talkative - becoming  
restless & wild in his manner at times.  
He is well satisfied with himself - says  
that he has boundless energy & immense  
muscular strength. He has hallucinations  
of sight & hearing.

William Bradham Poyer:  
Egham Surrey.

15<sup>th</sup> August 1901.

He is very restless & excitable. Loquacious &  
unnecessarily communicative about minor  
family details. Has immense muscular  
strength, which examination of muscles  
does not confirm. Would make a better  
attendant than any in the institution -  
he states. Sees visions & hears ghostly  
footsteps.

J. Graham, Esq. Dyson:  
The Cedars, Chertsey, Surrey.  
16<sup>th</sup> August 1901.

## Appearance:

The patient is a man of about the medium height, of a somewhat spare build & not very muscular.

His hair is dark & he wears a beard both of which are turning grey. His face is somewhat flushed looking & his expression is excitable & vacant looking. He laughs for no apparent reason at times.

## Phys: Exam:

The patient appears to be in good health & no sign of disease is to be made out, but there is some sign of a few spots of Pteridosis about the chest, & he states that he suffered from Syphilis some years ago.

## Present Mental Condition.

The patient is restless, excitable & very talkative. His ideas are all of an expansive nature, he is very strong & powerful, he is an extremely active man &c, and as a matter of fact he is some of these things: He works however in the garden & keeps in good bodily health.

24<sup>th</sup> August. 1901.

The patient is so restless & excitable, that it has been ~~necessary~~ necessary to transfer him to the retreat for the time being. He is full of ideas as to his own importance & his own power of doing any thing & everything. His bodily health is good.

31<sup>st</sup> Aug. 1901.

The patient is somewhat quieter, he assists with the wardwork, & goes out to help the gardeners, but his mental condition is still elated. His bodily health keeps good. E.H.

7<sup>th</sup> Sept. 1901.

The patient remains in the same excitable & uncertain condition. Very little makes him excited, & he is very talkative & unduly elated. He continues to work in the garden & in the ward. E.H.

14<sup>th</sup> Sept. 1901

The patient is excitable & exalted as ever, he works hard in the ward, but he had to be prevented from working in the garden as his language was too strong, even in the presence of the ladies. His bodily health is good. E.H.

16<sup>th</sup> Oct. 1901

The patient is uncertain tempered, & he is very easily rendered excited & noisy by any little occurrence which would not trouble any one whose mental balance was sound. His bodily health is good. E.H.

14<sup>th</sup> Nov. 1901

The patient is quieter & not quite so easily excited, but he still is in a very unstable mental condition. His bodily health is good. E.H.

16<sup>th</sup> Dec. 1901.

The patient varies a good deal from day to day, he is excitable & very little will make him noisy & fond mouthed. His bodily health is good. E.H.

Discharged Relieved  
8<sup>th</sup> March 1902.

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Admitted James Stirling Guthrie Oct 34.  
21<sup>st</sup> Aug. 1901. Single: no Occupation: Church of England.  
First Attack. Never previously under  
treatment. Duration of existing attack:  
Some months. Supposed Cause: Nature of the  
brain: Epileptic. Not suicidal or  
Dangerous.

Family History

Personal History

Copy of Certificate. He is incoherent & rambling in his  
conversation - states that he has come  
into enormous wealth & estates -  
He is promising money in large sums  
to Nurses and Attendants whom he  
has only known for a week. Imagines  
he is in the County & must go to London.

By Bertha Welch, Nurse at 50 Weymouth  
Street - Says he is daily winning large  
sums of money by racing and betting  
and that he has promised to settle  
large sums of money on the Nurses in  
attendance.

By Gilbert Munton, male attendant  
at 50 Weymouth Street - Tells him  
he is fabulously wealthy - That his  
delusions are chiefly about money  
matters - That he is very incoherent.  
Francis Manley Sims M.R.C.P.  
12 Hertford Street W.  
19<sup>th</sup> August 1901.

Copy of Certificate. He has very small teeth; told me he had  
made £16,000 pounds by racing in the last  
three weeks, that he had won £10,000 at  
Monte Carlo, that he has a magnificent  
Castle somewhere in the South. He has  
not seen it & would not tell me where it  
is, but said his father left it him when  
he was five <sup>young</sup> years old. Said he had two  
horses which ran second in the St. Leger and  
both broke their legs in the race.

Dr. F. Manley Sims of 12 Hertford <sup>Street</sup> W.  
Manley told me that Mr. J. S. Guthrie  
became unconscious in White's Club on  
Aug. 11<sup>th</sup> when I saw him on Aug. 12  
he was still unconscious. He has gradually  
recovered consciousness but is now full of  
delusions.

G. Fielding Blanford  
48. Weymouth St W.  
19<sup>th</sup> August 1901.

Appearance. The patient is a tall man of a slight  
build, he is clean shaven & his hair is  
dark brown. There is a bruise on the cheek  
just below the L. eye. & there is also  
some bruising of both thighs. His expression  
is vacant, fatuous & expressionless & there  
is considerable twitching of the lips during  
speech upon occasion.

Phys. Exam. The patient's heart & lungs are healthy:  
No muscular development is not great,  
his knee jerks are exaggerated, the pupils are  
unequal, there is unsteadiness of gait, &  
the tongue is protruded in a jerky manner.

Present Mental  
Condition:

Speech is markedly affected, & the patient presents most of the symptoms of a typical General Paralysis.

The patient is very talkative, restless & confused: He keeps stating that he has been left a magnificent estate by his father, & that this place is in Scotland though he is unable to say where: He is full of his betting transactions, & he states that he puts large sums of money on horses, (£3,000, or £4,000) - perhaps two or three horses at the same race meeting: He confuses his own identity with that of his brother: He believes he owns race horses, when as his brother is the race horse owner: He is very frequently asked to be allowed to go up to London & offers to take the Medical Officer out to dinner when he arrives there: He frequently is so confused that he does not recognize those with whom he is in daily contact: He stated that a silver jewel studded cigarette case had been stolen from the draw in his room, but upon enquiry it was found that he had never brought it with him, & it was sent to him from home, & is now in the safe of the institution.

28<sup>th</sup> August 1901

The patient is restless & excitable at times, he is a case of rapidly advancing General Paralysis & his mental condition is fast becoming more & more

poor: He suffers from hemorrhoids, otherwise his bodily health is good.

4<sup>th</sup> Sept. 1901.

The patient is restless & excitable: He is full of grandiose ideas, & he is continually speaking of the immense sums he makes & will make by betting on horse racing.

Today he said he was going to write to his solicitor to tell him to buy him the best three-year-old, & that he himself would ride it in the St. Leger, & that he could easily train down to seven lbs., whereas he is very thin now & weighs 10<sup>st</sup> 2<sup>lb</sup>.

11<sup>th</sup> Sept. 1901.

His bodily health keeps fairly good. The patient is still restless, & he is every day stating that he is going up to town by the next train, that he is going to be married & must leave at once, &c.

At times he will talk fairly sensibly for a little, & then he will commence to make statements of a most grandiose nature: His bodily health is fairly good.

18<sup>th</sup> Sept. 1901.

The patient is becoming more & more grandiose in his ideas, he talks of £1,000,000 as an ordinary person would speak of a £1,000: He will settle £1,000,000 on his future wife, that his father has also settled £1,000,000 on her &c. &c.

10<sup>th</sup> Oct. 1901.

The patient is slightly better, he is not so excitable, & his conversation is more coherent. His bodily health is good.

24<sup>th</sup> Oct. 1901.

To-day the patient went out on leave in charge of his friends.

Sept. 02. Today discharged not improved. He

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Admitted  
4<sup>th</sup> Sept. 1901.  
Worcester.

Charles Gordon Lennox Fraser: Aet. 68.  
Married. Late Superintendent of the Ledsa Queen's  
Private Police. Roman Catholic. First attack  
Duration of existing attack: Seven months.  
Supposed Cause: Cessation of employment.  
Neither Epileptic, Suicidal, nor Dangerous.  
No relatives known to have been  
insane.

Family History

Personal History

(Copy of Certificate) He is suffering from melancholia & he has  
delusions. - There is great mental depression -  
He is restless - He believes that he is  
persecuted & the victim of a conspiracy & that  
he is ruined & all his family: He says  
that he is under some "influence", &  
that this influence directs his actions,  
& has suggested suicide.

Mrs. Esther Fraser, his wife, of Raeburn -  
Springfield Road, Windsor - says that her  
husband is beyond her control - that he  
wanders aimlessly about - & is subject to  
impulsive seizures. That he has undergone  
a change in his mental condition & is  
getting worse.

William Bradham Flyer

Egham, Surrey.

4<sup>th</sup> September 1901.

Appearance:

Height: 5 ft. 11 in.  
Weight: 13 1/2 lbs.

The patient is a tall powerfully built  
man with grey hair & beard, his facial  
expression is dull, suspicious & melancholic  
looking. He is fairly muscular for  
his age.

Exam.

The patient is in good bodily condition & is  
well nourished. He is free from cardiac  
or pulmonary disease of any kind, & appears  
to be in the best of health.

1033.

2. Sugar

at Mental

Deton.

The patient is silent & depressed. He  
is somewhat restless & will not occupy  
himself in any way, he appears to be unable  
to concentrate his attention, & is evidently  
absorbed & constantly thinking about himself  
& his supposed troubles. He believes that  
there is some "influence" at work upon  
him, probably due to some people whom  
he is unable to name, & he states that  
this influence acts upon him & compels  
him to do things against his will, &  
that he has no power to resist these  
impulses. His appetite is good & he  
sleeps fairly well.

Sept 1901.

The patient is depressed, restless &  
suspicious. He believes that several of  
his fellow patients are people whom he  
has seen & met prior to his admission.

He frequently asks who such & such a  
patient is, & states that he believes  
that he has met that patient previous  
to coming here, but when questioned as  
to when or where he is unable to say.

And in some cases these patients have  
been resident in the institution for  
some years, & so he can hardly have  
met them before. His bodily health is  
good.

2<sup>nd</sup> Sept. 1901.

The patient is depressed & quite  
unable to occupy himself in any way.

Admitted  
4<sup>th</sup> Sept. 1901.  
H. J. J. J.

Charles Gordon Lennox Fraser: Et. 63.  
Married. Late Superintendent of the Late Queen's  
Private Police. Roman Catholic. First attack  
Duration of existing attack: Seven months.  
Supposed cause: Cessation of employment.  
Neither Epileptic, suicidal, nor dangerous.  
No relatives known to have been  
insane.

Family History

Personal History

[Copy of Certificate] He is suffering from melancholia & he has  
delusions. - There is great mental depression.  
He is restless - He believes that he is  
persecuted & the victim of a conspiracy & that  
he is ruined & all his family. He says  
that he is under some "influence", &  
that this influence directs his actions,  
& has suggested suicide.

Mrs. Esther Fraser, his wife, of Raeburn -  
Springfield Road, Windsor - says that her  
husband is beyond her control - that he  
remembers accidentally about - & is subject  
to impulsive seizures. That he has undergone  
a change in his mental condition & is  
getting worse.

William Bradham Flyger  
Egham, Surrey.  
4<sup>th</sup> September 1901.

Appearance:

Height: 5' 11"  
Weight: 13<sup>st</sup> 5<sup>lb</sup>

The patient is a tall powerfully built  
man with grey hair & beard. His facial  
expression is dull, suspicious & melancholic.  
Looking: He is fairly muscular for  
his age.

Phys. Exam:

Urine 10.33.

Health: Good.

Present Mental

Condition.

The patient is in good bodily condition & is  
well nourished. He is free from tubercle  
or pulmonary disease of any kind, & appears  
to be in the best of health.  
The patient is silent & depressed. He  
is somewhat restless & will not occupy  
himself in any way, he appears to be unable  
to concentrate his attention, & is evidently  
absorbed & constantly thinking about himself  
& his supposed troubles. He believes that  
there is some "influence" at work upon  
him, probably due to some people whom  
he is unable to name, & he states that  
this influence acts upon him & compels  
him to do things against his will, &  
that he has no power to resist these  
impulses. His appetite is good & he  
sleeps fairly well.

11<sup>th</sup> Sept. 1901.

The patient is depressed, restless &  
suspicious. He believes that several of  
his fellow patients are people whom he  
has seen & met prior to his admission.

He frequently asks who such & such a  
patient is, & states that he believes  
that he has met that patient previous  
to coming here, but when questioned as  
to when or where he is unable to say.

And in some cases these patients have  
been resident in the institution for  
some years, & so he can hardly have  
met them before. His bodily health is  
good.

18<sup>th</sup> Sept. 1901.

The patient is depressed & quite  
unable to occupy himself in any way.



18<sup>th</sup> Sept. 1901.

When spoken to the patient will answer briefly, but he is unable to enter into a rational conversation.

25<sup>th</sup> Sept. 1901.

His bodily health is satisfactory. The patient is self absorbed & he is depressed. He believes that he has lost all his money, his pension included, which is not the case, & he believes there is some conspiracy against him, but he is unable to give an account of, or reason for, any such conspiracy.

The patient is costive, but he is otherwise in good bodily health.

25<sup>th</sup> Dec. 1901.

The patient is extremely depressed & melancholic. He is full of delusions of persecution, & he is suspicious of every one & every thing. His bodily health is good.

25<sup>th</sup> Nov. 1901.

The patient remains in the same apathetic & depressed state. He is very deluded & believes that the papers are full of things written against him. He also believes that he is ruined & that he has lost all his money, whereas he is well off & has not lost his money.

24<sup>th</sup> Dec. 1901.

There is no change or improvement of ~~any~~ any kind to be noted.

July 20. 02

Sept 9. 02

Jan 16<sup>th</sup> 03

April 28. 03

18 Aug 1903.

Depressed & delirious, his improvement  
No change  
No change  
No change to be noted  
It is very depressed: says that he never passes

1903.

anything and take any

He is reluctant

He is in fair

24 Sept.

His depression

is still deep

has a mo

food.

20 Dec.

He is in the

deluded state.

He eats under compulsion and

says he has not had a motion for years.

His health is fair.

1904

30 Mar.

He is melancholic and refuses food as he

says he never passes anything.

Health fair.

30 June.

No improvement whatever - he persists that he is

full of food and has not had a motion for

years. Health fair.

17 Sept.

In the same depressed state & deluded as to

the state of his bowels.

16 Dec.

No mental improvement whatever.

Health fair.

1905. 20 Mar.

Depressed and agitated with delusions as to

the state of his bowels.

Health fair.

20 June.

Daily complains that he can not have a motion

of the bowels that nothing ever passes from

him & that he cannot take any more food.

10 Sept.

No mental or physical change.

20 Dec.

Depressed & deluded that no food passes

through him. He is compelled to eat

sufficient. Sleeps well.

1906. 22 Mar.

Continue in the same depressed, deluded state.

It appears to be failing somewhat in health.

20 April.

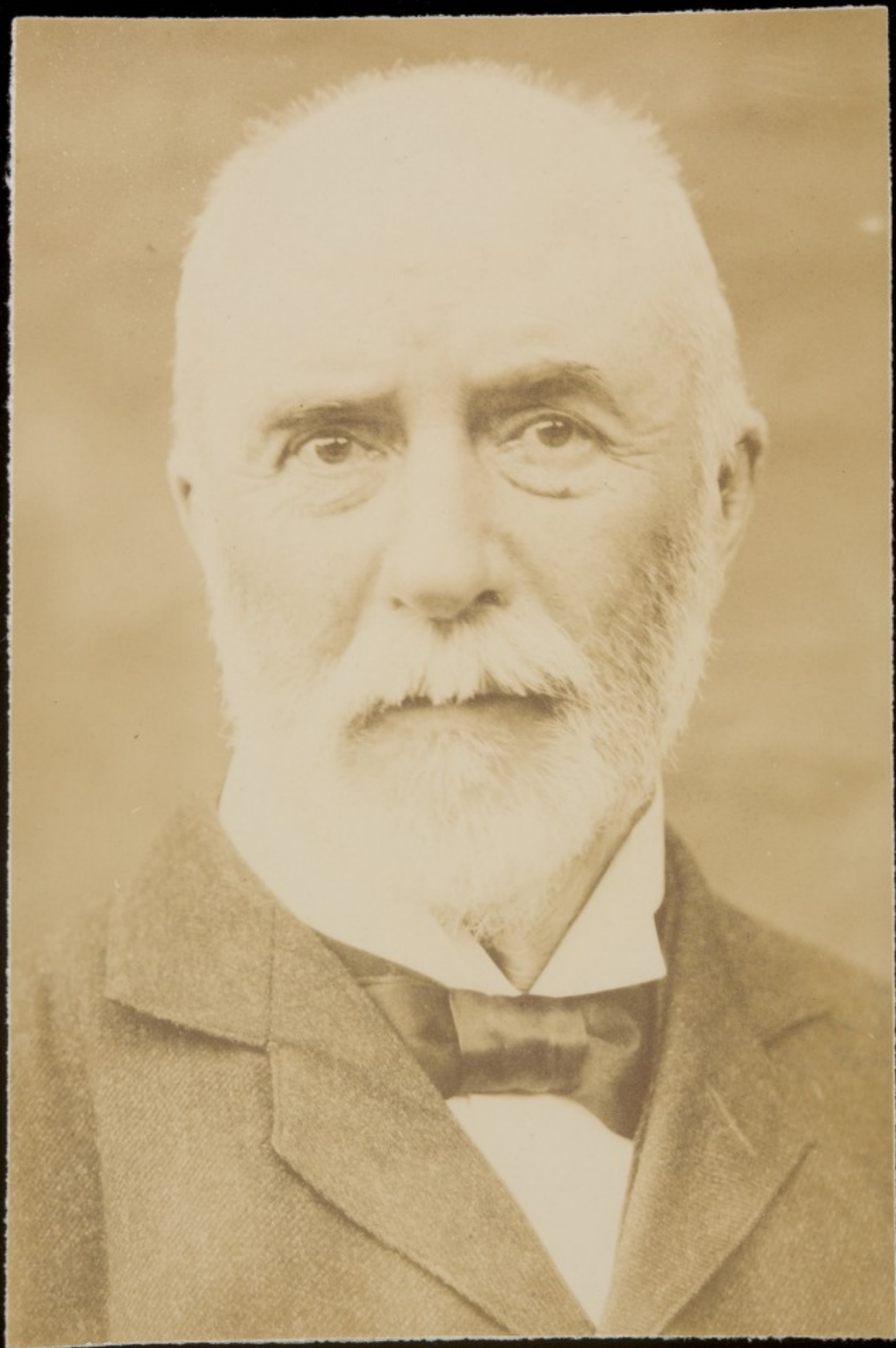
Patient today coughed up a small quantity of

bright blood. He is very depressed & deluded

and gives much trouble with food. Chest is







1 July 1903



18<sup>th</sup> Sept. 1901.  
H

When spoken to the patient will answer briefly, but he is unable to enter into a rational conversation.

His bodily health is satisfactory - *SW*

25<sup>th</sup> Sept. 1901.

The patient is self absorbed & he is depressed. He believes that he has lost all his money, his pension included, which is not the case, & he believes there is some conspiracy against him, but he is unable to give an account of, or reason for, any such conspiracy.

The patient is content, but he is otherwise in good bodily health. *SW*

25<sup>th</sup> Oct. 1901.

The patient is extremely depressed & melancholic. He is full of delusions of persecution, & he is suspicious of every one & every thing. His bodily health is good. *SW*

25<sup>th</sup> Nov. 1901.

The patient remains in the same apathetic & depressed state. He is very deluded & believes that the papers are full of things written against him. He also believes that he is ruined & that he has lost all his money, whereas he is well off & has not lost his money. *SW*

24<sup>th</sup> Dec. 1901.

There is no change or improvement of ~~any~~ any kind to be noted. *SW*

6<sup>th</sup> July 20.02

Depressed & stuporous, his improvement. *SW*

No change *SW*

No change *SW*

No change to be noted *SW*

18 Aug 1903.

He is very depressed: says that he never passes

1903.

anything and that he cannot take any more food: which he is reluctantly compelled to do. He is in fair health. *SW?*

24 Sept.

His depression continues and he is still deluded that he never has a motion. He still refuses food. *SW?*

20 Dec.

He is in the same depressed & deluded state. He eats under compulsion and says he has not had a motion for years. His health is fair. *SW?*

1904

30 Mar.

He is melancholic and refuses food as he says he never passes anything. Health fair. *SW?*

30 June.

No improvement whatever - he persists that he is full of food and has not had a motion for years. Health fair. *SW?*

17 Sept.

In the same depressed state & deluded as to the state of his bowels. *SW?*

16 Dec.

No mental improvement whatever. Health fair. *SW?*

1905. 20 Mar.

Depressed and agitated with delusions as to the state of his bowels. Health fair. *SW?*

20 June

Daily complains that he can not have a motion of the bowels that nothing ever passes from him & that he cannot take any more food. *SW?*

10 Sept.

No mental or physical change. *SW?*

20 Dec.

Depressed & deluded that no food passes through him. He is compelled to eat sufficient. Sleeps well. *SW?*

1906. 22 Mar.

Continues in the same depressed, deluded state. It appears to be failing somewhat in health. *SW?*

30 April.

Patient today coughed up a small quantity of bright blood. He is very depressed & deluded and gives much trouble with food. *SW?*



1901, 1902.



**Harroway Sanatorium Hospital,**  
Virginia Water

**NOTICE OF DEATH**

Date of Reception Order, the 9<sup>th</sup> day of September 1901.  
I hereby give you Notice, That Charles Gordon Lennox Fraser  
a Private Patient, received into this Hospital on the fourth day of  
September 1901, died therein on the twenty third  
day of May 1906.

Signed

*Thomas H. H. H.*  
Medical Officer.

Dated the 26<sup>th</sup> day of May 1906 One-Thousand

To the Commissioners in Lunacy.

**STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.**

Name - Charles Gordon Lennox Fraser  
Sex and age - male 68  
Married, single, or widowed - married  
Profession or occupation - Late Superintendent of the Lake  
Swiss Private Hotel  
Place of abode immediately before  
being placed under care and  
treatment (if known) - Rushmore, Wokingham Road  
Windsor  
Apparent cause of death - (1) melancholia  
(2) Jaundice of liver  
Whether or not ascertained by post-  
mortem examination - yes  
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 - 8.10 p.m. also unusual cir-  
cumstances. No marks on  
tissues  
Duration of disease of which patient  
died - uncertain  
Names and description of persons  
present at the death - John and Alfred H. Legge  
Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - no.

Signed

*Thomas H. H. H.*  
Medical Officer.

Admitted  
10<sup>th</sup> Sept. 1901  
Virginia

*Thomas H. H.*

Oct 31.

Single. Stock jobber. (Church of England).

First attack. Have previously under treatment:

Family History

Personal History

Copy of Certificate

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

questions - I absolutely refuses to inform me  
of where he could go, or how get sustenance.  
He confesses that he escaped from Tower House  
Wentgate, after he had signed for a year's  
treatment & residence.

Notes of Case.

Name *J. Fraser*

Age

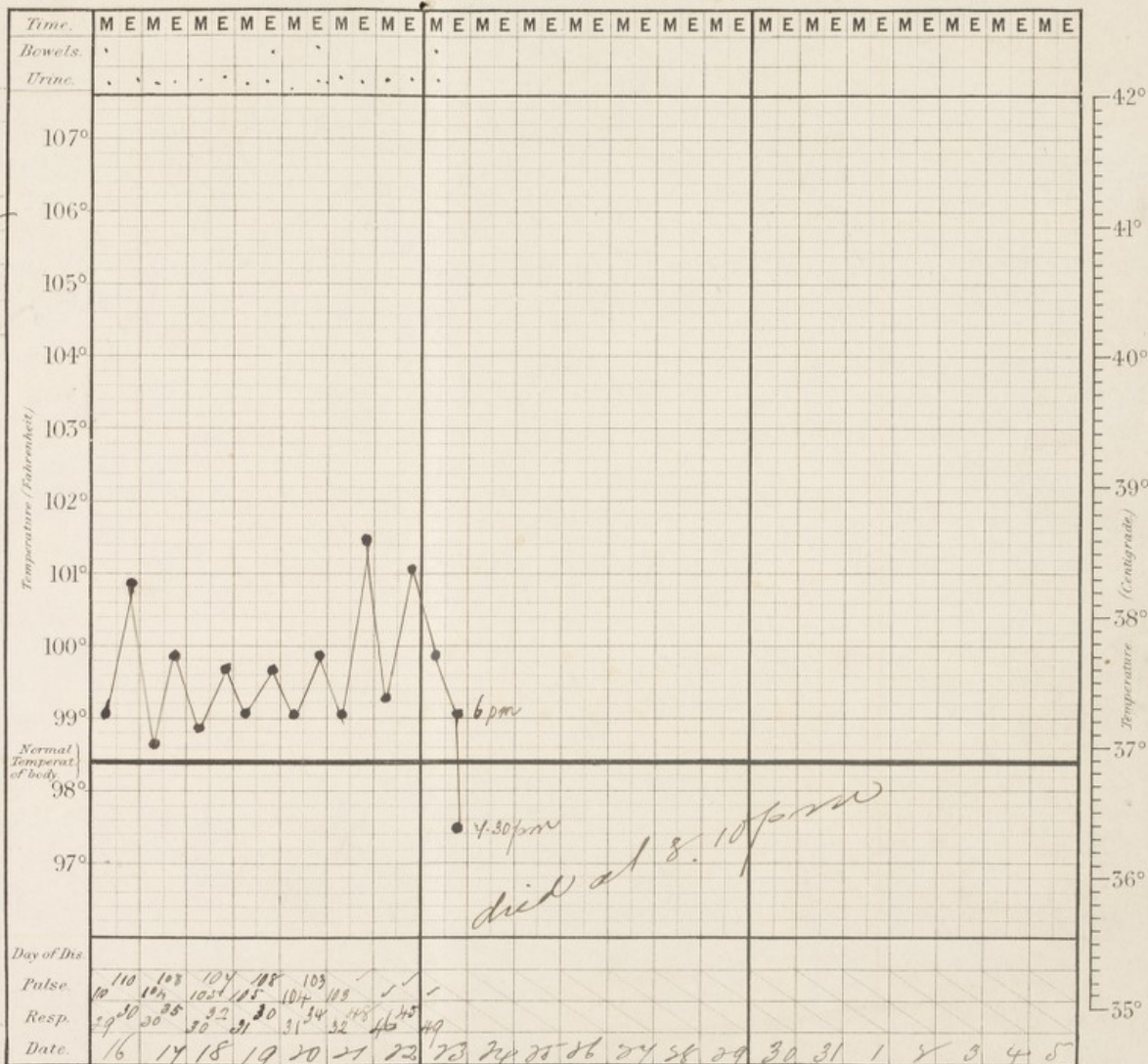
Diet

Case Book N<sup>o</sup>

Name W. Fraser

Age

Diet

Case Book N<sup>o</sup>

Date of admission  
25-4-06

Result

*Entered at Stationer's Hall.*

Printed and Published by Widderspoon & Co. 6, Gate Street, Lincoln's Inn

Gould's Clinical Chart

Notes of Case.

Name *Wm. C. C. C.*

Age *25*

Diet *Vegetarian*

Case Book N<sup>o</sup> *1*

Name W. Fraser

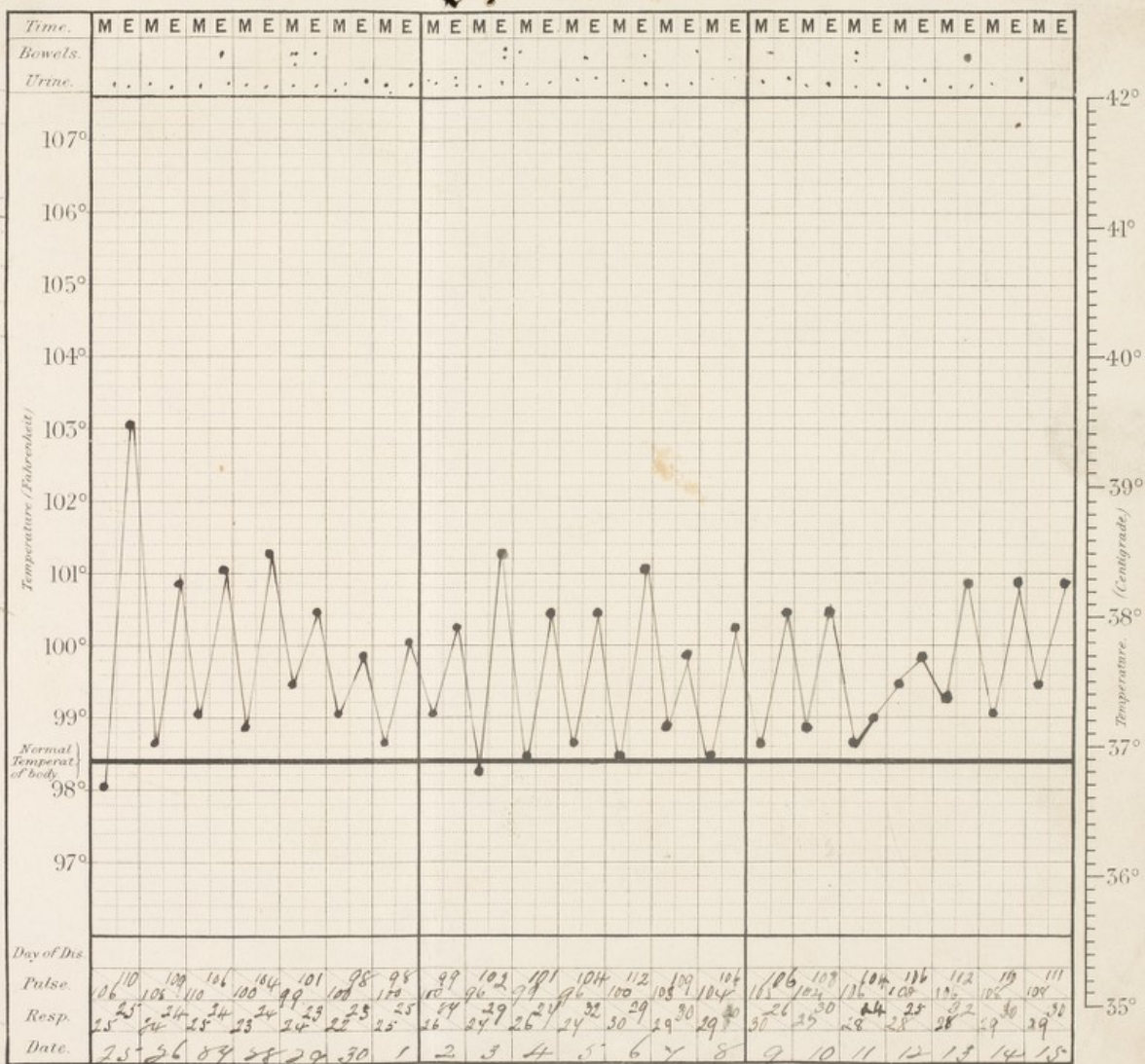
Age \_\_\_\_\_

Diet .....

Case Book N<sup>o</sup> \_\_\_\_\_

Date of admission.  
25-4-06

## Result



*Entered at Stationers' Hall*

Printed and Published by Widderspoon & Co. 6, Gate Street, Lincoln's Inn

Gould's Clinical Chart



# 11 **Harroway Sanatorium Hospital,** Virginia Water

## **NOTICE OF DEATH**

Date of Reception Order, the 9<sup>th</sup> day of September 1901.  
 I hereby give you Notice, That Charles Gordon Lennox Fraser  
 a Private Patient, received into this Hospital on the 4<sup>th</sup> day of  
 September 1901, died therein on the twenty third  
 day of May 1906.

Signed Wm. H. H. H.  
 Medical Officer.  
 Dated the 26<sup>th</sup> day of May 1906 One Thousand

To the Commissioners in Lunacy.

## **STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.**

Name - Charles Gordon Lennox Fraser  
 Sex and age - male 68  
 Married, single, or widowed - married  
 Profession or occupation - late Superintendent of the Lake  
Queen's Private Police  
 Place of abode immediately before } Rushmore, Brighthelm Road  
 being placed under care and } Windsor  
 treatment (if known) - }  
 Apparent cause of death - (1) melancholia  
 (2) Jaundice of Lung

Whether or not ascertained by post-mortem examination - yes  
 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 - 8.10 p.m. also unusual cir-  
cumstances also marks on  
limbs

Duration of disease of which patient died - uncertain  
 Names and description of persons present at the death - Attendant Alfred H. Legge

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no  
 Signed Wm. H. H. H.  
 Medical Officer.

196

Admitted  
 14<sup>th</sup> Sept. 1901  
 Urgency

Thomas H. H. Oct 31.  
 Single. Stock jobber. (Child of England).  
 First attack. Never previously under treatment.  
 Duration of existing attack. About a month.  
 Supposed cause. Syphilis and alcohol. Not epileptic.  
 or dangerous. Has rapidly wasted limbs.  
 Family history. No relative known to be insane.

Personal history. For some time past he has been most  
 extravagant & careless in money matters, erratic  
 in manner, & changed in disposition. He signed for  
 a year's treatment at Tower House, Hestgate, but  
 he escaped over the wall after a very short  
 stay there. He was admitted to St. George's Hall  
 on 11<sup>th</sup> Sept. 1901, as a P. B. His conduct however  
 necessitated his being certified, this was  
 accordingly done. See Boarder's book, page 157.

Copy of Certificate. He is in a state of mental excitement & excitation.  
 He is restless & erratic in his behaviour, his manner  
 & statements being wild. He is self-satisfied, boastful,  
 & says that he can quite well look after himself  
 & get a living whilst out of employment, although  
 he has no money, & no balance at Bank. He  
 claims to know intimately Sir Ed. Clarke, &  
 Baron J. de la Roche, & says that for services  
 rendered, the latter would give him £1000 or  
 more. He is very irritable & will not answer  
 questions - & absolutely refuses to inform me  
 of where he could go, or how get sustenance.  
 He confesses that he escaped from Tower House  
 Hestgate, after he had signed for a year's  
 treatment & residence.

resonant and no localization of the mischief was made on physical examination. *St. J.*

26 April. Temperature rose last night & patient again coughed up a quantity of blood. Physical examination is difficult owing to patient's violent way habits and no definite physical signs could be made out. Kept in bed. *St. J.*

6 May. Patient's temperature continues to rise & his sputum is very offensive & occasionally tinged with blood. Constant trouble with feeding. *St. J.*

15 May. Temperature remains up - pulse 111 temp. 38. Symptoms much the same. *St. J.*

22 May. Patient is much worse - pulse cannot be counted & respirations are 45. *St. J.*

23 May. Gradually sunk & died at 8.10 p.m. in the presence of all. Alfred H. Legge. *St. J.*

Admitted

11th Sept. 1901

Perignon

Family history.

Personal history.

Thomas Howard

Oct. 31.

Single. Stock jobber. (Church of England).

First attack. Never previously under treatment.

Duration of existing attack. About a month.

Supposed cause. Syphilis and alcohol. Not epileptic.

or dangerous. His rapidly hunched back.

No relative known to be insane.

For some time past he has been most extravagant & careless in money matters, erratic in manner, & changed in disposition. He signed for a year's treatment at Tower House, Westgate, but he escaped over the wall after a very short stay there. He was admitted to St. Louis Mill on 11th Sept. 1901. as a P. B. His conduct however necessitated his being certified, this was accordingly done. See Boarder's book page 197.

Copy of Certificate.

He is in a state mental excitement & excitation. He is restless & erratic in his behaviour, his manner & statements being wild. He is self-satisfied, boastful, & says that he can quite well look after himself & get a living whilst out of employment, although he has no money, & no balance at Bank. He claims to know intimately Sir Ed. Clarke, & Baron G. de Hume, & says that for services rendered, the latter would give him £1000 or more. He is very irritable & will not answer questions - & absolutely refuses to inform me of where he could go, or how get maintenance. He confessed that he escaped from Tower House Westgate, after he had signed for a year's treatment & residence.



*P. p. of certificate.* Arthur Wood, brother, of 15 Kensington Avenue, London, says that he has entirely changed of late, that he is steadily becoming more excitable & more difficult to restrain - & has now got beyond his control: that he has recently recklessly purchased articles for which he has had no money to pay. That he has threatened him with a legal action for taking care of his belongings. He further states that Thomas Wood has no means & there are no friends who will take care of him:

William badham Player.

Egham, Surrey.

14<sup>th</sup> September 1895.

*Appearance:* The patient is a man slightly above the medium height, fair haired & clean shaven. He is well built & fairly muscular.

*Phys: exam:* The patient is in good bodily health & there is no evidence of disease of any kind.

*Present Mental Condition:* The patient is excitable, talkative & restless. He cannot fix his attention on any thing for many minutes, he will commence doing one thing & do it very vigorously for a few minutes, he will then give up whatever he was doing, & rush off & commence something else.

His conversation shows the same want of concentration of thought, he will talk incessantly, but will rush off from one subject to another. His language is boastful & freely interlarded with

bad language. He is quite unable to control his language & will use bad language & tell indecent stories before ladies. He believes he possesses £400 or £500 a year, & upon the strength of this belief he offered marriage, after about ten minutes acquaintance, to one of the lady patients with whom he was playing croquet in the front grounds.

He will not ~~that~~ behave himself when spoken to, & his conduct in the front grounds has given rise to several complaints from other patients, both ladies & gentlemen, who complain of his bad language, both swearing & indecency.

He makes wild statements about money matters, & offers to bet upon any thing about which a bet can be made, & the sums he wishes to bet in are always large.

On Saturday, the day upon which his certificate was signed, he asked the A.M.C. if he could not have the carriage & drive over to see Sir T. Clarke whom he stated he knew to be living in a house in Staines, & with whom he was upon intimate terms of friendship.

He also stated that he knew Sir T. Clarke's wife very intimately before she married Sir T. Clarke.

The patient also appears to have but little ideas as to truth or honour.

He makes statements which are absolutely lies, & when confronted with the lies he has told he is not in the least ashamed.



Present Present  
Condition:

He will appropriate any thing belonging to any one else to which he takes a fancy.

He exchanged the A.M.O. tobacco pouch, which was new & full, for his own which was old & nearly empty, this he managed by asking the A.M.O. to let him have a pipe full of tobacco, he returned a pouch to the A.M.O. & upon looking at it the A.M.O. discovered that an exchange had been effected, he also arrived here with an overcoat which did not belong to him, & also some other articles which belonged to some lady.

He even pilfered a shirt & some other things belonging to a fellow patient, & these were found put away amongst his own things.

21<sup>st</sup> Sept 1901.

The patient is talkative, abusive & troublesome, he uses filthy language, & he threatens violence towards his brother for bringing him to this institution, towards Dr. Hager for signing his certificate, & towards the Medical Officer for placing him in the retreat. He is fit for no where else, for when he was a border he was most ungentlemanly in his conduct towards ladies with whom he came into contact in the front grounds. He, at came unofficiously to the ears of the Medical Officer, stated that he had behaved in an indecent manner in the cricket

parlour towards one of the lady patients, when he was asked when he mentioned a time when that particular lady patient was out in the grounds, & so he at once stated that it was another lady patient whom he remembered was out in the grounds at the time. There is absolutely no truth in, or foundation for his statement. His bodily health is good.

21<sup>st</sup> 1901.

The patient is excitable, abusive & talkative. He has been removed to ward 7, as he was endeavouring to persuade some of his fellow patients in Rob airing Court to give him a leg over the wall. A few days ago he complained that he was obliged to wash for meals in the water which ran down from the urinals in the lavatory as the water in the taps was turned off. Enquiry was made, & it was found that the water was turned on in the morning, when the patients dressed, & that it was then turned off, but that it was always turned on before meals for the patients to wash, & that he had only to ask an attendant to turn on the water in the lavatory, at any reasonable time, & there would be no difficulty about washing.

21<sup>st</sup> 1901.

The patient is becoming untidy in his dress, & collects all sorts of rubbish - scraps of paper &c. - & he is

5<sup>th</sup> Oct. 1901

becoming very destructive: He is noisy & excitable & his language is filthy & disgusting & he possesses no self control what ever. His bodily health is good.

12<sup>th</sup> Oct. 1901

The patient is foul mouthed, destructive & untidy: He has been tried in board room, but his language & behaviour rendered his remaining there impossible: He is full of complaints - nearly always of a trivial & ridiculous nature - & he is a most bare faced liar.

He has developed a tendency to violent behaviour with one of his fellow patients, Mr. Maxwell by name - placing his penis in Mr. Maxwell's mouth &c - the other day in writing to his brother the patient stated that if his brother did not send the things the patient wanted, that he would make his escape from this institution by means of bribery, that one of the patients a friend of his had managed to escape the day previously by the same means - a statement which is without the shadow of foundation.

17<sup>th</sup> Nov. 1901

His bodily health is good. Off.  
The patient has a slight attack of influenza, is somewhat quieter & better behaved, but he is very contentious & fussy. Off.

12<sup>th</sup> Dec. 1901

The patient is restless, boastful & full of complaints: He uses loud & filthy language & he cannot behave himself well enough for any ward except at the Retreat. His bodily health is good. Off.

12<sup>th</sup> Jan. 1902

The patient is very unsettled & is full of complaints as ever: He abuses the place, the food, & every one whom he thinks does not do exactly as he wishes: He has made several complaints about the meat which is consumed at the Retreat: The matter has been enquired into & his complaints are groundless: His bodily health keeps good. Off.

July 20. 02

For the past few months he has been in a condition of stupor, does not answer when spoken to or make any voluntary effort. Off.

Oct. 02

Jan 26. 03

No change. A.P.  
He is now in battery II his mental state has in no way improved. Bodily health good. A.P.

April 03

He is morose, sits in a corner all day and will speak to no one. A.P.

1903. 18 Aug.

There is no improvement to record. The patient sits silent and idle: cannot answer questions. His health is fair he is the same. Off.

24 Sept.

silent demented condition: will not answer questions nor occupy his time. Off.  
The patient has lately spoken

20 Dec.



29 June 1903.



- occasionally of his own accord, but only to grumble or to ask to go to another gallery or to go home. He does not occupy himself. *Sept.*
- 1904  
30 Mar. He is demoralized and unscrupulous and only speaks to say that he is going away today. *Health fair.*
- 30 June. Patient has been talkative excited and busy. He is very troublesome as he borrows money to pass etc from other patients and tries to post letters surreptitiously in spite of having given his word to the contrary. *Health fair.*
- 17 Sept. Patient is in the same excited mood, irresponsible and unscrupulous in his dealings with other patients. He complains of the quality of the food and yet eats enormously. *Health fair.*
- 16 Dec. No mental or physical change. *Sept.*
- 1905: 20 Mar. Weak minded and untrustworthy. Has no regard for truth, and constantly attempts to get letters posted in spite of prohibition to the contrary. *Health good, he eats gluttonously.*
- 20 June. No mental or physical change. *Sept.*
- 3 Aug. Removed, relieved, to London City Asylum. *Sept.*

Admitted  
20<sup>th</sup> Sept 1901.  
Perjury.

James Plumbridge

(Oct 67)

Widower. Retired printer. Past attacks not previously under treatment. Duration of existing attack. About five days. Supposed cause: Small worries. Neither epileptic or suicidal. Violent at times.

Family History

A brother, a sister, & one son previously insane

Personal History

Had an attack of insanity of short duration at the age of 18 years. Has always been a steady man, of regular habits & very moderate drinker. Has recently given up work. Has of late suffered from "Nervous & bladder trouble"

Copy of Certificate

He is violent, shouting at the top of his voice, says "Glen Lynn (his name) is a fortress, that his food is poisoned, & that his sons' attendants are in conspiracy against him."

He is destructive & his dress disordered. He either declines to answer questions or gives incoherent answers

By his son, Walter Plumbridge, that on the night of Sept 15, he became violent, opened his bedroom window & shouted, "murder them, my sons are killing me" since then he has become more & more violent & destructive.

By Frank Elphick, his nurse, that he is dangerous has struck him, & thrown jam pots at him & broken many things (windows, glass & crockery) being so. Drew.

East Gate, East Croydon  
20<sup>th</sup> Sept 1901



## Appearance:

The patient is a tall spare man, of fairly muscular build, but emaciated, though not markedly so. His facial expression is excitable, vacant & flushed-looking. His hair & beard are grey.

## Phys. Exam:

The patient is a well built man, but he is thin & somewhat emaciated.

He is so noisy & excitable that a careful examination of the chest is not possible. His lungs are apparently healthy, & the heart's action is rapid & a "canting" action can be made out, though no actual murmur was to be detected. The pulse was full, hard & somewhat bounding.

## Present Mental Condition:

The patient is extremely manic. He is full of delusions of persecution, & he is suspicious of every one & every thing. He shouts & raves in an incoherent manner, & it is impossible to obtain coherent answers to questions which are put to him. He is restless & excitable, & he is violent at times.

23rd Sept 1901.

At six o'clock yesterday evening, the patient having persistently refused food, it was necessary to feed the patient.

The patient was restless & excitable, but no great struggle took place, but the nasal tube was used, & when the tube was removed he had an attack of Syncope. He became pale, for a few seconds, cyanosed, & the breathing became very shallow & rapid, & he became quite unconscious.

# Holloway Sanatorium Hospital, Virginia Water

## NOTICE OF DEATH

*W. J. Finkler*  
Date of Reception Order, the 20<sup>th</sup> day of September 189 1901  
I hereby give you Notice, That James Plumbbridge  
a Private Patient, received into this Hospital on the 20<sup>th</sup> day of  
September 1901 189 died therein on the 23<sup>rd</sup> day of  
September 1901 189

Signed *W. J. Finkler*  
Acting Medical Officer

Dated the 23<sup>rd</sup> day of September 1901 One-Thousand  
Eight-Hundred-and-Ninety  
To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - James Plumbbridge  
Sex and age - male 67  
Married, single, or widowed - widowed.  
Profession or occupation - Fruitener (retired)  
Place of abode immediately before being placed under care and treatment (if known) - 5 Spencer Road, South Grosvenor  
Apparent cause of death - { Exhaustion from acute mania  
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 - 11.50 a.m. As reported to Coroner.  
Slight bruises on each shin  
Duration of disease of which patient died - Acute mania about 8 days.  
Names and description of persons present at the death - Dr D. L. Lindsay,  
Attendant Frank Stratford  
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no

Signed *W. J. Finkler*  
Acting Medical Officer

Appena

Phy: See

Present: 7  
Condit

23rd Sep.

Whiskey was rubbed on the gums, & the patient commenced to recover, he was then made to swallow some whiskey: the pulse improved & the patient recovered consciousness.

The patient was then carried to bed, & a careful examination was made of the chest, the breathing was rapid & shallow, & the heart sounds were rapid but no murmur detected. The patient appeared to have recovered from his attack of syncope, but he still appeared to be some cyanotic, however about four o'clock<sup>A.M.</sup> the patient became worse & the Medical officer was sent for at 4.45 A.M. when he arrived at the patient's room he was at the point of death & he died at 4.50 A.M. 23rd Sept 1901. (See letter to Currier. letter book 176.)

Admitted

26<sup>th</sup> Sept. 1901.Erle Soberverell Walberforce Johnson: Oct 42

Married: Late Home Office Official.  
 Church of England: Pure Alack. Never  
 previously under treatment. Duration of  
 existing attack. About four days. Supposed  
 Cause: Heredity. Not suicidal, epileptic or  
 dangerous to others. Has attempted to  
 cut off one of his fingers. Intra-ocular lesion.

Family history:

Maternal aunt was insane.

Personal history:

He has been eccentric for many years.  
 Prior to certification he was boarding  
 at Eastbrook, Worthingham, under the  
 care of Dr. Robert Nuttall. While  
 there, under the effect of a delusion, he  
 attempted to cut off the index finger  
 of the left hand. He was then certified  
 & placed in this institution.

Copy of Certificate:

He tells me that he has absolutely made  
 up his mind to cut off two fingers of his  
 left hand by way of reparation for  
 sexual sins at Oxford twenty years ago  
 and also for the purpose of regenerating  
 modern society. He has made a slight  
 attempt to commence this operation, but  
 has temporarily desisted owing to my strong  
 representations, but tells me he will do  
 it when he leaves my house. He says  
 that Queen Alexandra entirely approves  
 of his decision and has been heard to say  
 that were she in his place she would  
 do it at once. States that circumstances  
 may force him to have a duel with

Certificate

the man who corrupted him, and also insults  
 him by means of articles in the public press.

Robert Nuttall.

28<sup>th</sup> September 1901.

He told me that he was going to cut off two  
 fingers in expiation of the sins of his youth & that  
 he had received encouragement to do this  
 from many people from King Edward down.

Many women in shops & elsewhere showed sympathy  
 with him by securing bunches of ribbons to  
 encourage him. That a poem of his had been  
 misinterpreted by the man who was responsible  
 for his evil courses, that this man had  
 threatened to persecute him & that he had  
 offered to fight a duel, which does he would  
 make it his duty to see come off.

He had made an attempt to cut off the index  
 finger of his left hand.

Ernest Howard.

Wilton Cottage.

Worthingham.

Berks.

24<sup>th</sup> Sept. 1901.

Examination:

ht 5 ft 10 in  
 wt 10 st 5 lb

The patient is slightly above the medium  
 height, of a spare build & only fairly  
 muscular for his size. He has dark  
 brown curly hair & he wears a  
 moustache. His expression is absorbed &  
 he has the appearance of being frequently  
 deep in thought. His manner & attitudes  
 are somewhat eccentric. He has a scar  
 on the <sup>neck</sup> finger of the left hand.



Admitted

26<sup>th</sup> Sept. 1901.Erle Sachverell Walberforce Johnson: see

Married: Late Home Office Official.  
(Church of England). First Attack. Never  
previously under treatment. Duration of  
existing attack. About four days. Supposed  
Cause: Heredity. Not suicidal, epileptic &  
dangerous to others. Has attempted to  
cut off one of his fingers. Indisposed to

Family History:

↳ Maternal Aunt was insane.

Personal History:

He has been eccentric for many years.  
Prior to certification he was boarding  
at Eastbrook, Worthingham, under the  
care of Dr. Robert Nuttall. While  
there, under the effect of a delusion, he  
attempted to cut off the index finger  
of the left hand. He was then certified  
& placed in this institution.

Copy of Certificate:

He tells me that he has absolutely made  
up his mind to cut off two fingers of his  
left hand by way of reparation for  
sexual sins at Oxford twenty years ago  
and also for the purpose of regenerating  
modern society. He has made a slight  
attempt to commence this operation, &  
has temporarily desisted owing to my strong  
representations, but tells me he will do  
it when he leaves my house. He says  
that Queen Alexandra entirely approves  
of his decision and has been heard to say  
that were she in his place she would  
do it at once. States that circumstances  
may force him to have a duel with

Copy of Certificate:

the man who corrupted him, and also insults  
him by means of articles in the public press.

Robert Nuttall.

23<sup>rd</sup> September 1901.

He told me that he was going to cut off two  
fingers in expiation of the sins of his youth & that  
he had received encouragement to do this  
from many people from King Edward whom

Many women on ships elsewhere showed sympathy  
with him by wearing bunches of ribbons to  
encourage him. That a poem of his had been  
misinterpreted by the man who was responsible  
for his evil courses, that this man had  
threatened to horse-whip him & that he had  
offered to fight a duel, which once he would  
make it his duty to see come off.

He had made an attempt to cut off the index  
finger of his left hand.

Ernest Ward.

Wilton Cottage.

Worthingham.

Berks.

24<sup>th</sup> Sept. 1901.

Appearance:

Height 5 ft. 10 in.  
Weight 10<sup>st</sup> 5 lb.

The patient is slightly above the medium  
height, of a spare build & only fairly  
muscular for his size. He has dark  
brown curly hair, & he wears a  
moustache. His expression is absorbed &  
he has the appearance of being frequently  
deep in thought. His manner & attributes  
are somewhat eccentric. He has a scar  
on the <sup>ring</sup> finger of the left hand.

Phys: Exam:

Wt: 102.5.

No. 1025. No. 1025.

Present Mental  
Condition:

The patient is fairly well built, & though well nourished is of a spare build & not very muscular.

The chest is fairly well formed, & there is no cardiac or pulmonary disease to be made out.

The patient is quiet & well behaved but is eccentric in his manner & speech: he frequently stands in solemnly thoughtful attitudes & appears to be thinking most deeply, he will then suddenly, without apparent cause, start up & cross the room & either adopt some fresh attitude or occupy himself in some way. He is extremely self absorbed & full of thoughts about himself. He believes that some people, & especially a man, who he accuses of having corrupted him at Oxford some years ago, of conspiring against him & writing against him in the papers. He expresses his fixed determination to remove the index & middle fingers of his left hand, he states that he is in no hurry to do so but that he will most certainly eventually do so, & the reason he gives for doing so is to make atonement for sins of a sexual nature which he committed at Oxford many years ago.

13<sup>th</sup> Oct. 1901.

The patient is behaving well, he has as yet made no attempt to remove his fingers, though he did make such an attempt prior to coming to this institution. He states that the reason he did not complete the operation of amputating his finger was that the operation "hurt him a good deal" & that it "made him late for dinner". His bodily health is good.

16<sup>th</sup> Oct. 1901.

The patient does not occupy him self in out door games or amusements, & though he states that he would like to play golf he makes no attempt to do so. He reads & writes a good deal, but he does not appear to make friends with his fellow patients, he is very self absorbed & full of his own thoughts. His bodily health keeps good.

17<sup>th</sup> Oct. 1901.

The patient is well behaved, but reserved & self absorbed. He still states that it is his fixed intention to cut off his fingers, & he endeavours to convince the medical officers that it is a proper, sane & sensible thing for him to do. He is still in good bodily health.

24<sup>th</sup> Oct. 1901.

The patient's mental condition remains unchanged, he still expresses his intention to cut off his fingers.

24<sup>th</sup> Nov. 1901.

The patient is excited at times, & he is inclined to resent the rules & regulations of the place.



18<sup>th</sup> Dec. 1901.

The C<sup>o</sup> in L<sup>o</sup> T have returned a letter addressed to them from which the following are extracts:

"I was staying with Dr. Nuttall at Birmingham, when I began to cut off one of my fingers, in order to punish myself for sexual sins: I am, still, going to cut off two of my fingers. I have, also, expressed my fixed intention of shooting a wretched man, who has done a very horrible act. Under these circumstances, and as I am quite in the rightness of my resolve, I not only hope, but, sincerely, believe, that the Commissioners will, at once, remove the certificate, in order that I may return home whenever I like."

I am

Dear Sir

Yours very faithfully  
Emil Johnson.

The Secretary to  
The Commissioners in Lunacy

24<sup>th</sup> Dec. 1901.

The patient is very strange in manner & he is extremely self-centred & can not be induced to occupy his time in a healthy manner, but he spends most of his time writing: he still states that he must cut off his finger.

(continued on page 212)

Admitted

2<sup>nd</sup> Oct. 1901.

Urgency.

Family History

Personal History

Copy of Certificate

3<sup>rd</sup> Arms Heath  
Holloway Sanatorium (England).  
Pete &  
Virginia Water

Dear Sir

I feel you wish to

save my life come

at once I don't write to

Dr. Barker as my wife

but telephone to Dr.

Moore here that you

are coming to see.

They have taken all the

letters sent to me.

and refuse to give

them up. Dr. Burger

played a trick on

me and my wife.

Yours sincerely

Emil Johnson

Letter from Mrs. D. D. D. 100 Crown Park

Harlesden, N. W. Married woman (hope)

that he will cut his throat. That he had

the desire to throw himself in front of a

railway train. That he has robbed his

employers - that he has been unfaithful to

his wife.



St Anns Heath  
Hallaway Sanatorium  
Octr 8  
Virginia Water

Dear Miss

If you wish to  
save my life come  
at once Dont write to  
Dr Barches or my wife  
but telephone to Dr  
Moore here that you  
are coming to see.

They have taken all the  
letters sent to me  
and refuse to give  
them up. Dr Barches  
played a trick on  
me and my wife.

Yours obediently  
E J Darnell

18<sup>th</sup> Dec. 1901.

The C<sup>o</sup> in L<sup>o</sup> have returned a letter addressed to them from which the following are extracts:—

"I was staying with Dr. Buttall at Birmingham, when I began to cut off one of my fingers, in order to punish myself for social sins: I am, still, going to cut off two of my fingers. I have, also, expressed my fixed intention of shooting a wretched man, who has done a very horrible act. Under these circumstances, and as I am quite in the rightness of my resolve, I not only hope, but, sincerely, believe, that the Commissioners will, at once, remove the certificate, in order that I may return home whenever I like.

I am

Dear Sir

Yours very faithfully  
Emil Johnson.

The Secretary to  
the Commissioners in Lunacy

24<sup>th</sup> Dec. 1901.

The patient is very strange in manner & he is extremely self-centred & can not be induced to occupy his time in a healthy manner, but he spends most of his time writing: He still states that he must cut off his finger: 577

(continued on page 212)

Admitted

2<sup>nd</sup> Oct. 1901.

Lunacy.

George Thomas Padawell.

Aet 49.

Married (Commercial Traveller, Church of England). First attack, have previously, under treatment. Duration of existing attack: About eleven days. Supposed cause: Overwork. Not epileptic. He is Suicidal & Dangerous: Has threatened his attendants with chair & soda water bottle.

Family History

Personal History

Copied Certificate. Suicidal tendency, he is still lame from severe bruise of right heel coming to jumping out of a window about 12 feet high, in his night shirt, on the 21<sup>st</sup> September 1901. I wished to certify him then, but his wife wished me to delay it for a week. He has had two male attendants since 21<sup>st</sup> September 1901. Delusions— that tell me his feet are cold when they are warm, that he suffers with constipation he sings when his bowels have acted freely— tells me he has been unfaithful to his wife, says he has venereal disease and shows me a bromide rash.

Letter Isaaciah Padawell. 100 Crown Street  
Hawthorn Den. N. E. Married woman (wife)

that he will cut his throat. That he had the desire to throw himself in front of a railway train. That he has robbed his employers— that he has been unfaithful to his wife.



Copy of Certificate.

stated by—

James Frederick Jeddman, 100 Craven Park, Harlesden: N. W. Male Attendant. —  
Threatened to strangle himself and got some red-berry round his neck. Says that his food can't go through him. That his medicine is killing him. He has said that he would do for both of his attendants, and has struck both of them.

William Miller Burgess

43, Middle Road.

Harlesden: N. W.

2nd October 1901.

Appearance:

The patient is below the medium height & somewhat sparely built, though fairly muscular for his size. He has of dark brown hair & wears a long drooping moustache. His facial expression is heavy & somewhat melancholy looking.

Phys. Exam:

The patient is in good bodily health & there are no signs or symptoms of physical disease. He is well nourished & fairly muscular.

Wt.: 102 1/2 lbs.

No signs of ill health.

No signs of ill health.

Present Mental

The patient is restless & emotional, & he is mentally confused. He resents his detention here, but he is quite unable to give reasonable grounds for his resentment. He is emotional & wanting in self control. His speech is slow & interrupted & somewhat of the general paralytic type. He is suffering from a bruise of the R. heel which he sustained in tumbling out of bed, whereas

Present Mental Condition:

he received the bruise from jumping out of the window of the house in which he was residing prior to admission.

9th October 1901

The patient is restless & excitable at times. He is unable to converse without becoming emotional, & he is not able to converse in a rational manner, but keeps repeating what he says & is unable to keep to one subject for any length of time. His bodily health is fairly good.

16th Oct. 1901.

The patient is much more mentally than upon admission, he is untidy & careless in his dress, he is excitable & talks in a most irrational manner, & is now showing signs of a manicacal attack. He has been transferred to the retreat.

23rd Oct. 1901

The patient is very noisy, destructive & maniacal. He is dirty in his habits & incoherent in conversation.

30th Oct. 1901.

The patient is extremely noisy, excitable & incoherent & he is becoming more & more violent.

11th Nov. 1901.

The patient has a contused eye, said to have been caused by a blow from Mr. Instone. He was examined & there was an abrasion on each elbow & a bruise on the R. hip: but there was no other injury.

18th Nov. 1901

The patient is extremely excitable, noisy & incoherent, he received a blow on the R. ear from Mr. Lacey, a fellow patient, & now suffers from Haematoma auris.



2<sup>nd</sup> Dec. 1901. The patient is extremely restless, noisy & incoherent: he interferes with the other patients, & in consequence he has received a blow on the L. ear, & he now has two "insane ears". B.H.

9<sup>th</sup> Jan. 1902. The patient is restless & troublesome as ever. He is becoming more & more feeble & demented: his bodily health is fairly good. B.H.

20<sup>th</sup> Jan. 1902. The patient was transferred to Northumberland House  
20<sup>th</sup> January 1902:

Erskine Sadleir-Johnson.

Continued from page 211.

24<sup>th</sup> Jan. 1902. The patient is uncertain tempered & eccentric in manner. His delusions have in no way altered & there is no improvement in his mental condition.

His bodily health is good. B.H.

24<sup>th</sup> Feb. 1902. There is no change & improvement of any kind to be noted. B.H.

24<sup>th</sup> May. 1902. The patient is sullen, ill-humoured & resistant at times, he shows no signs of mental improvement. His bodily health is good. B.H.

27<sup>th</sup> May. 1902. Yesterday, 26<sup>th</sup> May 1902, the patient, for no obvious reason & without the slightest provocation, threw a heavy ink pot at Mr. Bird, a fellow patient; the ink-pot fortunately hit Mr. Bird in the chest & did him no injury. Mr. Johnson is now in ward 7. B.H.

(admitted)  
13<sup>th</sup> October 1901.  
from Border Class

Henry Graeme Pappes Graham: Oct 38.  
Single. Clerk, Church of England. First attack.  
Was admitted as a Vol. Border here 14<sup>th</sup> August 1901.  
Duration of existing attack: a few days prior  
to admission on 14<sup>th</sup> Aug. 1901 as a V.B.  
Supposed Cause: unknown. Not Epileptic,  
Suicidal or Dangerous.

Family History: No relative known to be insane, or to  
have been insane.

Personal History: Specific History.

Copy of Certificate: He has symptoms of early general paralysis.  
Is dull & heavy. Slow hesitating speech.  
Shambles in his walk. Tremulous lips.

Alfred William James Cheeseman, attendant  
Holloway Sanatorium, states that patient  
is dirty in his habits. Defecates into hand  
basin & water jug. forgets where he is &  
cannot find his way about. on one occasion  
while in the road tried to take off his  
trousers.

G. Graham Hodgson:

The Cedars.

Cherry:

3<sup>rd</sup> October 1901.

He is in a state of Mental weakness. He is  
vacant in appearance: restless, nervous by  
biting his fingers during the whole of  
my conversation. There is mental confusion.  
His memory is impaired:

He is unoccupied & wanders about:

He says that he feels incapable

Copy of letter from of taking care of himself.  
 William Graham Poyer.  
 Exham.

Surrey.  
 22 October 1881.

Appearance: He is a tall thin slightly built man: his hair is dark brown & his head is somewhat conical in shape — the forehead & chin slant away considerably. He has a vacant & somewhat fatuous expression, & he frequently laughs in a fatuous manner when spoken to, though there may be nothing said to him of a laughable nature.

Phys: Exam: He is thin & his muscular development is not great. There is no cardiac or pulmonary disease, his general health is fairly good: his knee jerks are exaggerated, his pupils are unequal, his lips are tremulous & his speech is "scanning" in nature & his gait is somewhat shambling.

Present Mental Condition: There is considerable dementia, the patient being unable to carry on a sustained & rational conversation, though he is able to answer simple questions fairly sensibly & correctly. His memory is extremely defective, & he cannot remember for five minutes where he has put down any article in his possession if he has done so for five minutes.



# Holloway Sanatorium Hospital, Virginia Water

## NOTICE OF DEATH

Date of Reception Order, the 13th day of October 1901 ~~1900~~

I hereby give you Notice, That Henry Graeme Papps Grahame  
a Private Patient, received into this Hospital on the thirteenth day of  
October 1901 ~~1900~~ died therein on the thirtieth first  
day of December 1901 ~~1900~~

Signed *W. D. Moore M.D.*  
Medical Officer

Dated the first day of January 1902 One Thousand

Eight Hundred and Ninety  
To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - Henry Graeme Papps Grahame  
Sex and age - - - - - male 38  
Married, single, or widowed - - - single  
Profession or occupation - - - Clerk  
Place of abode immediately before  
being placed under care and  
treatment (if known) - - - 213 High Road, Balham  
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  
6:30 p.m. Slight bruise on left shin  
Duration of disease of which patient  
died - - - - - uncertain  
Names and description of persons  
present at the death - - - Attendant Alfred Legge  
Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - - - no

Signed *W. D. Moore M.D.*  
Medical Officer

Private Mental  
Condition.

As a rule, he is extremely self-satisfied,  
happy & contented, but the slightest  
ache or pain reduces him to a despair  
& despondent state.

26th Oct. 1901. The patient does not occupy his time  
in any sensible manner, he reads a little  
in a superficial manner at times, but most  
of his time is occupied in wandering about  
in an aimless manner. He is childish  
& fatuous in manner & appearance. He is  
forgetful & dirty in his habits at times,  
making use of the Chamber & water jug  
in his dormitory & defecate in: etc.

27th Oct. 1901. The patient is vacillate in expression  
& manner, his memory is extremely bad  
& he is a General Paralytic & the disease  
is advancing rapidly: etc.

4th Nov. 1901. There is no change or improvement  
to be noticed: etc.

11th Nov. 1901. The patient is fatuous & contented  
& the disease makes rapid progress: etc.

18th Nov. 1901. There is no further change to be  
noted: etc.

25th Dec. 1901. Last night the patient was seized  
with an epileptiform seizure. The  
attack was extremely severe & this  
morning the patient is in a most  
precarious condition:

1st Jan. 1902. The Patient rallied somewhat, but  
having a relapse, he died.

31st Dec. 1901.



Admitted  
4<sup>th</sup> Nov. 1901  
Weymouth.

William Robinson Hartnidge: Oct. 7<sup>th</sup>.  
Retired Stock Broker. Plymouth Brother.  
Duration of existing attack - Five years.  
Was under treatment in La Menniere  
Guernsey. Supposed Cause. Unknown.  
Not Epileptic or suicidal. Threatens  
violence.

Family History. A son committed suicide. A daughter  
is in an asylum.

Personal History. Given to masturbation. Was always a  
temperate man.

Copy of Certification. He is in a state of Mania - Insatiable

Crucible - His conversation has a  
tendency to incoherence - He believes himself  
to be the instrument of God - & that  
through his aid the purification of the  
Transvaal can be accomplished. He  
confesses that he set fire to the house  
in which he was, & that he wandered  
away into the sea & saw nothing  
unnatural in ~~that~~ the act. He  
confesses that he throws his excretions  
about - & believes himself to be the  
victim of persecution.

Facts Communicated by others. W. H. W.  
Hartnidge his son of Walpole House  
Thorp Norwich says that his father  
is beyond his control - that he refuses  
his food because it is poisoned - & that  
he has threatened to kill others in his  
presence.

William Graham Poyer  
Exham Surrey.

14<sup>th</sup> Nov. 1901.



Appearance

The patient is a short man of a slightly stout build. His hair & beard are white & he looks quite equal to his age. His bodily condition & health are good.

Phys. Exam.

Kline 1020.

No. 111. 1020.

The patient is well nourished & in good bodily condition.

There is no sign of disease to be found.

Present Mental Condition.

The patient is talkative & excitable. He is full of religious ideas & is very deluded. He believes that the Almighty gives him orders every morning, as to the regulation of his conduct during the day. He is an incessant talker, & when once he enters into a conversation it is very hard to get away from him.

11<sup>th</sup> Nov. 1901.

The patient is very talkative, & is excitable, but he has shown no signs of violence since his admission. He is very talkative & delights to hear himself speak. *Eff.*

8<sup>th</sup> Nov. 1901.

The patient is extremely deluded & talkative. His delusions are mostly of a religious type, but he has some delusions about being in constant & secret communication with the King of England. His bodily health is good. *Eff.*

25<sup>th</sup> Nov. 1901.

The patient is talkative & excitable, but he is well behaved & gives but little trouble. His bodily health is good. *Eff.*

2<sup>nd</sup> Dec. 1901.

The patient is as talkative & deluded as ever, but he has, so far, not suffered from any maniacal attacks. He attends service in the Church regularly, & joins in the singing, though his voice is hardly suited to choral singing. His bodily health is good. *Eff.*

2<sup>nd</sup> Jan. 1902.

The patient is much quieter & more settled. He is more rational & he has improved a great deal since his admission. *Eff.*

July 20<sup>th</sup> 02

For the past 3 months he has been very depressed & troubled with auditory hallucinations. He has been *Eff.*

Oct 10<sup>th</sup> 02

Patient went to *Eff.*

Jan 11<sup>th</sup> 03

two months during the summer. Patient is a good deal improved.

25.1.03

He is quieter. Bodily health good. Patient went away on trial.

12 Aug.

4 Nov.

Leave extended for another three months. *Eff.*  
Discharged from leave. recovered. *Eff.*



Admitted  
8th Nov. 1801.

Thomas Kays.

bet 62.

Married. Draper. (Nephew of Ayland).  
Not first attack. Was under treatment  
at Beverley - Martin. He willows York.  
Duration of existing attack. One week.  
Supposed Cause: Not known. Not suicidal.  
epileptic or dangerous.

Family History

## Personal History

*Copied/Dictated.* He is rambling & incoherent in conversation, & very restless. Uses indecent language before ladies, evidently has no control over his feelings or actions.

Is sleepless & restless and constantly wandering from one subject to another.  
(from Parak Hage, wife)

2d J. S. Shepphurd. 2d R.C.S. L.S. 6.  
Amberley House  
Huddersfield.  
5th Nov. 1921.

the limited condition of patient. His incoherent talk, running from one subject to another, concluding what he intended saying on to another. His impression that people had been placing sacks or something on the roof of his house.

Sarah Kays, wife of the above, Queens Road  
Edgmont states that her husband was  
taken of bakery poison - and



Copy of letter from Charles Hage Esq. son of the above  
heard his father mention something  
about hangers himself. Mr. Hage  
has already been in an asylum 5 times.  
Some times to my own personal  
knowledge.

Frank G. Howard  
Ramsden Street  
Huddersfield.

14th Nov. 1901.

Appearance: The patient is fairly tall & well  
nourished. His hair & beard are  
white but he looks as very  
good bodily health, he has a  
somewhat florid off appearance.

Phys. Exam: The patient is fairly muscular  
Vicine 1028. & he is well nourished & healthy  
No signs of ill. There is no disease to be found.

Present Mental Condition: The patient was excitable &  
somewhat abusive shortly after  
his admission. He shouted at the  
Medical Officer that he, the patient,  
wouldn't stop another moment  
in the institution, that he would  
walk all the way to Bristol &  
go to the work house there in  
preference to stopping here.

He next morning he was more  
settled, but his temper is very  
uncertain. He resents being questioned  
as a rule, & will not answer questions  
put to him.

13th Nov. 1901.

The patient is much more  
settled, & he is quiet & civil

Nov. 1901. as a rule, but he is uncertain & nervous  
& resents being questioned. He is inclined  
to be suspicious of every one round him  
& ~~prob~~ probably suffers from delusions  
of persecution. His bodily health is  
good. Off.

Nov. 1901. The patient is very emotional &  
excitable, & a fellow patient had been  
upsetting him this morning by asking him  
several impudent questions - whether  
he was a voluntary boarder, - how much he  
was paying &c. Mr. Hage naturally  
resented this impertinence & was put  
out considerably by it. He expressed  
a wish to be made a voluntary boarder,  
stating that he knew he was here for  
his good & that he wished to stay here,  
but that he objected to being carted off. Off.

Nov. 1901. The patient is much more settled & is not  
quite so emotional. However he is excitable  
& a small occurrence, such as an ordinary  
individual would take no notice of, will  
make him excitable & abusive. His  
bodily health is good. Off.

Nov. 1901. The patient is exercising his self control  
& is not so liable to outbursts of excitement,  
& is not so easily offended. He is improving  
in his mental condition, & his bodily  
health remains good. Off.

Dec. 1901. The patient is more settled & he is  
now cheerful & not so super sensitive.  
He occupies his time and attends  
the various amusements of the  
place. Off.

Copy of letter from Charles Hage Esq., son of the above, heard his father mention something about hanging himself. Mr. Hage has already been in an Asylum 5 times. From times to my own personal knowledge.

Frank G. Board  
Ramsden Street  
Huddersfield.

14<sup>th</sup> Nov. 1901.

Appearance: The patient is fairly tall & well nourished. His hair & beard are white but he looks as very good bodily health, he has a somewhat florid off appearance.

Phys: Exam: The patient is fairly muscular. He is well nourished & healthy. There is no disease to be found.

History: The patient was excitable & somewhat abusive shortly after his admission. He shouted at the Medical Officer that he, the patient, would not stay another moment in the institution, that he would walk all the way to Bristol & go to the work house there in preference to stopping here.

He next morning he was more settled, but his temper is very uncertain. He resents being guests, as a rule, & will not answer guests put to him.

13<sup>th</sup> Nov. 1901. The patient is much more settled, & he is quiet & civil

13<sup>th</sup> Nov. 1901. as a rule, but he is uncertain to permit & resents being questioned. He is inclined to be suspicious of every one around him & ~~probably~~ probably suffers from delusions of persecution. His bodily health is good.

14<sup>th</sup> Nov. 1901. The patient is very emotional & excitable, & a fellow patient had been upsetting him this morning by asking him several impudent questions - whether he was a voluntary boarder, - how much he was paying, &c. Mr. Hage naturally resented this impertinence & was put out considerably by it. He expressed a wish to be made a voluntary boarder, stating that he knew he was here for his good & that he wished to stay here, but that he objected to being certified. Off.

21<sup>st</sup> Nov. 1901. The patient is much more settled & is not quite so emotional. However he is excited & a small occurrence, such as an ordinary individual would take no notice of, will make him excitable & abusive. His bodily health is good. Off.

21<sup>st</sup> Nov. 1901. The patient is exercising his self control & is not so liable to outbursts of excitement & is not so easily offended. He is improving in his mental condition, & his bodily health remains good. Off.

26<sup>th</sup> Dec. 1901. The patient is more settled & he is now cheerful & not so super sensitive. He occupies his time and attends the various amusements of the place. Off.



5<sup>th</sup> Jan: 1902. The patient is bright, happy & cheerful & he is in good bodily health.

Jan 15. 02 Since the above note patient has relapsed on this occasion the excitement following the visit of friends - the excitement attack of about 10 days.

Jan 20. 02 The patient is again in a state of great excitement but much more acute.

Jan 25. 02 He is now in a condition of acute mania, restless, shouting incessantly, does not sleep & sedation cannot be induced on heart is weak. Hot bath but without effect.

July 2<sup>nd</sup> 02 Showing signs of collapse, moved to infirmary but still very restless, almost gives a little sleep he often speaks of a war.

July 3. 02 Still very excitable but takes fair amount of nourishment, heart shows signs of failing.

July 6. 02 To day vomits blood & foetid matter black in colour, circulation failing. Lying in bed with both legs drawn up; cannot get from him any reasonable answer, but there is evidently great tension of pain & distress; there is a dark flush of white of face, emphysema & extra pulmonary order.

July 11. 02 He became gradually weaker & died this afternoon.

Died.

# Holloway Sanatorium Hospital, Virginia Water

## NOTICE OF DEATH

Date of Reception Order, the 5<sup>th</sup> day of November 1901  
I hereby give you Notice, That Thomas Kage  
a Private Patient, received into this Hospital on the 5<sup>th</sup> day of  
November 1901 died therein on the eighth  
day of July 1902

Signed W. D. Moore M.D.  
Medical Officer

Dated the 11<sup>th</sup> day of July 1902 One-Thousand  
Eight-Hundred and Ninety  
To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Thomas Kage  
Sex and age - male 63  
Married, single, or widowed - married  
Profession or occupation - Draper.  
Place of abode immediately before being placed under care and treatment (if known) - Business, Queen's Road, Huddersfield.  
Apparent cause of death - Behaviour from acute mania.  
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 - 2:5 p.m.  
Discolouration on elbow & left groin.  
Duration of disease of which patient died - uncertain  
Names and description of persons present at the death - abundant Alfred Kage  
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no

Signed W. D. Moore M.D.  
Medical Officer



5<sup>th</sup> Ja

Jan 1.

Jan

Jan

Feb

July

July 6

July

Admitted 8<sup>th</sup> Nov 1901. Richard Carmichael Brabazon 161 58.  
 Married. Clerk in Holy orders. Church of England. First attack. Duration of existing attack two years. Never previously been under treatment. Supposed cause, Influenza several times. He is epileptic, but not suicidal or dangerous.

Family history. The patient states that a brother of his died from epilepsy.

Personal history. The fits came on suddenly about two years ago.

Copy of Certificate. Loss of memory, not knowing his own name. Inability to read or write correctly, putting in wrong words and words in wrong places.

His wife - that he is subject to uncontrollable fits of passion.

William Arthur Nash  
 Denmark House  
 Hallbrook  
 Ipswich.  
 30<sup>th</sup> Oct. 1901.

Seems to have completely lost his memory. Is not able to read the simplest text, putting wrong words in. Is not able to write the shortest sentence correctly.  
 Is an epileptic.

Alice Ireland, Nurse at the Rest, Boosilverstone says - that when he washed himself this morning, he

Copy of Certificate complained that he could not find his hands, and asked where his place was? Is very excitable at times and seems completely lost. Thinks the nurse is his wife at times.

John R. Staddon  
6. Silent Street  
Ipswich:  
30th October 1901.

# Appearance

The patient is slightly over the medium height with brown hair which is of a reddish tint in the beard. His facial expression is dull heavy & vacant, & he does not look a very intelligent individual. He is a patient in of a slim build & not very muscular. The chest is not well formed but there is no positive sign of disease either in the heart or lungs. His skin is inclined to an acne eruption, though he states that he has not been taking Bromides for his fits. One small boil was situated over the region of the sacrum.

# Present Mental Condition:

The patient is dull & heavy in expression & he speaks in a very slow drawing manner. His memory is very defective & he is unable to write. He has had a slight epileptic seizure since admission. The attack was slight & he did not remain unconscious for long.

## Holloway Sanatorium Hospital, Virginia Water

### NOTICE OF DEATH

Date of Reception Order, the 6th day of November 1891  
I hereby give you Notice, That Richard Carmichael Sabazon  
a Private Patient, received into this Hospital on the eighth day of  
November 1901 died therein on the 18th  
day of December 1901

Signed W. S. Moore M.D.  
Medical Officer

Dated the 19th day of December 1901 One Thousand  
Eight Hundred and Ninety  
To the Commissioners in Lunacy

### STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Richard Carmichael Sabazon  
Sex and age - male 38  
Married, single, or widowed - married  
Profession or occupation - Clerk in Holy Orders  
Place of abode immediately before being placed under care and treatment (if known) - The Clergy Hall, Walsworth, Shropshire  
Apparent cause of death - Tumour in the brain

Whether or not ascertained by post mortem examination - yes

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 - 12.25 a.m.

Duration of disease of which patient died - uncertain

Names and description of persons present at the death - Attendant Henry Lacey

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no

Signed W. S. Moore M.D.  
Medical Officer



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Am14<sup>th</sup> Nov: 1901

At 6.40 A.M. & at 9 o'clock P.M. on the 13<sup>th</sup> Nov: 1901: the patient had epileptic seizures.

This morning at 6.40 A.M. the patient had another fit in which he fell down & badly bruised his forehead & side of his face. Upon the morning visit the patient was extremely dazed & had no idea where he was or what had happened to him.

15<sup>th</sup> Nov: 1901

The patient has frequent fits, & he is demented & in feeble health. After his epileptic attacks he is very dull, & stuporous for several hours, but so far he has shown no post epileptic violence.

18<sup>th</sup> Nov: 1901

The patient is a hypochondriac, demented epileptic, he is taking Pot. Brom. for the fits, & he is inconsequence in a dull heavy state every day. He is thin & rather feeble.

5<sup>th</sup> Dec: 1901

The patient is very demented & feeble, his fits are not very frequent, but are stated to be unlike true epileptic fits, there is frequent vomiting of a cerebral type, & there is a probability of some cerebral tumour, or undue cerebral pressure of some kind.

The patient gradually became more & more feeble & gradually became unconscious: he eventually died

18<sup>th</sup> Dec: 1901



Admitted  
11<sup>th</sup> Nov: 1881

Richard Clement Court Age 50  
Married: Publican (Church of England).  
First attack. Never previously under  
treatment. Duration of existing attack  
two months. Supposed cause hereditary tendency.  
Not epileptic, not suicidal. Would  
strike out if thwarted.

Family history A relative was insane.

Personal history

City of Certificate. He had a fit yesterday morning falling  
& bruising his forehead. This was Nov 10.  
He denies this & says "doctor", when I see  
him in bed, that there is nothing the  
matter "I am perfectly well" However, I  
visited him this afternoon Nov 11 & he is  
smoking a cigar, he wears a vacant  
expression, & when walking across the  
room drags his legs. & is quite helpless  
as he is being taken to the. h.p. He  
says if he had gloves on he could "box" me,  
he thumps his chest. Continuing the  
conversation he lies back in the chair &  
he cannot be induced to speak. I consider  
him a General Paralytic.

By Harry James King Don 13. London Street  
Reading Nov: 10. Got out of bed tried to get  
his trousers on fell over his wife & the  
infermante tried to get him up when he  
struck out & began fighting. Went to  
London last week & kept calling for  
Handsome Cars. Went away for a



Copy of certificate four days 14 days yesterday returned  
not being away to give an account  
of himself. Has been ordering of late  
very excessive quantities of wine &  
says the doctors are all fools.

October 28<sup>th</sup> 1901. ordered large  
cask of orange bitters which would  
last a house of this kind for 20 or  
30 years:

John Brook Bristol  
Westbrooke House  
Allon  
Hants.

11<sup>th</sup> November 1901.

I believe him to be suffering from  
General Paralysis of the Insane -  
for he is extravagant in his ideas -  
ordering large quantities of wines &  
spirits: On November 10<sup>th</sup> he had a  
fit falling & bruising his forehead.  
I saw him again in the evening in  
bed he was grandiose in his manner  
said there was nothing the matter  
with him - I am all right. He  
refused to answer questions: Later on  
I was called again & found him excited  
& more or less violent. He also occasionally  
his memory of late he becomes very bad.  
He is by temperament a melancholic.

By Mrs Court, his wife of the same  
address - he has <sup>been</sup> gradually becoming  
strange in his manner & in different

Copy of certificate to his occupation: - 14 days ago he suddenly  
left the house without any reason, & was  
away for 3 or 4 days, having been here,  
there & everywhere. He returned not  
being able to give a satisfactory account  
of himself.

William Curtis  
Allon  
Hants.  
11<sup>th</sup> Nov: 1901.

Appearance: The patient is about the medium height,  
his facial expression is somewhat fatuous  
& vacant, but he appears to be somewhat  
flushed & excitable. His gait is stammering  
& unsteady & he is very sententious in  
his dress.

Phys. Exam: Upon admission he was found to be  
very much bruised, he states that he  
was attacked by a stranger, in the  
bar of the hotel of which he is the  
proprietor, prior to admission:

The following is the list of bruises: -

1. Left Elbow.
5. Back left shoulder.
1. Right knee.
1. Left hip.
1. Forehead over Left eye.
1. Outside of knee.
1. Right upper arm.
2. Left upper arm.

The patient is thin but fairly muscular,  
& is in good bodily health & condition.

Present Mental Condition. The patient is extremely noisy & excitable. He will not keep his clothes upon him, & is extremely dirty in his habits - he has plastered the wall of his room with his own faecal matter, & he is shouting & raving in an incoherent manner.

From information received, it appears that he was in an extremely terrified condition yesterday - Crouching down in the corner of his room to a void being run over by a horse & cart, & endeavouring to ward off imaginary people &c -

15<sup>th</sup> Nov. 1901.

The patient is extremely excitable, noisy & violent: he shouts & raves in an incoherent manner & is extremely filthy in his habits. His bodily health is fairly good.

23<sup>rd</sup> Nov. 1901.

The patient is very weak & "run down". On the afternoon of the 18<sup>th</sup> Nov., after having taken a dose of Sulphonal gr XX on account of his excited condition, he collapsed & became blue in the face & with an irregular & intermittent pulse: He was seen by the medical officer, & after he had taken some whiskey he revived & his pulse improved.

The next day he was much quieter, & his mental condition had improved. He has however relapsed & is noisy, restless & excitable as ever.

He is covered with abrasions due to his habit of rubbing various parts of his body with his hands until he makes a

raw place. And nothing can be done to prevent this so long: his strength is keeping up well considering his previous collapse & condition of his mental state.

2<sup>nd</sup> Dec. 1901

The patient is still incoherent & noisy. He is however obtaining more sleep at night & is perhaps on the whole a little quieter: His bodily strength, considering his excitable state, is keeping up wonderfully.

9<sup>th</sup> Dec. 1901.

The patient is not quite so restless & excitable. He is however demented & is unable to converse sensibly for any length of time. His bodily condition has improved slightly.

11<sup>th</sup> Dec. 1901.

Last night the patient had a severe epileptiform seizure. Some Ol. Croton was placed on the back of his tongue, he obtained a free evacuation in due course, & this morning, although he was very feeble, & the L side was almost powerless, he had recovered his sensibility. He was removed to the Infirmary.

16<sup>th</sup> Dec. 1901

The patient is now able to walk about as before, but he is restless & excitable & noisy at night. He has been removed back to the retreat.

16<sup>th</sup> Jan. 1902

The patient is much quieter, he is however very feeble bodily & he is extremely demented: He suffers from incontinence of urine & is in an advanced stage of general paralysis.



16<sup>th</sup> Feb. 1902

The patient is becoming more & more  
feeble & demented. He is frequently wet  
& dirty.

Died 13<sup>th</sup> March 1902.

# Holloway Sanatorium Hospital, Virginia Water

Copy

## NOTICE OF DEATH

Date of Reception Order, the 11th day of November 1901 ~~189~~  
I hereby give you Notice, That Richard Clement Court  
a Private Patient, received into this Hospital on the eleventh day of  
November 1901 ~~189~~ died therein on the thirteenth  
day of March 1902 ~~189~~

Signed

W. D. Moore M.D.  
Medical Officer

Dated the fourteenth day of March 1902 One-Thousand-  
Eight-Hundred-and-Ninety-

To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - Richard Clement Court  
Sex and age - - - - - male 30  
Married, single, or widowed - - married  
Profession or occupation - - Publican  
Place of abode immediately before }  
being placed under care and } Crown Hotel,  
treatment (if known) - - - } Alton, Hants  
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 } 7:15 a.m.  
description of any injuries known }  
to exist at time of death or found }  
subsequently on body of deceased }

Duration of disease of which patient }  
died - - - - - } uncertain

Names and description of persons }  
present at the death - - - } Attendant Alfred Herbert Legge

Whether or not mechanical restraint }  
was applied to deceased within }  
seven days previously to death, }  
with its character and duration, }  
if so applied - - - - - } no

Signed

W. D. Moore M.D.  
Medical Officer





Admitted  
13<sup>th</sup> Nov. 1901

~~Howard~~ Sydney Churcher Howden 1886.  
Single, Qualified Chemist, Cheesek of  
England. First Attack: Duration of existing  
Attack. Twelve months. Supposed Cause:  
Over Study. Not Epileptic, Insular, Dangerous.

Family History No relative known to have been insane.

Personal history He had a fall from the height of 6 feet 14 yrs. ago.  
Probably indulged in masturbation. Attack commenced  
by his dancing about in an aimless manner.  
Copy of Certificate Demeanor - morose - melancholy. Incontinence  
Delayed - latent period varying from 10-15 seconds.  
Speech at times incoherent - articulation  
imperfect at times. Attitude listless. Hand  
kept to the head. Complains of vague pains in  
the legs. Appears to be demented - melancholic  
& duller -

Father - Albert Howden & Sister Anne Howden  
of same address - patient described as sudden  
stubborn - refuses to work - food taken  
irregularly. i.e. for some periods, nothing for  
40 hours - at others drinks voraciously of  
milk, as much as 2 1/2 pints before 11 o'clock  
A.M. Evidently regards his family with  
hatred & acts diametrically opposite to their  
expressed wishes. Leaves the house at meal  
times in order not to take food with his  
family.

Stuartson (Barb) R.R.S.  
Haling Park Cottage.  
Croydon:  
12<sup>th</sup> November 1901.

Copy of Certificate. He is suffering from partial Dementia. He is very slow in responding to any question: he mutters to himself & while admitting that he ought to do something for a living, he does nothing.

His father of same address tells me he will do nothing, he would neglect himself & lie in bed all day. He appears to have no will power, & to be growing weaker in his mind.

G. H. Savage M.D.  
3. Henrietta St. &  
8<sup>th</sup> Nov. 1901.

Appearance: The patient is about the medium height, he is a dark sallow skinned man, his hair & beard are dark brown.

His facial expression is dull & apathetic & wanting in animation. His pupils are at times unduly dilated, but regular in size.

Phys: Exam. The patient is well nourished & fairly muscular. His chest is well formed & there is no sign of cardiac or pulmonary disease.

Present Mental Condition: The patient is dull & somewhat stuporose. He appears to take no interest in anything & does not occupy his time well, though he occasionally occupies his time by reading, but not for long at a time. His speech is slow

Present Mental Condition.

20<sup>th</sup> Nov. 1901.

& his mentalisation is sluggish. His powers of conversation are limited though he is coherent when spoken to. OH.

The patient is self absorbed & silent. He will answer when spoken to but he will not continue a conversation, he will not occupy himself in any way, & sits about or wanders about in an aimless manner, all day. His bodily health is good. OH.

17<sup>th</sup> Nov. 1901.

The patient is self absorbed & silent as upon admission, but if he wants any thing, in the way of Diet or anything else, he will ask for it, otherwise his interest in life appears to be slight. He remains in good bodily health. OH.

4<sup>th</sup> Dec. 1901

The patient is stuporose & self absorbed. He will not readily converse & keeps himself very much to himself. His bodily health is good. OH.

11<sup>th</sup> Dec. 1901.

The patient's mental condition is very far from satisfactory, his bodily health keeps good. OH.

11<sup>th</sup> Jan. 1902

The patient is strange in manner & inclined to dress himself in a grotesque manner. He is not so stuporose as he was & is inclined to be mischievous & interfere with the other patients, & it has been necessary to move him out of No. I gallery. His bodily health is good. OH.

11<sup>th</sup> Feb. 1902.

There is no change or improvement of any kind. OH.  
Transferred to Seckhurst  
15<sup>th</sup> March 1902.



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Admitted  
14th Nov. 1901  
Argency from  
Border Class

John Root

Ret 39.

Married. Chief Clerk. Railway Station, Elyon.  
Church of England. First attack: never  
previously under treatment. Duration of  
existing attack. About 15 months. Supposed  
Cause: Business worry & overwork, but epileptic,  
or suicidal. He is dangerous.

Family history. No relative known to be insane.

See Casebook B2 page 206.

Personal history. The patient first showed signs of mental  
trouble about 15 months ago: he was nervous  
& overworked & he became very restless,  
nervous & suspicious of every one around  
him, he has been nervous & excitable  
ever since. The patient was admitted as a B.B.  
on the 10th Nov. 1901: he was restless, deluded &  
excitable from a delusion: he became manicured yesterday.

Copy of certificate. He is in a state of acute mental excitement.  
- He is boisterous, at times becoming wildly  
excited, shouting at the top of his voice.

He states that he is full of electricity,  
& that he has been sent here as a medium  
to trace out escaped criminals.

He makes gross accusations against his wife  
& others in very disgusting language. He  
confesses that he made an attack on an  
attendant whom he says is a murderer.  
He is restless & unduly.

William Radkum Foyer.

Egham  
Surrey.

14th Nov. 1901.



Appearance: The patient is slightly above the medium height: his hair is brown & he wears a heavy moustache. His facial expression is ~~restless~~ & furtive, & his manner is suspicious & restless.

Phys. Exam: The patient is well built & fairly muscular: his chest is well formed & there is no cardiac or pulmonary trouble. There is a bruise on his nose caused by a blow from a fellow patient - Mr. Laws by name, the patient having interfered with Mr. Laws who resented his interference.

Present Mental Condition. The patient, who had been delirious, excitable, & restless since his admission as a b. B. on 10<sup>th</sup> Nov: 1901, yesterday became extremely noisy, excitable & violent: using foul language & being extremely abusive: He is under the delusion that he is, by some means he is unable to explain, filled nightly with electricity, & he believes this is done by the medical staff, whom he accuses of having neglected him & given him no medical treatment since his admission.

He is very bitter against the Medical Superintendent upon whose head he heaps abuse in the foulest language: He was given Paral. 3<sup>rd</sup> last evening & he spent a fairly quiet night, though he is most abusive concerning the padded room in which

he slept, & into which it had been necessary to put him on account of his violent behaviour.

He is fault-finding & abusive about every thing & is most plausible in making complaints, which when investigated are found to be groundless, or the cause of the complaint trivial beyond words. 522

21<sup>st</sup> Nov: 1901.

The patient is quieter & somewhat more settled. He is not so abusive & less inclined to think that the Medical officers & attendants wish to harm him.

He is very uncertain in temper & mental condition as yet however, & is excitable & hysterical at times - shouting & screaming, more like a woman than a man. His bodily health is good. 524

28<sup>th</sup> Nov: 1901.

The patient is much more settled & for some few days past he has been quiet & sensible, & he has been behaving well & in a satisfactory manner: He has been removed from the Patient to the main building, & so far is going on in a satisfactory way: His bodily health is good. 524

8<sup>th</sup> Dec: 1901.

The patient is keeping well mentally & bodily. He is cheerful, well behaved & perfectly sensible: His bodily health is good & his whole condition is very satisfactory. 524

12<sup>th</sup> Dec: 1901.

The patient is keeping very well, & is well behaved & most satisfactory. His bodily health is good. 524

12<sup>th</sup> Jan: 1902. The patient is keeping well  
mentally & bodily.

17<sup>th</sup> Jan: 1902. To day he has been transferred  
to the Voluntary Border class.  
See Border Case Book 2. page 206. C.H.

Admitted

27<sup>th</sup> Nov: 1901.27<sup>th</sup>

Richard William Longfield

Aet 27.

Single. (Captain R. M. 5<sup>th</sup> D. G. Church  
of England). First attack, ? seen previously  
under treatment. Supposed cause. Malaria.  
Duration of existing attack. about 4 weeks.  
Not Epileptic or Suicidal. Possibly Dangerous

Family History

No relatives known to have been insane

Personal History

Sloppy of (anti-f. cat). He is very excitable, & talks incessantly about  
the bad treatment he has sustained in  
Africa & of the most serious consequences to  
the government if he disclosed all he knew.  
He said the authorities would have to make  
amends, & that he had entered legal actions  
of £2500 each ~~those~~ against those who  
interfered with him. He is very exalted  
as to his ability, & extravagant in his  
expenditure. He bought two hunters at  
Tattersalls & Day & he is determined to marry  
a lady whom he has only once seen for over  
two years.

His father showed me the reports of Medical  
Board & other letters & documents proving  
Captain Longfield to be most unreasonable  
& quite beyond control. He told me he had  
bought a sword cane as he believed his  
life to be in danger. He has had one  
previous & similar attack

G. H. Savage Esq. F.R.C.S.

3. Henrietta Street:

26<sup>th</sup> November 1901.



Copy of Certificate. Fabulous stories about his wealth. He told me he had ordered six dozen riding breeches at York - that he was bringing an action against the Government for deformation of character - that he had valuable secrets in his despatches to which Government would pay him £25,000 not to divulge. He has made wild purchases.

Richard Edward Longfield, his father, says that he has been spending money right & left, that he is very excited & invective against the Government, & saying that there is a plot to ruin him. He, his father, has a certificate from Surgeons in S. Africa saying that he is not sane.

Alfred Hartley M.D.  
Milton

Yorkshire

26<sup>th</sup> November 1901.

Appearance. The patient is above the medium height & of a slender build. His hair is brown & Height 5' 10 $\frac{1}{2}$ " he wears a moustache. He looks a Weight 13 $\frac{1}{2}$ " 1 $\frac{1}{2}$ " military man, but his manner is excitable & his facial expression is restless.

Phys. Exam. The patient is a well built & fairly muscular man. His chest is well formed & there is no sign or symptom of Cardiac or Pulmonary disease.

Perine. 10.31. He has suffered from about the age of 14 years, from Acne, & his face is extensively scarred from these eruptions.

No Alb. Scurvy - small quantity. His body is covered with marks of the eruption, but his face is now clear.

Present Mental  
Condition:

The patient is excitable & emotional. He declares that there will be a "law case" concerning his detention in this Hospital. He tells a long & rambling story, in which a doctor in East Africa insulted him when he was in Hospital there, & he believes that all his troubles date from that, for he believes that this doctor started the story that he was insane <sup>out of</sup> to revenge. He then rambles on about the girl to whom he is engaged, & states that he is suffering all this for her sake, but why he is so doing it is hard to make out from his rambling statements. He believes that the Foreign Office have bribed Dr. Savage to certify him as insane, & that the parents of the lady to whom he is engaged, or states that he is engaged to, have put pressure upon Dr. Savage by showing him another certificate showing the patient to be insane, & that the young lady's parents have done this to prevent their being married until the patient has been cleared of the "charge" of insanity. SH

4<sup>th</sup> Dec. 1901.

The patient has become a little more resigned to his detention, but he is unduly excitable & generally elated. He is full of wants, complaints & suspicions. He makes all kinds of complaints which when looked into have no foundation, & his words are not to be

relied upon as he is much given to exaggeration, & is hardly strictly truthful.

One evening in the billiard room two of the gentlemen having been playing a game & having finished they both asked the Head Attendant & the Steward to play a game for them to look at, & as no one else wished a game they did as the two gentlemen had asked them, soon after the game had started (Capt. Longfield) came in, & the next day he complained to the Medical Superintendent that he could not get a game of billiards as the table was monopolised by these two before mentioned officials. He is very fond of ordering about the attendants & he treats them in a very uncivil & disagreeable manner. He is full of illusions regarding the persecution he has suffered at the hands of some person, or persons in the foreign office. It is absolutely denied that he is engaged to the lady to whom he states he is engaged.

His bodily health is good. SH

11<sup>th</sup> Dec. 1901.

The patient is full of threats of revenge, by means of heavy monetary damages, from Dr. Savage for signing his certificate. He believes he has engaged his Solicitor to take up the case, & requests all the medical officers <sup>in the hospital</sup> to give evidence in favour of his sanity.

He is excitable & elated, but on the whole he is well behaved & is able to go to the dances & attend other amusements. SH

18<sup>th</sup> Dec. 1901. The patient is excitable & extremely unreliable. He is full of delusions concerning his treatment by the War Office, & he still labours under the delusion that he is engaged to a lady, whereas such is not the case. He is full of complaints & unjust accusations against any one & every one. He has no idea of truth & will tell lies at any moment to serve his own purposes. His bodily health is good. D.H.

26<sup>th</sup> Dec. 1901. There is no improvement in the patient's mental condition. He is conceited & presumptuous to a degree, he endeavours to "run" the whole institution, is abusive & slanderous against any one who runs counter to his wishes. He is such an artful liar that it is impossible to believe to anything he says & he is as full of false accusations as ever. His bodily health keeps good. D.H.

26<sup>th</sup> Jan. 1902. The patient is excitable & self-satisfied. He is full of delusions concerning his persecutions by the War Office, & full of threats of legal proceedings against every one who he believes has been in any way responsible for his detention in this institution. D.H.

26<sup>th</sup> Feb. 1902. The patient is not quite so excitable & abusive, but his power of self-control is feeble & he is untrustworthy in every way. His bodily health is good. D.H.

26<sup>th</sup> March 1902. The patient remains in the same deluded & unsatisfactory condition. His bodily health is good. D.H.

Transferred to Litchhurst 2<sup>nd</sup> April 1902



Admitted  
27<sup>th</sup> Nov. 1901  
Worcester.

Philip Bayes:

Oct. 56.

Widower. Clerk & Accountant. Protestant.  
First attack: None previously under  
treatment. Duration of existing attack:  
About three months. Supposed Cause:  
Domestic worry. Not epileptic or Ponguous.  
Probably suicidal.

Family History

No relatives known to have been insane.

Personal History

Copy of Certificate. He is full of self accusation. Says life  
is not worth living, that he cannot  
control himself, & that he will go to the  
workhouse.

His brother, Mr. G. Bayes, tells me he  
has told him he is afraid of shooting  
himself but he should kill himself.

G. H. Savage, M.D.

3. Hurstville Street. W.

27<sup>th</sup> November 1901

Appearance:

The patient is somewhat above the  
medium height & of a ~~slightly~~ slightly stout  
build. His facial expression is dull,  
heavy looking & melancholic. He suffers  
from twitching of the R. side of the face  
at frequent intervals, & the pupil of  
the R. side of the iris is slightly &  
distinctly larger than the L. side.

Phys. Exam:

His speech is slow, but there  
appears to be no clapping of words,  
& no "Scanning" speech.

Phys. Exam:

He is somewhat stout & the chest, though of fair dimensions, is larger on the one side than the other, for there is distinct bulging on the Right side at the upper part of the chest.

His breathing is somewhat "short" & "panting" in character.

There is marked epigastric pulsation & the cardiac area is increased in size. There is a double mitral murmur to be heard. The patient has been under treatment for "weakness of the heart", according to his own statement, prior to his admission.

Present Mental Condition:

The patient is depressed & self-absorbed, he is full of his own troubles, especially his bodily ailments.

He states that he suffers from "Sexual Depression" & that he suffers very much from frequent, & almost continuous seminal emissions. He states that his body gives off a most unpleasant odor, which is due to his Sexual Disorder. He believes that all his bodily & mental trouble ~~is~~ is caused by undue worry over domestic & business worries, though he is not sure that his worries may not have been of his own making. He states that he suffers greatly from constipation, & in spite of having taken two house-pills last night, this morning he has had no motion. He has therefore been given some V.L. Ricini 30 & O.L. Castor. 25 ii

4<sup>th</sup> Dec. 1901.

The patient is somewhat more settled & is not quite so depressed & self-absorbed. He still believes, however, that an unpleasant odor is given off from his body, this is a pure delusion.

His bowels are keeping regular & he is in better bodily health.

11<sup>th</sup> Dec. 1901.

The patient is brighter, & he is taking more interest in his surroundings, & he can converse without constantly harping on his bodily troubles. His bodily health has improved.

18<sup>th</sup> Dec. 1901.

The patient has greatly improved. He is more cheerful & takes a healthy interest in the amusements of the institution. He will converse readily on any subject & appears to be free from delusions. His bodily health is good.

26<sup>th</sup> Dec. 1901.

The patient's mental & bodily condition are very satisfactory & he appears to be settled & comfortable in this institution.

26<sup>th</sup> Jan. 1902.

The patient is well behaved, cheerful & contented. His delusions have all gone & he is in good mental & bodily health.

Went out on leave  
3<sup>rd</sup> Feb. 1902.

Discharged recovered from leave  
17<sup>th</sup> April 1902.

(Admitted)  
5<sup>th</sup> Dec<sup>r</sup> 1901.

William Henry Savage. Oct 53.

Single. Surveyor & Civil Engineer.

(Church of England). First attack.

Never previously under treatment. Duration of existing attack. About a year.

Neither Epileptic, Suicidal nor Dangerous.

Family history

His maternal grandfather died insane.

Personal history

He has been a hardworking steady man. Up to two years ago he was Surveyor & Engineer to East Ham District Council, but he then gave up this post & went into business for himself, he was doing well in business, but he missed his position on the District Council, & he worried over this. Last Christmas he is supposed to have proposed marriage & to have been refused - this has also worried him. He has always been a very "close-fisted" man, & about a year ago a brother in law borrowed £100 from him, this money has not yet been returned, & he has been worrying a good deal about it.

He became depressed, & from being a cheerful man, fond of his jokes, he became silent & suspicious, however he attended to business up to last August bank Holiday.

(Copy of Certificate)

He is very excited & cannot keep still for a moment, says that it is all over with him and that he cannot be and that he is going to be buried alive, he is incoherent.

Alfred F. Kennedy  
Chesterford House, Shirehampton &  
4<sup>th</sup> Dec<sup>r</sup> 1901



Copy of Anticipated Delusion as to organs wrote word and that he would be buried alive

1. Says that body wasted and all organs paralyzed.
2. Says he can't pass water, but can really do so without difficulty.
3. Restless at times:

Albert Edgar, 15 Great Marlborough St.  
6<sup>th</sup> Portland Place: Lunatic Nurse.  
Ernest Bridgford Randall  
367. Romford Road.

Forest Gate

Essex

4<sup>th</sup> Decr 1901.

Appearance: The patient is below the medium height, & of a somewhat slender build. His hair is stringy & coarse & a marked "Iron Grey" & the hair is straight & brushed back from the forehead: he has a small moustache: His facial expression is dull, depressed looking & somewhat furtive: His whole manner is suspicious.

Phys: Exam. There is no cardiac or pulmonary disease, & his other organs appear to be healthy. He is of a spare build, but he is fairly well nourished.

Present Mental Condition: The patient is depressed & apathetic. He suffers from Delusions of a visceral type. He believes that he cannot pass his water, where as he does so in a normal manner, he believes all his organs are "done for" He also

Present Mental Condition suffers from the delusion that he is ruined & that he does not possess a penny in the world, where as he is in a fair financial position: He is somewhat restless & the liver appears to be sluggish, otherwise he is in good bodily health.

12<sup>th</sup> Decr 1901. The patient is depressed & very deluded. He believes that he is "past all hope" that he cannot get well, & that he cannot die: He still believes that his "organs" are all "wrong" - that he cannot pass water, & that his bowels do not act, where as this is not the case, he passes water properly & regularly, & his bowels are working regularly.

17<sup>th</sup> Decr 1901. The patient is suffering from Melancholia with visceral Delusions. He is restless & depressed & can not be induced to occupy himself in any way: His bodily health is good.

26<sup>th</sup> Decr 1901. The patient is full of Delusions concerning his bodily health, he believes that he is "as bad as he can be" that he has "stoppage of the bowels" &c. He will not occupy himself though his bodily health is in reality good.

2<sup>nd</sup> Jan: 1902. The patient remains in the same morbid condition & cannot be roused or induced to turn his thoughts from himself.

- 1892.01 Still hypochondriacal but has lost  
on weight. & is better than on  
Adrenalin. Yes.
- Oct. 02 No mental change. CP
- Jan. 03 No mental improvement of any  
kind. CP
- April 03 No change. CP
1903. 18 Aug. He is depressed and deluded  
says that he feels stuffed with  
food & that he never has a  
motion. His health is fair. GP?
- 24 Sept. His delusions continue, viz.  
that he is stuffed with food  
& that his bowels are never  
relieved. In fair health. GP?
- 20 Dec. No change in his delusions.  
His health is fair. GP?
1904. 30 Mar. He is very depressed ~~unpleasant~~ and says he is  
choked with food. Health fair. GP?
- 30 June. He says he is crammed with food and would  
regret it if he could. Health fair. GP?
- 17 Sept. No mental or physical change. GP?
- 7 Oct. Went to Home Villa. Brighton. GP?
- 29 Nov. Returned from Brighton in fair health. GP?
- 16 Dec. Deluded & depressed as ever. GP?
1905. 20 Mar. No mental or physical change. GP?
- 20 June. Imagines that he never has a motion and  
that he is choke full of food. Health fair. GP?
- 10 Sept. Depressed & deluded that he never has a  
motion. In fair health. GP?
- 20 Dec. No mental or physical change. GP?
1906. 22 Mar. Deluded that no food is digested by him &  
that he never has a motion, solitary, silent &  
unoccupied. Health fair. GP?



27 June 1913

- June No mental or physical change. GP?
- Sept. When enters into conversation, & scarcely con-  
siders his mouth except in answer to a question.  
Depressed & delusional. GP?
- December Silent and depressed. Hypochondriacal,  
with delusions of obstruction. Health fair. GP?
- February No mental or physical change. GP?
- May Patient is depressed and unsociable, with  
delusions of obstruction, but at present he is  
taking his food well. GP?
- August No mental or physical change. GP?
- September Transferred to Playbury Hall, relieved. GP?



July 20. 01

State hypochondriacal but he has just  
on bright & is better than on  
admission <sup>2003</sup>.

Oct. 02

No mental change

Jan. 03

No mental improvement of any  
kind.

April 03

No change.

1903. 18 Aug.

He is depressed and deluded  
says that he feels stuffed with  
food & that he never has a  
motion. His health is fair. <sup>2003</sup> B.S.P.

24 Sept.

His delusions continue, viz.  
that he is stuffed with food  
& that his bowels are never  
relieved. In fair health. <sup>2003</sup> B.S.P.

20 Dec.

No change in his delusions.

1904

30 Mar.

His health is fair. <sup>2003</sup> B.S.P.  
He is very depressed ~~unpleasant~~ and says he is  
choked with food. Health fair. <sup>2003</sup> B.S.P.

30 June.

He says he is crammed with food and  
wishes it if he could. Health fair. <sup>2003</sup> B.S.P.

17 Sept.

No mental or physical change. <sup>2003</sup> B.S.P.

7 Oct.

Went to Home Villa, Brighton. <sup>2003</sup> B.S.P.

29 Nov.

Returned from Brighton in fair health. <sup>2003</sup> B.S.P.

16 Dec.

Deluded & depressed as ever. <sup>2003</sup> B.S.P.

1905. 20 Mar.

No mental or physical change. <sup>2003</sup> B.S.P.

20 June.

Imagines that he never has a motion &  
that he is choke full of food. Health  
fair. <sup>2003</sup> B.S.P.

10 Sept.

Depressed & deluded that he never has  
motion. In fair health. <sup>2003</sup> B.S.P.

20 Dec.

No mental or physical change.

1906. 22 Mar.

Deluded that no food is digested by him  
that he never has a motion, solitary, and  
unoccupied. Health fair. <sup>2003</sup> B.S.P.



10 June

No mental or physical change. <sup>2003</sup> B.S.P.

8 Sept.

Never enters into conversation, & scarcely con-  
veys his wants except in answer to a question.  
Depressed & delusional. <sup>2003</sup> B.S.P.

9 December

Still and depressed. Hypochondriacal,  
with delusions of obstruction. Health fair. <sup>2003</sup> B.S.P.

1907.

5 February

No mental or physical change. <sup>2003</sup> B.S.P.

10 May

Patient is depressed and unsocial, with  
delusions of obstruction, but at present he is  
taking his food well. <sup>2003</sup> B.S.P.

20 August

No mental or physical change. <sup>2003</sup> B.S.P.

18 September

Transferred to Claybury Hall, relieved. <sup>2003</sup> B.S.P.



Admitted  
8<sup>th</sup> Dec 1901  
from  
Border Class  
Urgency.

Family History:

Personal History:

Appearance:

Copy of Certificate:

Thomas Kemnard Hammond Oct 69:

Married. No occupation. First Attack:  
Never previously under treatment. Duration  
of existing attack: a few days. Supposed cause  
an accident, coming injury to head, about 8  
years ago. History: Neither Epileptic, Suicidal  
or Dangerous.

There is no history of insanity in the family.

The patient has lived in India in the employ  
of the P. & O. Company. He sustained an  
injury to his head about 8 years ago &  
he has never been mentally sound  
since. He suffers from insomnia, but  
takes his food well. He is suspicious.

His father

He is suffering from mental weakness. His  
appearance is vacant, his memory for recent  
events is defective: He does not realize  
his position. He is restless, & wanders about  
in an aimless manner. He is depressed &  
believes that there is "something" wrong  
with his financial affairs (which I am  
informed is not the case) - & he informs  
me that on 2 occasions he has said he  
would "make a hole in the counter"

Mr. John Winfield, of 23 Handford Street  
Derby, nephew, says that Thomas Kemnard  
Hammond is very restless, wanders about,  
& is beyond control - that the other day  
he cashed a cheque for £50, & left the  
money on the counter. He also threatened to  
make a hole in the counter if he could.

Copy of Certificate across a pond

William Howard Poyser  
Egham Surrey.  
8<sup>th</sup> Dec. 1901.

**Appearance** The patient is a man above the  
height. 5 ft 9 in medium height. His hair & whiskers  
length. 15<sup>th</sup> 7<sup>th</sup> are grey & his expression is vacant  
& cross looking at times. He does  
not look as old as 68 years. He is of  
a somewhat stout build.

**Phys. Exam.** The patient is a tall well  
built man, his chest is well  
formed & there is no sign of  
Cardiac or Pulmonary disease. He is  
somewhat stout but he is, for  
his age, in good bodily condition.

**Present Mental Condition:** The patient is restless & resents  
being detained here. His memory for  
recent events is bad, he cannot  
state correctly when he came here,  
& he is quite unable to converse  
coherently, he wanders in conversation  
& can give no clear account of him-  
self. He is somewhat depressed, but  
he is not acutely melancholic.

16<sup>th</sup> Dec. 1901. The patient is more settled, & he  
is not so restless. He can now  
converse sensibly, but he is still  
extremely anxious to go home. He  
is still inclined to wander somewhat  
in conversation, but he is not now  
incoherent. His bodily health is good.

23<sup>rd</sup> Dec. 1901. The patient has improved slightly  
during the last week. He is able

13<sup>th</sup> Dec. 1901 to converse fairly sensibly, & he takes a  
slight interest in the amusements  
of the place. His bodily health is good.

30<sup>th</sup> Dec. 1901. The patient is simple minded &  
still somewhat mentally confused,  
he will converse fairly sensibly  
when spoken to, but there is not  
much depth of thought in his  
conversation. His bodily health keeps  
good.

6<sup>th</sup> Jan. 1902. The patient is not quite so well  
again, he is more restless & confused  
& frequently asks to be allowed to go  
home. He wanders a good deal in  
conversation & his memory appears to  
be very defective. His bodily health  
however keeps good.

July 20. 02. He is demented & Choleic, has no  
money for recent street - ad - letters  
depressed & obstinate. *Ed.*

Oct 02. No alteration *GP*  
Jan 17<sup>th</sup> 03. No change *GP*  
No improvement of any kind to be  
noticed *GP*

April. 03. He is demented, quite incoherent  
in conversation, and gives  
irrelevant answers to simple  
questions. He is in feeble  
health. *Ed.*

24 Sept. Demented, incoherent and  
happy. In feeble health. *Ed.*

20 Dec. He cannot converse coherently  
or give a relevant answer to  
a question. Health fair. *Ed.*



20 June 1903.



1904. 30 Mar. Demented & quite incoherent. Health fair. *W.D.*  
 30 June. A senile dement - cannot frame a coherent sentence. Health fair. *W.D.*  
 17 Sept. No mental or physical change. *W.D.*  
 16 Dec. A senile incoherent dement. Health fair. *W.D.*  
 1905. 20 Mar. An incoherent senile dement. Clean in habits & quiet & docile though inclined to roam about aimlessly. *W.D.*  
 20 April. Patient fell in grounds this afternoon & sustained a bruise on left eyebrow. He appeared dazed & sleepy but recovered after a short nap. *W.D.*  
 23 April. His temperature this morning was 100° & this evening 102°. There are no definite signs of thoracic trouble. *W.D.*  
 30 April. Patient has been in bed with a mild influenza attack & is now recovering satisfactorily. *W.D.*  
 20 June. A feeble senile dement. *W.D.*  
 10 Sept. Demented & incoherent & very feeble. *W.D.*  
 20 Dec. No mental or physical change. *W.D.*  
 1906. 22 Mar. Feeble, senile, demented & incoherent. *W.D.*  
 11 June. No mental or physical change. *W.D.*  
 8 Sept. Demented and cheerful. Quite incoherent in conversation. In fair health. *W.D.*  
 8 December. Had a congestive attack lately. His mental condition was much clearer afterwards, and he was able to talk rationally, but he soon relapsed into his former condition of incoherence and dementia. His face is slightly drawn towards the right, and the left side of the face is fallen in. The pupils are unequal, left larger than right. They react sluggishly to light & accommodation. *W.D.*  
 5 February. No mental or physical change. *W.D.*  
 Ind. P. 295.

(Admitted)  
 10th Dec. 1901.

Thomas William Lang.

*W.D.*

Family History. Father said to have had cerebral softening. No definite history of Phthisis, but brother says had "weak chests".  
 Personal History. He has had a regular, active life. Alcoholic & abstemious. Has been mentally unwell for 12 months. He says he has had -  
 Copy of patient's Incoherence of speech & of ideas. Loss of memory as to time places & dates. & identity of individuals. Thinks he is close to Oxford & walked there & back this morning: also that his brother (now in St. Andrews) visited him yesterday. Says that he is not married, does not know his wife, or her name & believes her a daughter of Mr. Randall.

His wife, living with him, states that he thinks he has frequent & important engagements with imaginary people, persons who are about to visit him: - that he does not recognise her, & asks her who she is: that he sometimes declines to undress on going to bed, or to wash when getting up: takes salt with his food & drink, eats fruit with scissors &c. &c.

(Chas. Edward Shelly, M.D. (Lond.)  
 Hertford)

4th December 1901.



Copy of Certificate General Dementia: Inability to recognize his wife & old friends: Constantly making foolish remarks such as pointing to an advertisement in the paper & saying "that's me". Stating he had just been golfing, that he had just been courting, when he had been doing nothing of the kind: General complete confusion of ideas.

That he had only stayed one night in his present abode, whereas he has lived there three months.

By Mrs. Thos. Lang his wife, of same address that he is quite unable to sustain or understand ordinary conversation.

That he shakes hands with her whenever she goes upstairs to his room even after an interval of only one or two minutes: That he often <sup>on</sup> requires the nurse to assist him in dressing by his maiden name.

Wilfred G. Mumford  
1. Bartlett's Passage.  
Holborn Circus.  
London. E.C.

7th Dec. 1901.

Appearance: The patient is below the medium height & below the medium height. He is of spare build. His hair is dark but turning gray: His eyes are brown & there is slight irregularity of the pupils the R. being slightly the larger. His facial expression is fatuous & he is constantly smiling in a silly manner.

Examination  
18th Dec. 1901

entirely  
Deterioration

Dec. 1901

employment as  
Hospital for the Insane, and has referred me to you  
in this  
has applied to me for

Virginia Water  
Surrey  
St. Ann's Heath  
Virginia Water  
Surrey  
has applied to me for  
in this  
has referred me to you

no idea as to where he is, & frequently states that he has been in London or else where a few minutes previous to his conversation with the Medical Officer. whereas he has of course never been out of the grounds since his admission.

Dec. 1901.

The patient is a weak-minded, fatuous but good tempered General Paralytic. He is however well behaved & since his admission has been without excited or mischievous.

To Philip Cox  
Thos Bumpus Bishop Cox & Co  
4 Gt Winchester St. E.C

Amateur 12 mos.

Last Jan. attack, thought to be sickness for  
typhoid, temp. under & recognize anyone - lasting  
about 2 wks. -

Kept fairly well till June - Symptoms came on  
suddenly - Mentally confused, incoherent ar-  
ticulation etc. - relapsed 3 wks - improved  
again especially physically - again relapsed  
5 wks ago, getting gradually better since -

Wakes, eats ravenously, appetite large - excited  
ideas, hears voices for last few days then have  
ceased him to be more obstinate - Constipation -

3 wks ago attack lasting 2 days in bad perturbation  
of lunatic nature -

- prize for running

Athlete - ~~stayed~~ at Clifton - at Oxford played  
for Univ at Cricket 73 & 74 -

regular life; abstemious, active habits -

(Postal Address)

(Railway Station)

St. Ann's Heath Appondicton 5 Virginia Water

Virginia Water 45 yrs ago - M. covered. no operation -

Surrey

Father said to have had cerebral softening - vague  
no definite hist of GB, but brother have  
had "weak" chests.

18

\_\_\_\_\_ has applied to me for  
employment as \_\_\_\_\_ in this  
Hospital for the Insane, and has referred me to you

I shall be greatly obliged by your kindly filling in  
answers to the questions on the following page, and returning  
the form to me.

Mr. A. Lang,  
1 Marlborough Rd  
Kensington.

Yours faithfully,

Wm. D. MOORE, M.D.,

~~S. R. Phillips, M.D.,~~

Medical Superintendent.

To

Mr Patrick Russell.

[P. T. O.]



Copy of Certificate General Dementia: Inability to recognize a wife or old friends: Constantly making foolish remarks such as pointing to an advertisement in the paper & saying "that's me". States he had just been golfing, that he had just been courting, when he had been doing nothing of the kind: General complete confusion of ideas.

That he had only stayed one night in his present abode, whereas he has lived there three months.

By Mrs. Mrs. Lang his wife, of same address that he is quite unable to sustain or understand ordinary conversation.

That he shakes hands with her whenever she goes upstairs to his room even after an interval of only one or two minutes: That he often <sup>en</sup>quires the whereabouts of himself assuming he by her maiden name.

Wilfred G. Mumford  
1. Bartlett's Passage.  
Holborn Circus.  
London. E.C.

7<sup>th</sup> Dec. 1901.

Appearance: The patient is below the medium height & below the medium height. Height: 5' 7 1/2" spare build. His hair is dark but turning gray: His eyes are brown & there is slight irregularity of the pupils the R. being slightly the larger. His facial expression is fatigued & he is constantly smiling in a silly manner.

Phys. Exam.  
Urine 1032  
No. 111. No. 129.

The patient is small but otherwise fairly well built: He suffers neither from cardiac nor Pulmonary disease: His R. knee jerk is active, but the L. is ~~very~~ barely active.

His speech is slow, hesitating & "scanned" his tongue is tremulous when protruded there is some tremor of the lips when speaking: His gait is unsteady.

Present Mental Condition: The patient is demented & fatigued. He is apparently very pleased with himself & with his surroundings: He has no idea of time or place, & he is quite incapable of coherent speech. He is to all appearances suffering from General Paralysis of the Insane.

17<sup>th</sup> Dec. 1901. The patient is quiet & well behaved, but his memory is absolutely gone. Nearly every time he sees the Medical officer he asks his name, & frequently asks him to write it down.

He will converse in a childish manner, but frequently wanders from the point, & at times has no idea as to where he is, & frequently states that he has been in London or else where a few minutes previous to his conversation with the Medical officer, when as he has of course never been out of the grounds since his admission: etc.

24<sup>th</sup> Dec. 1901. The patient is a weak-minded, fatigued but good tempered General Paralytic. He is however well behaved & since his admission has been without excited or mischievous: etc.

1831<sup>st</sup> Dec<sup>r</sup> 1901.

The patient is somewhat improved since his admission, he is not quite so shaky & he is slightly more sensible. His bodily health keeps good. S.H.

7<sup>th</sup> Jan: 1902.

The patient remains in the same happy self-satisfied & well-behaved condition. His bodily health & condition remain good. S.H.

7<sup>th</sup> Feb: 1902.

There is no change of any kind to be noted. S.H.

7<sup>th</sup> March 1902.

The patient is becoming more & more demented & he is becoming feebler in body. S.H.

7<sup>th</sup> April: 1902.

The patient is very feeble & is in the last stage of General Paralysis.

The patient became more & more feeble & eventually died  
30<sup>th</sup> May 1902.

Holloway Sanatorium Hospital,  
Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 9<sup>th</sup> day of December 1891  
I hereby give you Notice, That Thomas William Lang  
a Private Patient, received into this Hospital on the 2<sup>nd</sup>  
December 1901 1891 died therein on the 30<sup>th</sup> day of  
May 1902 1891

Signed W. D. Moore M.D.  
Medical Officer

Dated the 31<sup>st</sup> day of May 1902 One Thousand  
Eight Hundred and Ninety  
To the Commissioners in Lunacy

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Thomas William Lang.  
Sex and age - male 47  
Married, single, or widowed - married  
Profession or occupation - Book Binder  
Place of abode immediately before  
being placed under care and  
treatment (if known) - Churchill Place Farm.  
Hertford Heath.  
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 - 5:15 a.m.  
Duration of disease of which patient  
died - uncertain  
Names and description of persons  
present at the death - Attendant Henry Lacey  
Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - no

Signed W. D. Moore M.D.  
Medical Officer



Admitted Percy Charles Westrup Oct 24  
30<sup>th</sup> Dec. 1901 Single. Merchant. Church of England.  
Gravaple: pm Not first attack. Previously under  
Moorcroft House treatment in Paris. Duration of existing  
attack. About one week. Supposed cause.  
Death of father. Not suicidal or  
epileptic. Has been violent.

Family history No relative known to have been  
insane.

Personal history He has been in Peckham House, Moorcroft  
House, & finally transferred to B. Ann's House.

Copy of Certificate Very excited, noisy violent and incoherent  
said all the male servants were Germans  
and the female servants French, which is  
not the case & no hallucinations of sight.

A. Dibbey Ransome M.D.

Palmer Green. &

12<sup>th</sup> September 1899:

He was in a state of Subacute Mania,  
constantly talking, incoherent, gesticulating,  
rolling on the floor and threatening  
violence to people, hearing imaginary voices  
through the wall.

Harry Corner: M.D.

Brook House

Southgate: &

12<sup>th</sup> September 1899:

Appearance The patient is a tall well built  
young man with fair hair & moustache  
Height: 6' 4" He is pale & sallow looking but  
Weight: 12 1/2 9 lbs he is not wanting in facial  
expression, though his face is not  
of a very intellectual type.

(Phys. Exam. The patient is well built & fairly muscular & there is no sign of symptom of Cardiac or Pulmonary disease. He is somewhat anemic, but he is otherwise healthy.

Present Mental Condition. The patient is quiet & well behaved, but he is single minded & somewhat childish. He is said to be given to masturbation, but so far no absolute proof from that point has been obtained.

6<sup>th</sup> Jan: 1902. The patient is behaving well & he is taking part in the amusements of the institution, however he has been noticed to act at times as though he were suffering from hallucinations of hearing. On Wednesday morning 8<sup>th</sup> inst. the patient suffered from a slight bilious attack, he is now quite recovered from the same.

13<sup>th</sup> Jan: 1902 The patient is cheerful & well behaved. He is probably deluded & also suffers from hallucinations of hearing, though the change of scene from Downcroft Lane to the Hospital has occupied his mind & prevented him from giving so much attention to his own thoughts. His bodily health is good.

20<sup>th</sup> Jan: 1902 The patient is keeping in good bodily health & is behaving well & is able to talk sensibly, but he may at times be seen conversing with "voices".

27<sup>th</sup> Jan: 1902 The patient is quiet & well behaved. He takes an interest in all the amusements of the place & he is a regular attendant at the dances.

His bodily health is good.

27<sup>th</sup> Feb: 1902. The patient is good natured, well behaved & sensible. His bodily health is good.

27<sup>th</sup> March: 1902. The patient is keeping in good bodily & mental condition.

Went out on leave 17<sup>th</sup> May, 1902.

Returned from leave 22<sup>nd</sup> May, 1902.

Transferred to Border Class

19<sup>th</sup> June 1902

See Border Casebook 2 page 224

295

1907.

15 February

Hammond, J. K. Contd from P. 292.  
Patient had some stumps of teeth ~~etc~~  
extracted by the dentist the day before  
yesterday and has since developed an abscess  
which was opened to-day & a considerable  
quantity of pus evacuated. *Alld.*

25 February

On examining the patient to-day it was  
found that he had developed an abscess  
in the antrum of his nose and pus was  
discharging from his nose. His breathing  
was greatly obstructed, and he had  
considerable difficulty in swallowing.

26 February

The heart sounds were very faint, & pulse irregular. *Alld.*  
Patient died this morning at 4 a.m. *Alld.*

296

# olloway Sanatorium Hospital, Virginia Water

## NOTICE OF DEATH

of Reception Order, the 22<sup>nd</sup> day of December 1901.

do give you Notice, That Thomas Kennard Hammond  
the Patient, received into this Hospital on the eighth day of  
January 1907, died therein on the twenty sixth  
February 1907

Signed *W. B. Wilson M.D.*  
Medical Officer.

dated the twenty seventh day of February 1907 One-Thousand

the Commissioners in Lunacy.

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Thomas Kennard Hammond  
age - male widow 74  
d, single, or widowed - widowed  
sion or occupation - none  
of abode immediately before } 175 Baigstock Road  
g placed under care and } Thomson Hall  
tment (if known) - }  
ent cause of death - Senile decay

ner or not ascertained by post- } no  
tem examination - }

ind any unusual circumstances } 4 ft 8 in. No unusual circum-  
nding the death; also a } stances.  
ription of any injuries known } Abscess on left cheek;  
xist at time of death or found } Two old scars on left leg; band on  
equentially on body of deceased } right leg; slight scar on bridge of nose

ion of disease of which patient }  
l. - }

s and description of persons } attendant George North  
ent at the death - }

her or not mechanical restraints }  
s applied to deceased within }  
n days previously to death, }  
h its character and duration, }  
o applied - }

Signed *W. B. Wilson M.D.*  
Medical Officer.



# Holloway Sanatorium Hospital,

Virginia Water

*Copy*

## NOTICE OF DEATH

Date of Reception Order, the 22<sup>nd</sup> day of December 1901.

I hereby give you Notice, That *Thomas Kennard Hammond*  
a Private Patient, received into this Hospital on the *eight* day of  
*December* 1901, died therein on the *twenty sixth*  
day of *February* 1902

Signed *W. B. Moore M.D.*  
Medical Officer.

Dated the *twenty seventh* day of *February* 1902 One Thousand

To the Commissioners in Lunacy.

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - - - - - *Thomas Kennard Hammond*  
Sex and age - - - - - *male widow 74*  
Married, single, or widowed - - - *widowed*  
Profession or occupation - - - - - *none*  
Place of abode immediately before } *175 Bigstock Road*  
being placed under care and } *Shannon Heath*  
treatment (if known) - - - - -  
Apparent cause of death - - - - - *Senile decay*

Whether or not ascertained by post- }  
mortem examination - - - - - } *no*

Time and any unusual circumstances } *4:45 a.m. No unusual circum-*  
attending the death; also a } *stances. Abscess on left cheek;*  
description of any injuries known } *Two old scars on left leg; bruise on*  
to exist at time of death or found } *right leg; slight scar on bridge of nose*  
subsequently on body of deceased

Duration of disease of which patient }  
died - - - - - } *—*

Names and description of persons } *attendant George North*  
present at the death - - - - - }

Whether or not mechanical restraint }  
was applied to deceased within } *no*  
seven days previously to death, }  
with its character and duration, }  
if so applied - - - - - }

Signed *W. B. Moore M.D.*  
Medical Officer.

1907.

15 February

Hammond, J. K. Cont'd from P. 292.  
 Patient had some stumps of teeth ~~be~~  
 extracted by the dentist the day before  
 yesterday and has since developed an abscess  
 which was opened to-day & a considerable  
 quantity of pus evacuated. C.H.D.

25 February

On examining the patient to-day it was  
 found that he had developed an abscess  
 in the antrum of Highmore and pus was  
 discharging from his nose. His breathing  
 was greatly obstructed, and he had  
 considerable difficulty in swallowing.

26 February

The heart sounds were very feeble, & pulse irregular. C.H.D.  
 Patient died this morning at 4 a.m. C.H.D.

Admitted

1<sup>st</sup> Jan: 1902.

Urgency:

Henry William Carter

Oct 49:

Widower: &amp; no occupation: (Shildcliffe England)

First attack: Previously under treatment in Jersey 1894-5. Bethlem from Jan 1901 to Nov: 1901. Duration of existing attack.

Uncertain: Supposed cause: unknown.

Not epileptic or dangerous: Suicidal, has made an attempt on his own life by throwing himself out of a window 26 feet in height from the ground.

Family history

No relatives known to have been insane.

Personal history

Has had previous attacks of insanity.

Has been sleeping badly of late: He has been sleeping badly and is very nervous.

Copy of Certificate

Confusion of manner &amp; memory.

He is uncertain &amp; incoherent. Presence of wounds, result of fall from window.

Was released from Bethlem Hospital last November: Threw himself out of third story window this morning.

Charles F. Caldicott:

Mudworth Cottage:

Chesham

Surrey.

1<sup>st</sup> January 1902.

Appearance:

The patient is a tall well built man: His hair is dark brown as is also his moustache: His expression is somewhat vacant though restless, & he appears to be very depressed: He appears to be in good bodily health & bodily condition:



Phys. Exam:

The patient was admitted suffering from a contused abrasion on the R. side of frontal region of the scalp, & also some abrasions on the R. side of the neck & both hands, all due to his having jumped out of a window prior to his admission. He is in good bodily health & has suffered no other injury from his fall.

Present Mental Condition:

The patient is weak-minded & mentally confused, he is unable to carry on a conversation for any length of time & he is very depressed & somewhat restless. He remembers having thrown himself from the window prior to his coming here, but can give no definite reason for having done so.

8<sup>th</sup> Jan: 1902

The patient remains self-absorbed & depressed, he does not occupy his time in any way: he knows that his mental condition is not what it ought to be, but states that he is unable to brace him self up & occupy himself. His bodily health is good.

16<sup>th</sup> Jan: 1902

The patient is somewhat brighter & takes a little more interest in his surroundings. He is full of strange ideas with regard to his ability to take food & as to the action of his bowels. He has not however required to be fed as yet.

13<sup>th</sup> Jan: 1902

The patient is still very much self-absorbed & he is still depressed though he is perhaps a little brighter than he was upon admission. The <sup>around</sup> hair on his scalp has healed up well & his bodily health is good.

30<sup>th</sup> Jan: 1902

The patient is quiet, self-absorbed & mentally confused. He wanders away from the point in conversation, & in fact he cannot converse in a rational manner for any length of time. He is still somewhat depressed. His bodily health is good.

2<sup>nd</sup> March 1902

The patient is somewhat brighter & clearer in his mind, but he is still somewhat mentally confused & at times depressed. He does not take his food very well & he is constantly worrying about the action of his bowels &c. His bodily health is good.

2<sup>nd</sup> April 1902

The patient is in a very unstable state he will not interest himself in anything & is full of fancies about his bowels & his food. He thinks he is given too much food to eat - this is far from being the case.

2<sup>nd</sup> May 1902

The patient is difficult to manage as regards his food, although he has been losing weight he does not like having been put upon extra diet & it requires some firmness to induce him to take his food.

July 20.02

On May 15<sup>th</sup> had the fall out while out for a walk. Climbed his attic steps & threw himself down the waterfall at Vassar Hall. He hit the bottom boards of the front & occipital regions & may have bruised on the body especially over the left hip his fracture. He appears to have recovered from the effects of the fall but has the same melancholic condition as before.

Oct 02  
Jan 23.03  
April 03

no change  
no mental change.  
He is melancholic & unimpaired.

AD

AD



29 June 1903.

- 21 Aug. He is melancholic, avoids society and is indifferent to things going on around him. He is in good health. R.W.T.
- 24 Sept. Depressed and deluded as to the state of his bowels and constantly asks for unnecessary purgatives. He is in good health. R.W.T.
- 20 Dec. 1904. He is depressed & sometimes agitated & restless. It is thin but there are no signs of disease. R.W.T.
- 30 Mar. A hypochondriacal melancholic with unfulfilled suicidal tendencies. Has an inordinate craving for opium. Thin but in fair health. R.W.T.

- 30 June. Depressed and suicidal: fancies his bowels are stopped. Health fair. R.W.T.
- 17 Sept. Not mentally improved: is taking more food & has gained in weight 10 lbs. R.W.T.
- 16 Dec. Patient has gained 6 lbs more & is now 105. Not mentally improved, at times hysterical & violent. R.W.T.
1905. 28 Jan. He is passing through a maniacal attack; is restless talkative & noisy, quite incoherent and violent. Eating well. R.W.T.
- 19 Feb. Patient today annoyed Mr. Franks and received a blow on the face which caused his nose to bleed & discolored his right eye. R.W.T.
- 20 Mar. Continues to be exceedingly maniacal, noisy and abusive. He is constantly complaining of assaults by attendants but on no occasion has it been found that there was truth in his allegations. Eating & sleeping well. R.W.T.
- 24 May. Patient has a slight mastitis on each side. R.W.T.
- 20 June. Continues to be noisy untidy and abusive. Health good. R.W.T.
- 10 Sept. Much quieter & is inclined to be depressed. Health good. R.W.T.
- 20 Dec. Depressed & confused. Does not speak or employ his time in any way. Health good. R.W.T.
1906. 22 Mar. Continues to be depressed and stupid: cannot sustain conversation or occupy his time. R.W.T.
- 6 June. No mental or physical change. R.W.T.
- 8 Sept. Has alternating periods of depression and excitement. Sullen and restless being spoken to. R.W.T.
- 8 December. Silent, solitary, and at times depressed. Is at present having a quiet interval. In fair health. R.W.T.

Continued on Page 314.



## Wholesale Hypnotizing Sharpeners at London and Brighton.

Sir,

There are certain people molesting my family and self for no reason whatever. I don't like doing this sort of thing but am forced to do it as I am not going to see anything happen to my family. What I want to know is what right have they to do this to a family like ours? My Mother is a lady to the tips of her fingers, one of my ten sisters has passed the senior Cambridge Examination, the other is accomplished in other ways, my brother has been nearly twenty years in the Court of England and is one of the best fellows out, and I have been in business nearly all my life and am now occupied in investing my Capital in different Industrial Companies and have always done it with an authorized broker and have never done any business in the Court or Option System in my life and if I find I don't see what it would have to do with them. I have always done everything in a straightforward manner. What I want to inform you is that they are deluging my family's brain and if they could only get me in the same way they have got them it would be a very easy matter for them to do what they liked with me. My sisters and brother and self are all independent and I am the youngest of the family, they want to get me out and I know their reason: they want me ready. They have done something in our house (128, Dalland Road, Kensington), and when I am sleeping they do all sorts of things to me in my bed. They put fumes in the room in a certain way that affect my eyes and head and if it were not for me sleeping every night in delusion they would have done for myself and family a long time ago. They have been on the nerves of my people in a certain way for a very considerable time and now they can do just what they like with them and are trying all they can to get me in the same way as I am the one they want and afterwards they would go for my people. How is it that people like this are allowed to come out and do this sort of thing to a family like mine? My father was a Chief Magistrate abroad and my Uncle is Sir Kenneth William Cummings Hart. I cannot understand how this disgraceful affair is allowed to go on. I have written to all the friends of my family and self and as nothing is done for us the only thing I can do now is to make it public. I am sleeping at Brighton as I can keep my health better there and at the same time protect my family from molesting of them and they in consequence are taking a most advantage of it. They have behaved as rats and scoundrels to myself and family right the way through. I cannot call them anything else as they have done us a great injury and the only object they have had in view was to ruin my family and smother themselves. I challenge anybody to say anything against the good name of my family and self. When I send a letter like this out they don't do it so much, but when I stop writing they go at me night and day. They are trying their best to make me blind, they keep on doing something to my eyes day after day. What I want to know is, are Englishmen going to allow these abominable practices to go on - if so no home in England will be safe, and it is the duty of every man to do his best to put a stop to such a disgraceful affair. They have abused my brother in his bed in a certain way and because they could not do it in the same way with me they transcribe filthy thoughts to me in my sleep to attain their object. They have circulated the most abominable lies about me, but have been caught in their own trap. They want to do for me altogether. Presumably one half the lies they told of me were true, what right have they to go for my family? As they call themselves men to go for ladies? I call them dirty rascals and wonder such blockheads are given so much power.

Yours truly,  
128, Dalland Road,  
Kensington, London.

Jennett, St. George,  
Brighton.

Not Defian No. 11167

His Chest is well formed & there  
is no Carbuncle or Pustulosity  
because it be found.



Wholesale Hypnotizing Sharpers at London and Brighton.

Sir,

There are certain people molesting my family and self for no reason whatever. I don't like doing this sort of thing but am forced to do it as I am not going to see anything happen to my family. What I want to know is what right have they to do this to a family like ours? My Mother is a lady to the tips of her fingers, one of my two sisters has passed the senior Cambridge Examination, the other is accomplished in other ways, my brother has been nearly twenty years in the Bank of England and is one of the best fellows out, and I have been in business nearly all my life and am now occupied in investing my Capital in different Industrial Companies and have always done it with an authorized broker and have never done any business in the Cover or Option System in my life and if I had I don't see what it would have to do with them. I have always done everything in a straightforward manner. What I want to inform you is that they are debauching my family's brain and if they could only get me in the same way they have got them it would be a very easy matter for them to do what they liked with me. My sisters and brother and self are all independent and I am the youngest of the family, they want to get me out and I know their reason: they want our money. They have done something in our house (158, Holland Road, Kensington), and when I am sleeping they do all sorts of things to me in my bed. They put fumes in the room in a certain way that affect my eyes and head and if it were not for me sleeping every night in oilskins they would have done for myself and family a long time ago. They have been on the nerves of my people in a certain way for a very considerable time and now they can do just what they like with them and are trying all they can to get me in the same way as I am the one they want and afterwards they would go for my people. How is it that people like this are allowed to come out and do this sort of thing to a family like ours? My father was a Chief Magistrate abroad and my Uncle is Sir Kenneth William Cummings Bart. I cannot understand how this disgraceful affair is allowed to go on. I have written to all the friends of my family and self and as nothing is done for us the only thing I can do now is to make it public. I am stopping at Brighton as I can keep my health better there and at the same time protect my family who know nothing of them, and they in consequence are taking a mean advantage of it. They have behaved as curs and cowards to myself and family right the way through. I cannot call them anything else as they have done us a great injury and the only object they have had in view was to ruin my family and enrich themselves. I challenge anybody to say anything against the good name of my family and self. When I send a letter like this out they don't do it so much, but when I stop writing they go at me night and day. They are trying their best to make me blind, they keep on doing something to my eyes day after day. What I want to know is, are Englishmen going to allow these abominable practices to go on - if so no home in England will be safe, and it is the duty of every man to do his best to put a stop to such a disgraceful affair. They have abused my brother in his bed in a certain way and because they could not do it in the same way with me they transmit filthy thoughts to me in my sleep to attain their object. They have circulated the most abominable lies about me, but have been caught in their own trap. They want to do for me altogether. Presuming one half the lies they told of me were true, what right have they to go for my family? Do they call themselves men to go for ladies? I call them dirty curs and wonder such blackguards are given so much power.

Yours truly,

Kenneth H. Corneau,  
Brighton.

158, Holland Road,  
Kensington, London.

Admitted

17<sup>th</sup> Jan. 1902

Urgency:

Family History

Personal History

Copy of Certificate. Imagine that there are persons continually annoying him, plotting his & his family ruin. Write & send post cards which are unintelligible; & has delusions that these people are hypnotists of a very vile kind.

Miss Garreau "sister" 53, Ryegate Square  
the same as observed by  
myself.

Herbert George Berrie, F.R.C.S.  
40, Dyke Road

Brighton:

16<sup>th</sup> Jan. 1902.

Phys. Exam:

The patient is a tall well  
built man, somewhat inclined

Urine, 1030.

to stoutness:

No sugar in urine.

His chest is well formed & there  
is no cardiac or pulmonary  
disease to be found.

Kenneth Henry Garreau.

Aet. 36.

Single: No occupation: Church of England.

Second attack. Previously under treatment at  
St Ann's Health. Nov. 1900 to July 1901. Duration  
of existing attack: About two months.

Supposed Cause: Previous attack.

Not Epileptic, Incubated or Dangerous:

see Case Book 10. Page. 821.



Present Mental  
Condition:

The patient is restless & suspicious, he resents having been sent here, but so far he has not blamed any of the officials here on account of his detention: He is suffering from delusions of persecution & probably also hallucinations of hearing.

24<sup>th</sup> Jan: 1902:

The patient is sullen silent & deluded. He will not converse when spoken to, seldom answers civilly when he is addressed. His bodily health is good.

31<sup>st</sup> Jan: 1902:

The patient is morose, sullen, self absorbed & full of delusions. He is very much annoyed at having been sent back to the hospital & he will make friends with no one so far: His bodily health is good.

7<sup>th</sup> Jan: 1902:

The patient will not occupy his time in any way, & he sits about, or walks about all day thinking of himself & his own affairs & he cannot be induced to interest himself in anything outside his own concerns. His bodily health is good.

14<sup>th</sup> Jan: 1902:

The patient is showing no sign of improvement & he is as morose & self absorbed as ever: His bodily health however keeps good.

16<sup>th</sup> Feb: 1902

There is no change in the patient's mental condition, & his bodily health keeps good.

14<sup>th</sup> March:

The patient is as sullen, self absorbed & suspicious as ever, his bodily health is good.

16<sup>th</sup> April:

There is no change or improvement of any kind to be noted.

July 15. 02.

Dr. Jackson - but auditory hallucination still present. Things he is less controlled by than.

Oct. 16. 02

Dec. 02

March 15. 02

1903. 23 Aug.

No change. No alteration to be noted. Is morose. Bodily health good as he is sullen and suspicious, refuses to speak to anyone and is solitary and unoccupied. In good health.

24 Sept.

Silent and suspicious owing to his delusions of persecution. In good health.

20 Dec.

He has fixed delusions of persecution and will not speak to anyone. Health fair.

1904

30 Mar.

His delusions persist & he is solitary & silent. Health fair.

30 June.

He is solitary and ill tempered and deluded that he and his family are persecuted by unknown people. He has hallucinations of smell. He is in fair health.

17 Sept.

No mental improvement, deluded, solitary and ill tempered. He is very thin but no signs of physical disease can be discovered.

16 Dec.

Mentally not improved. He takes food well but is very thin.

1905. 20 Mar.

Delusions of persecution continue. He is suspicious, silent & solitary. Has gained in weight.

20 June.

No mental change. Health much improved. He has maintained the body weight.



- 1905: 10 Sept. Patient is subject to auditory hallucinations & has delusions of suspicions & persecution. He is solitary & ill tempered. Health good. S.D.T.
- 20 Dec. Remains in the same bodily & mental state. S.D.T.
- 1906 22 Mar. He is deluded & suspicious and is un sociable and unemployed. Health good. S.D.T.
- 11 June. No mental or physical change. S.D.T.
- 8 Sept. Has lost 12 lbs in weight during the last months. On examination there was no physical signs to account for this, but it was noticed that his appetite had been very poor for some time. Has been put on malt extract with cod liver oil. C.H.D.
- 8 December Has increased 6 lbs in weight during the last month. Mentally sullen and obstinate, and at times refuses to take his medicine. Somewhat constipated. C.H.D.
- 1907 5 February No mental change. Physical health improved. C.H.D.
- 23 May Patient is sullen and unsociable, and ill-mannered in conversation. He is suspicious, and subject to delusions of persecution. Bodily health has greatly improved, & he is putting on weight rapidly. C.H.D.
- 20 August Mentally unchanged. In good bodily health. C.H.D.
- 15 November Sullen, stupid, and unsociable. Delusions of suspicion and persecution continue. C.H.D.

Int'l. Case Book A, P. 351.

Admitted 18<sup>th</sup>

Jan. 1882:

Urgency:

Family History

William John Righton. Aet 55.  
 Married: Metal Worker: Church of England.  
 Never previously under treatment.  
 Duration of existing attack: Two Years.  
 Supposed Cause: Not known. Suffered  
 epileptic & suicidal. Violent at times.  
 An uncle died insane.

Personal History

the patient has been mentally unsound for  
 two years. For the last six months he  
 has been paralysed & incontinent of urine &c -  
 He has always been in the habit of  
 worrying. He suffered from a "tumour at  
 the tip of his spine" (Gumma?) His  
 bodily health has been poor for the  
 last month, & he is now very helpless.

Copy of Certificate.

He is very excitable & restless, has  
 great difficulty in articulation, & is  
 generally incoherent. Imagines that strange  
 men are in the room & is very suspicious.  
 He is suffering from advanced general  
 Paralysis.

His wife, Alice Righton of 19 Harrington  
 Square states that he has on several  
 occasions in the past fortnight been violent  
 to her & that he constantly, the last  
 few days, fancies that strange men are  
 in his room & in his bed. - His son, William  
 Alexander Righton, of 54, Lillfield Road states  
 that his father is under the impression  
 that he is doing his best to take his  
 business from him & that his father

Copy of Certificate has fits of unreasoning excitement.

Louis C. S. Beer.  
23. Hampstead Road  
London. N. W.  
17<sup>th</sup> January 1902.

**Appearance** The patient is a small man thin & ill looking. his pupils are very much contracted & there is considerable hemorrage of the lips when he endeavours to speak. His facial expression is fatuous & vacant & his hair is brown & turning grey in places. He wears a beard & moustache.

**Phys: Exam** The patient is extremely feeble & is unable to hold his water.  
**Urine.** 1018.  
**Gen. Exam.** He is almost inarticulate when he speaks. The patient is thin & badly nourished & he is in an advanced stage of General Paralysis.

**Present Mental Condition** The patient is quite incoherent, & is quite incapable of conversing in a rational manner. He is very feeble both bodily & mentally & he is able to do nothing but sit about in a chair all day.

**Feb 19, 02.** In a advanced condition of G.P.  
**26<sup>th</sup> Feb. 1902** being & incoherent - with & delir. 26<sup>th</sup>  
The patient is demented & incoherent his speech is markedly affected & he is feeble & wet & dirty.

olloway Sanatorium Hospital,  
Virginia Water

**NOTICE OF DEATH**

of Reception Order, the 26<sup>th</sup> day of January 1899 1902  
We give you Notice, That William John Righton  
late Patient, received into this Hospital on the eighteenth day of  
January 1902 1899 died therein on the fifth  
November 1899 1902

Signed

Thomas E. Harper  
Acting Medical Officer

dated the 26<sup>th</sup> day of November 1902 One Thousand  
Hundred and Ninety  
the Commissioners in Lunacy

**TESTIMONY RESPECTING THE ABOVE-NAMED PATIENT**

William John Righton  
d age - male 50.  
d, single, or widowed - married  
sion or occupation - metal worker.  
d abode immediately before  
g placed under care and  
tment (if known) - 14 Thaxton Square N.W.  
ent cause of death - General Paralysis of the Insane.

er or not ascertained by post  
tem examination - no  
nd any unusual circumstances  
nding the death; also a  
ription of any injuries known  
xist at time of death or found  
equently on body of deceased  
6.25 a.m. No marks or bruises;  
no unusual circumstances

on of disease of which patient  
about four years  
and description of persons  
ent at the death - attendant Henry Lacey.

er or not mechanical restraint  
plied to deceased within  
n days previously to death,  
its character and duration,  
plied

Signed

Thomas E. Harper  
Acting Medical Officer



Copy of certificate has fits of unreasoning excitement.

Louis E. S. Beer,  
23. Hampstead Road  
London. N. W.  
17<sup>th</sup> January 1902.

**Appearance** The patient is a small man thin & ill looking, his pupils are very much contracted & there is considerable tremor of the lips when he endeavours to speak. His facial expression is frowning & vacant & his hair is brown & turning grey in places, he wears a beard & moustache.

**Phys. Exam** The patient is extremely feeble & is unable to hold his water.  
**Urine.** 1018.  
**Res. Insp. Ex. Alb.** His speech is markedly affected & he is almost inarticulate when he speaks. The patient is thin & badly nourished & he is in an advanced stage of General Paralysis.

**Present Mental Condition** The patient is quite incoherent & is quite incapable of conversing in a rational manner. He is very feeble both bodily & mentally & is unable to do anything but sit at a chair all day.

**Feb 10, 02.** In a advanced condition of G.P.  
**26<sup>th</sup> Feb. 1902** being & incoherent, wet & dirty. 26  
The patient is demented & incoherent his speech is markedly affected & is feeble & wet & dirty.

# Holloway Sanatorium Hospital, Virginia Water.

6084

## NOTICE OF DEATH

Date of Reception Order, the 26<sup>th</sup> day of January 189 1902  
I hereby give you Notice, That William John Rightson  
a Private Patient, received into this Hospital on the eighteenth day of  
January 1902 189 died therein on the fifth  
day of November 189 1903

Signed Thomas E. Harper  
Acting Medical Officer

Dated the 26<sup>th</sup> day of November 1903 One Thousand  
Eight Hundred and Ninety  
To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - William John Rightson  
Sex and age - - - - - male 60.  
Married, single, or widowed - - - married  
Profession or occupation - - - metal worker.  
Place of abode immediately before  
being placed under care and  
treatment (if known) - - - 14 Thaxington Square N.W.  
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 } 6.25 a.m. No marks or bruises; no unusual circumstances

Duration of disease of which patient died - - - about four years

Names and description of persons present at the death - - - attended nursing lady.

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - - - no

Signed Thomas E. Harper  
Acting Medical Officer

5<sup>th</sup> March 1902 The patient is an advanced demented feeble General Paralytic, & there is no improvement of any kind to be noted. *W.H.*

12<sup>th</sup> March 1902 The patient is in the same mental & bodily condition as last noted. *W.H.*

12<sup>th</sup> April 1902 The patient remains in the same mental condition & he is not advancing very rapidly. *W.H.*

July 1902 Is not now wet & dirty, but is demented & unoccupied & uninterested. *W.H.*

Oct 7<sup>th</sup> 1902 No change *W.H.*  
Jan 25<sup>th</sup> 1903 No material change *C.P.*  
April 03 Dirty and incoherent. No improvement. *W.H.*



20 June 1903.

1903.

23 Aug. He is an advanced G.P. very feeble, wet and dirty. *W.H.*

24 Sept. He is very feeble, wet & dirty. *W.H.*

29 Oct. He is passing through a congestive attack, temp. between 100 & 103; swallowing impaired & twitching of face and limbs especially on the left side. *W.H.*

5 Nov. Yesterday patient became worse, and was unable to take nourishment, became gradually weaker during the night and died at 6.25 am this morning. *W.H.*

Admitted  
25<sup>th</sup> June 1902

Arthur Lowndes. Oct 43.  
Married. Chief Clerk. Royal Exchange Assurance  
Company. Church of England. First attack:  
Previously under treatment at his home.  
Duration of existing attack: nearly two  
years. Supposed cause: Over work. Not  
epileptic, suicidal or dangerous.

Family history

No relative known to have been insane

Personal history

Copy of Certificate. He appeared absolutely unconscious of my  
presence. Sat at a table playing with  
a pack of cards, which he kept counting,  
fumbling with & dropping.

Information supplied by his wife — He has  
been gradually losing his memory &  
general mental power for nearly two  
years, for a year has occasionally had  
convulsive attacks leaving his mind  
weaker each time; he has stammer & loss  
of control over his arms & legs to  
some extent.

Henry Townshead brickham. & D.  
Ditchford House.

Heasfort Dagnall.

24<sup>th</sup> January 1902.

He is suffering from General Paralysis of the  
Insane. The use of his limbs is defective,  
when trying to pick up anything he  
frequently misses it. His left upper extremity  
is paralysed. At my visit he was playing



Copy of certificate with the back turned towards him.

Kate Eliza Lowndes, wife of Arthur Lowndes, states that for the last two years his memory has been failing & he now knows hardly anything of recent events - also that for last year he has been subject to convulsions.

Rebelle Macpherson Hawley.

Priny Lodge.

Newport-Pagnell Berks.

24<sup>th</sup> January 1902.

Appearance.

The patient is fairly tall & well built. He is very feeble & unable to walk about. He is clean shaven & his hair is dark brown commencing to be streaked with grey. The left upper eyelid is paralysed & his expression is fatuous & vacant.

Phys. Exam.

The patient is extremely feeble & in an advanced stage of general paralysis. There is no sign of other disease to be made out.

Present Mental

Condition:

The patient is extremely demented, he is unable to answer simple questions & but seldom speaks. When he does mutter to himself however his speech is markedly affected. He is frequently noisy at night & is at times rather resistive & difficult to manage.

1<sup>st</sup> Feb. 1902.

The patient is helpless, wet & dirty & demented. He is unable to converse in a rational manner & is still

## Holloway Sanatorium Hospital, Virginia Water

213

### NOTICE OF DEATH

Date of Reception Order, the 24<sup>th</sup> day of January 1902

I hereby give you Notice, That Arthur Lowndes a Private Patient, received into this Hospital on the 14<sup>th</sup> 25<sup>th</sup> day of January 1902 189 died therein on the 14<sup>th</sup> day of April 1902 190

Signed

Acting Medical Officer

Dated the 18<sup>th</sup> day of April 1902 One Thousand

Eight Hundred and Ninety

To the Commissioners in Lunacy

### STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Arthur Lowndes  
Sex and age - male 43  
Married, single, or widowed - married  
Profession or occupation - Insurance Clerk  
Place of abode immediately before being placed under care and treatment (if known) - Milton Keynes Buckinghamshire  
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 - 10.25 a.m. Discharging granulation on buttock & perineum.

Duration of disease of which patient died - uncertain

Names and description of persons present at the death - abundant Alfred Legge

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no

Signed

Acting Medical Officer

Holloway Sanatorium Hospital,  
Virginia Water

*Copy*

NOTICE OF DEATH

Date of Reception Order, the 24<sup>th</sup> day of January 189 1902

I hereby give you Notice, That *Arthur Lowndes*  
a Private Patient, received into this Hospital on the ~~17<sup>th</sup>~~ 25<sup>th</sup> day of  
January 1902 189 died therein on the 14<sup>th</sup>  
day of April 1902 189

Signed

*Acting Medical Officer*

Dated the 18<sup>th</sup> day of April 1902 One Thousand  
Eight Hundred and Ninety

To the Commissioners in Lunacy

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - *Arthur Lowndes*

Sex and age - - - - - *male 43*

Married, single, or widowed - - - *married*

Profession or occupation - - - *Insurance Clerk*

Place of abode immediately before  
being placed under care and  
treatment (if known) - - - } *Milton Keynes*  
*Buckinghamshire*

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 } *10.25 a.m.*  
*Discharging gummata on buttock*  
*& perineum*

Duration of disease of which patient  
died - - - - - } *uncertain*

Names and description of persons  
present at the death - - - } *Attendant Alfred Legge*

Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - - - - - } *no*

Signed

*A. Tinker*  
*Acting Medical Officer*



Copy of certificate with the books turned towards him.

Hate Eliza Lowndes, wife of Arthur Lowndes, states that for the last two years his memory has been failing & he now knows hardly anything of recent events - also that for last year he has been subject to convulsions.

Melville Macpherson Stanley.

Priny Lodge.

Newport. Pymell Berke.

24<sup>th</sup> January 1902.

Appearance.

The patient is fairly tall & well built. He is very feeble & unable to walk about. He is clean shaven & his hair is dark brown commencing to be streaked with grey. The left upper eyelid is paralysed & his expression is fatuous & vacant.

Phys. Exam:

The patient is extremely feeble & in an advanced stage of general paralysis. There is no sign of other disease to be made out.

Present Mental

Condition:

The patient is extremely demented, he is unable to answer simple questions & but seldom speaks. When he does mutter to himself however his speech is markedly affected. He is frequently noisy at night & is at times rather resistive & difficult to manage.

1<sup>st</sup> Feb. 1902.

The patient is helpless, wet & dirty & demented. He is unable to converse in a rational manner & is still

1<sup>st</sup> Feb. 1902

at times noisy at night. His bodily health keeps good. <sup>off.</sup>  
Advanced S.P., wet, dirty & noisy, quite demented. <sup>off.</sup>

Feb 8-02

15<sup>th</sup> Feb. 1902.

The patient is occasionally noisy at night & is frequently restless & noisy during the day. He is a wet & dirty, feeble General Paralytic.

12<sup>th</sup> Feb. 1902

The patient is becoming more & more feeble & is very demented & quite unable to carry on a rational conversation. <sup>off.</sup>

23<sup>rd</sup> March 1902

The patient today had a severe epileptiform attack. He is very feeble & might not recover. <sup>off.</sup>

10<sup>th</sup> April 1902.

The patient is suffering from breaking down gummatous in the region of the buttocks & perineum. He is semi-conscious & in a very feeble state.

The patient died 17<sup>th</sup> April 1902.



- Larley, H. D.* Cont'd from P. 302.
1907. 5 February Reserved and disinclined to enter into conversation. Dull and stupid, and incapable of any useful occupation. *Chld.*
- 23 May No mental or physical change. *Chld.*
- 20 August Depressed and morose. Appears confused when asked questions, and refuses to talk. Occupies himself reading. *Chld.*
- 15 November No change since above note. *Chld.*

Cont'd Case Book A, P. 351.

Admitted 25th Jan. 1902. Married. Retired from Office Clerk: Church of England. First Attack. Previously under treatment at Brookwood Asylum. Duration of existing attack: Two weeks. Supposed Cause: Not known. Not epileptic or dangerous. Has threatened to take poison.

Family History: No relative known to have been insane.

Personal History: There is a history of intemperance in his family; he retired from the war office last July after forty years service. During the last three years he has worked very hard: about last July he became misanthropic - liked being alone &c. - he became worse in December & was taken to Brookwood Asylum, & from there he was transferred to this hospital.

He is said to have delusions of persecution & hallucinations of hearing. He has suffered from some Liver trouble for about one year: he suffered from jaundice about one week before Christmas. Delusory History - Patient believes he saw a cart drawn by four Donkeys passing his house this morning which was to take him away to Woolwich where he would be put on show and made to dance. A few days ago since patient told me that there was an unseen mob of people around his house waiting to take his furniture he refused to take off his boots because he knew they would be taken.

His wife Sarah and his Daughter Bertha Black. Tristock. King Charles Road. Surbiton

Copy of Anticipation say he imagines he hears people in the next house (which is empty) arranging to take himself & furniture away. He says they intend to burn him when his wife or daughter have to leave the house for any time he generally tells them he shall be dead before they return. He has talked of committing suicide.

J. H. Preston  
Inverdin  
Surrey.

30th December 1901.

Appearance: The patient is a tall well built man. His hair is almost white & he wears no hair upon his face. His facial expression is depressed looking but suspicious & his manner is reserved, suspicious & quiet.

Phys. Exam: The patient is a well built well preserved man & he is fairly muscular for his age.

Weight 101 lb.  
Height 5 ft 10 in.  
Weight 12 1/2 lb.  
His chest is fairly well formed & there is no sign of cardiac or pulmonary disease.

Present Mental Condition: The patient is quiet & reserved, he will answer when spoken to but he is averse to conversation & is apparently suspicious of every one with whom he is brought into contact. He is well behaved however & takes his food well &

1st Feb: 1902

also sleeps well at night.

The patient is well behaved & quiet. He is however self centred & suspicious.

He will answer civilly when spoken to but will not converse about himself, but will turn the subject when one endeavours to obtain any information concerning himself. His bodily health is good.

Feb 19. 02.

My ~~self~~ reserved & slightly depressed. Does not associate much with others & takes little interest in the amusements of the place, hence that he has is called 'lone' subject's voice, but admits that he would like them.

26th Feb: 1902.

The patient is depressed self absorbed & suspicious of those around him. He appears to be free from delusions or hallucinations, but he is very reticent & will not enter freely into conversation. He is rather inclined to be discontented. His bodily health is fairly good. He suffers from very slight Bronchitis.

5th March: 1902.

The patient is quiet & well behaved. But he makes no friends & he is very self absorbed & reticent. He reads a good deal, but otherwise takes but little interest in the amusements which take place in the institution.

5th April: 1902.

There is no change or improvement of any kind to be noted.

5th May: 1902.

For the past few days the patient has not been so well.



5<sup>th</sup> May 1902.

mentally. He has been hearing voices & he is restless & somewhat mentally confused. He has been taking his food indifferently & he has been losing weight. 84.

July 1. 02

Today discharged "released"

211

Admitted

29<sup>th</sup> Jan: 1902Frank Ransome:

(Pt 44.)

Married. Engineer. (Church of England).

First Attack: never previously under treatment. Duration of existing attack:

Fifteen Days? Supposed Cause: unknown.

Not epileptic. Both wife &amp; son &amp; dangerous.

Family history

No relative known to have been insane.

Personal history

(Copy of Certificate) He believes that a secret telephone is laid on to his bedroom & that he was told through it to go & take a bed at the "Blue Dragon". He says that last night he & his attendant were at the Blue Dragon & that they came home between 12 & 3 this morning. There is no telephone in his house & he has been confined to his room for a fortnight. He does not know the day of the week, calls the month February & says his memory is "rotten". His speech is characteristic of General Paralysis.

Attendant John Burgoyne of 10 May 1902. Says that patient is very restless at night & last night was excited & thought people were outside wanting to do him an injury. He wanted to go "out of the hotel" & said if he could not get out of the door he would have to get out of the window.

R. Percy Smith.

36, Inver Arne St. S.

26<sup>th</sup> Jan: 1902.

Copy of Postscript: he believes that there are telephones laid on to his room conveying messages from people outside who wish to do him harm: he believes that both his shoulders are dislocated.

John Burgoyne, male nurse of Thayer Street London, says the patient thinks his room is set on wheels & moves about that he is in a railway smash: that he is being murdered also that he endeavours to get out of the window.

Alfred Featherstone Kellott  
142, Lewisham Road S.E.  
29<sup>th</sup> January 1902.

Appearance: The patient is a tall fairly built man. His hair is dark brown & is ~~now~~ just beginning to be streaked with grey. He wears a slight moustache. His expression of face is somewhat fatuous, but by no means markedly so.

Phys. Exam: The patient is fairly well built & muscular, the chest is fairly well formed & there is no sign of cardiac or pulmonary disease.

Present Mental Condition: The patient has the typical droning "scanning" speech of the General Paralytic, & his memory for recent events appears to be poor. He can however

remember just wants much better.

He states that at cricket he once dislocated both his shoulders & that he frequently puts them out now, even by turning over in bed. So far it has not been possible to detect any such dislocation.

Feb 19. 02. The patient is much clearer mentally, says that he knows he is ill, that he hears imaginary voices, but can distinguish the real from the imaginary.

26<sup>th</sup> Feb. 1902. The patient is a General Paralytic, but his mind is wonderfully clear, though his speech is markedly affected, & his gait is somewhat unsteady. He hears sounds & voices, but he is able to recognise that these voices are only imaginary. His bodily health is good.

6<sup>th</sup> March 1902. The patient remains in the same mental condition, hearing voices & knowing that they are imaginary. He plays of billiards & amuses himself drawing in pencil. His bodily health is fairly good.

15<sup>th</sup> March 1902. The patient's mental condition remains stationary & he is not becoming rapidly worse. His bodily health is good.

13<sup>th</sup> April 1902. The patient has had two attacks of epileptiform seizures since his admission, but upon each occasion he has made a good recovery & has not become markedly feebler after these attacks have passed off.

June 30. 01.

He started a series of *Sp. lepidus*  
 variations at 4 o'clock two days  
 ago & they still continue, receding  
 up to 10:30. five, at present.

July 2. 01.

The fl. continued at frequent  
 intervals he was heard on  
 & died today.

Died.



Holloway Sanatorium Hospital,  
Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 29<sup>th</sup> day of January 189 1902

I hereby give you Notice, That Frank Ransome  
a Private Patient, received into this Hospital on the 29<sup>th</sup> day of  
January 1902 189 died therein on the 2<sup>nd</sup>  
day of July 1902 189

Signed W. D. Moore M.D.  
Medical Officer

Dated the 3<sup>rd</sup> day of July 1902 One Thousand  
Eight Hundred and Ninety.

To the Commissioners in Lunacy

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - Frank Ransome

Sex and age - - - - - male 45

Married, single, or widowed - - - - - married

Profession or occupation - - - - - Engineer

Place of abode immediately before  
being placed under care and  
treatment (if known) - - - } 61, Gosnells Park  
Lewisham S.E.

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 } 1:35 p.m.

Duration of disease of which patient  
died - - - - - } uncertain

Names and description of persons  
present at the death - - - } Mrs C. L. Ransome (mother)  
Attendant A. H. Egge

Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - - - } no

Signed W. D. Moore M.D.  
Medical Officer

Grace - John. adw. Feb 7. 1902. age 37 yrs. married. Cl. England. 2<sup>nd</sup> attack. Duration of last attack 10 months. Not. Spoke at a funeral, is "dangerous" was here as a patient in 1899 for a short time and was discharged recovered, on admission very depressed, had attempts to kill his wife before admission, the present attack took the form of mania & again attempts to strangle his wife; his depressive history of alcoholism, but his business is that of a linen merchant - hours of mania.

Family history

1<sup>st</sup> Conf. He is in a state of violent depression & takes a gloomy view of the future. He confesses to uncontrollable impulses of whom he is very fond & against whom he has no prejudices. He can give no reason for his assault. & says he is powerless to control his impulses. Wm. Wadsworth Flyer 11 Feb 1902.

2<sup>nd</sup> Conf. Depression - Patient admits that he has had fits of uncontrollable desire to do injury to his life & that his fits are at times unprovoked & unaccountable. Says that he has suffered from sleeplessness for months.

Height 5' 10" in weight 145 lbs

Wine 10 14  
Rohde. No sugar.

E. C. C. Taylor  
E. C. C. Taylor  
8 Feb 02.

Insulin or admission - Physical a stout fleshy compound  
Sept. 5. 9 men turning grey. Appearance reports -  
Sept. 14. 13 alcoholism but he denies that he  
Wine 10 14. 21 has taken it - to excess, Chet. &  
Wine 10 14. 21

Insulin He is somewhat dull & slow in answering, but gives reasonable answers. is now free from excitement, but admits that he recently had an attack of excitement during which he tried to kill his wife. He says he is so fairly taken with here & cannot understand his act.

Feb 17. 02. Patient quiet & well behaved in speaking well & free from excitement. Wm.

26<sup>th</sup> Feb. 1902. The patient appears to be free from delusions & his manic attack has passed off: He is quiet, good tempered, & well behaved: His bodily health is good. Wm.

5<sup>th</sup> March 1902 The patient is keeping well mentally. He is perfectly sensible, he will converse freely & in a rational manner. He is behaving well & is in the best of bodily health. Wm.

12<sup>th</sup> March 1902. The patient is keeping in sound mental & bodily health. Wm.

17<sup>th</sup> April 1902 There is no further change of any kind to be noted. Wm.

Jan 13. 02 To day Discharge occurred. Wm.

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Wattake Albert. Born Feb 9. 02.  
Male, 3 1/2 yrs. Married. No occupation  
Rel. Polyph. ? suicidal, "in danger".

Has been staying here in a V.B.  
since Jan 14. 03 but recently been  
gilt worse so it has become necessary  
to transfer. See Books Book 2. 12th.  
was here as a patient March to July 99. at  
Newland's in 1890.

Family: Two sons (one on father's side on mother's side)  
insane & other cousin epileptic.

11th. In appearance & manner are insane  
he is sullen & taciturn, peculiar reaction  
is slow. He says five answers in  
monosyllables & sometimes only after  
a considerable time. He will not give a  
proper account of himself & apparently  
has not sufficient friendly feelings towards  
his wife.

W. Floyer.

2nd. Conf. He is morose & forbidding in his  
demureness declines to give any information  
about himself or his surroundings.

P. Hodgson

Condition on arrival, physical. Strong muscular build, man  
tall, dark hair, high shoulders,  
brown hair, thick. Chest &  
Heart & Lungs.

Mental, sullen & morose, seldom  
answers when spoken to & speaks &  
cannot be induced to follow a

conversation, he is evidently very suspicious  
of those around him, & his looking  
attitude is proof to his suffering with  
auditory hallucinations. D.H.

Feb 19. 02. Same condition as above. D.H.  
26th Feb. 1902. The patient is sullen & self absorbed.

He is suspicious & will not enter  
into conversation. He is detached &  
embittered against his wife, but he  
resents being spoken to upon the  
subject. His bodily health is good. D.H.

5th March 1902. The patient remains in the same  
suspicious, self absorbed condition. He  
reads a great deal, plays football,  
attends the gymnasium & dances, but  
he does not dance much & is very  
unsociable at the dances. His bodily  
health is good. D.H.

12th March 1902. The patient's mental condition is  
unaltered & his bodily health keeps  
good. D.H.

12th April 1902. There is no change or improvement of  
any kind to be noted. D.H.

July 14. 02

No change, he does not converse, will  
occasionally answer when questioned, his  
attitude proof to auditory hallucinations. D.H.

Oct 02  
Jan 28. 03

April 03  
1903. 81 days.

his wife  
his mind  
good  
your  
he is so  
and he  
in good



13 July 1903.

Bodily health  
of  
mental state is  
similar to himself  
in manner. He is

Wattake Albert. born Feb 9. 02.

Male. 37½ yrs. married. his occupation  
Asst. Engineer. ? suicidal, "is dangerous".

History has been staying here in a V.B.  
since Jan 14. 00 but recently been  
giving worse so it has become necessary  
to certify. See Book 2. 12th.  
was here as a patient March to July 99. at  
Newland's in 1898.

Family: Two sons (one on father's side one mother's side)  
insane & other sons epileptic.

11th Sept. His appearance & manner are insane  
he is sullen & taciturn, peculiar reaction  
to blow. He only gives answers in  
monosyllables & sometimes only after  
a considerable time. He will not give a  
proper account of himself & apparently  
does not entertain friendly feelings towards  
his wife.

W. D. Lloyd.

2nd Sept. He is more & forbiddingly in his  
demure declines to give any information  
about himself or his surroundings.

G. Hodgson

Condition on admission. Physical. Strong muscular (back) man  
tall (6ft 6in), high shoulders.  
brown hair (thick). Chest V.  
Heart & Lungs.

Mental, sullen & morose, seldom  
answers, taken for him to be quiet &  
cannot be induced to sustain a

Conversation, he is sullen & suspicious  
of those around him & his behavior  
attends first to his suffering with  
auditory hallucinations. 11th

Feb 19. 02. Same condition as above. 11th  
26th Feb. 1902. The patient is sullen & self absorbed.

He is suspicious & will not enter  
into conversation. He is deluded &  
embittered against his wife, but he  
resents being spoken to upon the  
subject. His bodily health is good. 11th

5th March 1902. The patient remains in the same  
suspicious, self absorbed condition. He  
reads a great deal, plays football &  
attends the gymnasium & dances, but  
he does not dance much & is very  
unsociable at the dances. His bodily  
health is good. 11th

12th March 1902. The patient's mental condition is  
unaltered & his bodily health keeps  
good. 11th

12th April 1902. There is no change or improvement of  
any kind to be noted. 11th

July 14. No change, he does not converse, with  
occasional answer when questioned, his  
attends first to auditory hallucinations. 11th

Oct or Jan 28. 03. No improvement  
no mental change. Bodily health  
good. 11th

April 03. Just in the same mental state as  
1903. 31 Aug. He is solitary and silent; smiles to himself  
and behaves in an eccentric manner. He is  
in good health. 11th



1903. 26 Sept. He is very eccentric in his behaviour, seldom speaks to any one - laughs to himself. In good health. *Chld.*
- 20 Dec. He is solitary & incommunicable, reads & walks a great deal but does not enter into the life of the house. Health good. *Chld.*
1904. 30 Mar. He is eccentric & solitary, seldom speaks to anyone and smiles to himself. Health good. *Chld.*
- 30 June. He is solitary and self-satisfied and readily gets into a passion of opposition. He walks out, and practices the fencing with one hand, very trifling amusement but does not otherwise employ his time. Health good. *Chld.*
- 17 Sept. Self-absorbed, self-satisfied, solitary and rather ill-tempered. Health good. *Chld.*
- 16 Dec. No mental or physical change. *Chld.*
1905. 20 Mar. Incommunicable & intractable never speaks to anyone. Violent and rapid in his movements and is very passionate when opposed. Health good. *Chld.*
- 20 June. No mental or physical change. *Chld.*
- 10 Sept. Silent & solitary; violent when thwarted. Addicted to masturbation. Health good. *Chld.*
- 20 Dec. No mental or physical change. *Chld.*
1906. 22 Mar. Silent & eccentric, incommunicable & violent. Cannot peacefully employ his time. Health good. *Chld.*
- 10 June. No mental or physical change. *Chld.*
- 1 Sept. Silent, never mixes with the other patients, and seems altogether wrapped up in himself. Takes a lot of walking exercise. *Chld.*
- 9 December. Moody and self-absorbed. At times impulsive and liable to outbursts of excitement. In good health. *Chld.*
- 12 January 07. Has had a fresh outburst of mania, and has been removed to the retreat. Has & made several attacks on the attendants, and is refusing all food. Stated that the reason

- of his violence was that he wanted to be sent to Broadmoor. *Chld.*
- 5 February. Patient is having a quiet interval, and is taking food well. Bodily health good. *Chld.*
- 23 May. Some weeks ago patient had an impulsive seizure and attacked one of the attendants. Lately he has relapsed into his former state of stupor and listlessness, is morbid and self-absorbed, & subject to auditory hallucinations. *Chld.*
- 20 August. Silent, solitary, and unsociable. Addicted to masturbation. In good bodily health. *Chld.*
- 15 November. No mental or physical change. *Chld.*

Land. Low Book A, P. 355.



Pinard Thomas Samuel, Ser. Con. Bk. 9. 105.  
 He was transferred from here to private  
 care Aug. 28. 1901. Transferred back  
 to City Feb. 13. 1902.  
 Patient to be exactly same condition  
 as when he left. Facing up down,  
 no agitation & restlessness, noisy & asking  
 for the hall.

Feb. 19. 02. In same condition as above. *OK*  
 26<sup>th</sup> Feb. 1902. The patient is in a state of acute  
 melancholia. He is restless & depressed,  
 & he wanders about all day muttering  
 to himself in an incoherent manner,  
 & he is unable to converse sensibly &  
 will not occupy himself in any  
 way. His bodily health is fairly good. *OK*  
 5<sup>th</sup> March 1902. The patient is full of delusions of  
 persecution, & he is restless & acutely  
 melancholic. His bodily health is  
 good. *OK*  
 12<sup>th</sup> March 1902. The patient has made no progress  
 mentally, he is as restless, deluded  
 & melancholic as upon his re-  
 admission: His bodily health however  
 is satisfactory. *OK*  
 19<sup>th</sup> March 1902. There is no change or improvement  
 of any kind to be noted. *OK*  
 14<sup>th</sup> April 1902. The patient remains as deluded  
 as ever, he is not quite so restless, but  
 there is no further mental improvement.  
 His bodily health is good. *OK*  
 17<sup>th</sup> April 02. Express & agitated. No improvement. *OK*  
 31 Aug. 03. He is depressed, restless & sensitive. Will not  
 converse. He is in feeble health. *OK*

1903.



26 June 1903.

2<sup>nd</sup> Sept. Depressed and demented - constantly asks to be  
 cremated at once. In fair health. *OK*  
 20 Dec. Demented, constantly repeats his request to be  
 cremated. Health fair. *OK*  
 1904  
 30 Mar. He is demented & depressed & continues to ask  
 in a mechanical way to be cremated. His  
 health is fair. *OK*  
 30 June. No mental or physical change. *OK*  
 17 Sept. Depressed and demented. Health fair. *OK*  
 16 Dec. No mental or physical change. *OK*  
 1905. 20 Mar. Demented & depressed. Health feeble. *OK*  
 20 June. No mental or physical change. *OK*  
 10 Sept. Depressed & demented; asks to be cremated.  
 Restless and agitated. Health fair. *OK*  
 20 Dec. No mental or physical change. *OK*  
 1906. 22 Mar. Depressed and constantly asking to be cremated.  
 In capable of any occupation. Health fair. *OK*  
 5 June. Continues in the same mental & physical state. *OK*  
 5 Sept. Melancholic and depressed. At times restless.  
 Demented and incapable of occupying himself. *OK*  
 9 December Weak minded and delusional, with suicidal  
 tendencies. In feeble health. *OK*  
 1907. 5 February No mental change. Bodily health weak. *OK*  
 23 May. A feeble dement, depressed & delusional. *OK*  
 20 August No mental or physical change. *OK*  
 15 November Depressed and demented. Delusional and constantly  
 asking to be cremated. End of Case Bk. 9. 105. *OK*

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Bampla

Hwy.

Family def.

Lewis. age: Feb 14.02, transfer North House. Male 44, married. Boyer in Denmark. 1st attack, is "mild"; not of 1st type or dangerous. He called Jan 10.02. A few weeks before being certified he had an attack of influenza, following that great depression when he inflicted a wound on his throat with intention of killing himself - but his "girl" had been kept. His brother committed suicide.

1st Conf. On the 30 Dec 1901. he attempted suicide by cutting his throat. Today he has delusion he asserts that a fly is being "sucked in" which he has to cut his throat & that he has to be extracted.

4.7. Conf. By Mr. Spt.

2nd Conf. He cannot concentrate his thought & is under the impression that he has 13 children before his marriage & his daughter that he has taken people in and appropriated money & that he is to hang tomorrow for these offenses.

5. Long

6. P. 1st Spt. 1st Conf.

Condition on admission. a pale haired portly man, much

thickened depression, light "hair". fair  
Mondlath  
Chast. Rpn. of old richards. Resonant.  
Heart: not feeble  
Nerv. wound on neck  
Height 5.7. Weight 9.9

Wound on  
throat noted

in a condition of extreme agitation - pacing about moaning & crying. But he then went to bed. He called Jan 10.02. Taken a conversation.

Feb 19.02. Still very depressed but not so agitated, sleep better but there is difficulty in getting him to take food. He

26 Feb 1902 The patient is restless, mentally confused & deluded. He is depressed & unable to converse in a rational manner. His bodily health is fairly good.

6 March 1902 The patient is depressed & restless, he does not take his food very well.

He makes no attempt to occupy his time in any manner & cannot converse sensibly. His bodily health has improved slightly.

13 March 1902 The patient has delusions of a visceral type & is restless & depressed. He is not improving mentally, but his bodily health has improved.

13 April 1902 The patient is melancholic, deluded & restless. He is discontented & will make no effort to occupy his time in any way. His bodily health is good.

July 14.02 No improvement. Very depressed & controlled by and by hallucinations.

Oct 12.02 No alteration noted  
Jan 14.03 Present condition is just about the same state.

April 16.03 No change



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Admitted 24<sup>th</sup> Feb. 1902. Edward Richard Collins Aet 76.  
Widower. Retired Queen's Messenger.  
Church of England. First attack.  
Never previously under treatment.  
Duration of existing attack. One year.  
Supposed cause. Old Age. Not epileptic  
or dangerous. Is suicidal.  
Family History. One first Cousin known to have  
been insane.  
Personal History.

Copy of Certificate. He is in a state of dementia -  
He appears vacant - Talks in an  
incoherent childish manner - & is  
unable to give a proper account of  
himself. His memory is very defective.  
He does not know where he is -  
nor the time of the year, & is quite  
unable to take care of himself.

Alice Martha Collins - his Daughter of  
1. Hurstmanecant Villas - New Road. Windsor  
says that he wanders about & his  
mental decrepitude is getting more  
pronounced - & that he is now beyond  
control.

Peter Albert Collins - his Son - of 1. Hurstmanecant  
Villas. New Road - Windsor - says that he is  
becoming very violent & unmanageable,  
& that he has struck him violently on  
chest & abdomen without cause.

William Bradburn H. Lloyd.  
Egham, Surrey.

24<sup>th</sup> February 1902.

Appearance. The patient is a feeble old man. His  
attitude is dejected. His facial expression  
is vacant & expressionless. He is restless  
at times, but not violent. He frequently  
muttered to himself. He is fairly well  
nourished.

Phys. Exam. There is no sign of bodily disease,  
but the patient's general condition is  
corresponds to his age. He is well  
fairly well nourished.

Present Mental Condition. The patient is depressed & melancholic,  
he is restless at times, & he frequently  
chatters to himself in an incoherent  
manner. He will answer yes & no to  
simple questions, but he is quite unable  
to converse in a rational manner. He has  
no idea as to where he is, & he has no  
knowledge of time or place. His bodily  
health is moderately good.

March 3<sup>rd</sup> Feb. 1902. The patient is quite incapable of  
knowing where he is & is in a very demented  
state. He takes no interest in his  
surroundings & is unable to converse  
in a rational manner. He is feeble in  
bodily condition, but takes his food  
fairly well.

10<sup>th</sup> March 1902. The patient is very demented, & he is  
utterly incapable of conversing in a  
rational manner. He has no idea of  
where he is. His bodily health is severely impaired.

17<sup>th</sup> March 1902. The patient shows no signs of mental  
improvement. His bodily health keeps  
somewhat better.

24<sup>th</sup> March 1902: The patient is a quiet harmless & feeble senile dement. He is incapable of rational conversation & quite unable to occupy his time in any way. His bodily health is feeble.

24<sup>th</sup> April 1902: The patient is in the same feeble demented state & there is no improvement either in his mental or bodily condition.

6<sup>th</sup> May 1902: The patient is in a very feeble condition & has been so for some days past. He has been confined to bed. He is slightly better today & was out of bed for a short time during the day.

May 19-1902 I felt my feeble & helpless no.  
May 16-02 gradually became weaker & died  
body  
Died.

## Holloway Sanatorium Hospital, Virginia Water

### NOTICE OF DEATH

Date of Reception Order, the 2<sup>nd</sup> day of March 18902  
I hereby give you Notice, That Edward Richard Collins  
a Private Patient, received into this Hospital on the 24<sup>th</sup> day of  
February 1902 died therein on the 16<sup>th</sup> day of May 1902

Signed W. D. Moore M.D. Medical Officer  
Dated the 17<sup>th</sup> day of May One Thousand  
Eight Hundred and Ninety-two.  
To the Commissioners in Lunacy

### STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Edward Richard Collins  
Sex and age - male 76  
Married, single, or widowed - Widowed  
Profession or occupation - Queen's Messenger (retired)  
Place of abode immediately before being placed under care and treatment (if known) - 1, Mountmorris Hill, Windsor  
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 } 8.10 a.m.

Duration of disease of which patient died - uncertain

Names and description of persons present at the death - Alfred Herbert Pagge, attendant

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no.

Signed W. D. Moore M.D. Medical Officer



24.7

24.7

6.8

27  
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Admitted

26<sup>th</sup> Feb. 1892

Urgency

Family History

Personal History

Copy of certificate

Herman Charles Merivale. Oct 63.

Married. Author. Roman Catholic.  
 But first attack (first attack at 30 years of age)  
 was under treatment in Hollisway Sanatorium  
 for <sup>3 months</sup> ~~about three weeks~~ in 1890. Is not  
 epileptic: he is occasionally violent, &  
 he is probably suicidal. Supposed cause: Anger.  
 His relative known to have been  
 insane.

The patient was under treatment in this  
 Hospital - Admitted 11<sup>th</sup> March 1890.  
 Discharged Recovered at request of wife 1<sup>st</sup> Sept 1891.  
 (See case book II page 235.)

The patient has kept well mentally  
 up to a few weeks ago when over  
 work consequent upon heavy money  
 losses again caused a break down.

He is nervous & excited, came down half  
 clothed, tells me that his wife is very ill,  
 that he cannot sleep, that he thinks  
 the house is on fire at night, & that his  
 entire organism is upset. Cannot write  
 or work, says he hears voices telling  
 him things sometimes right & sometimes  
 wrong.

Elizabeth Merivale, wife, same address,  
 tells me that he had an attack 12 years  
 ago characterised by extreme violence &  
 agitation, that his ideas as to her  
 illness are all erroneous, she tells me that  
 he said to her this morning they had better  
 both be dead, that he sleeps very badly and  
 is incessantly worrying himself.

J. Seymour, M.D. Secy.  
 30, Green Lane St. (Wendish St) 25<sup>th</sup> Feb 1902

## Appearance.

The patient is a tall man of a moderately muscular build & with a tendency to moderate abdominal stoutness. His expression is wild & somewhat vacant. His manner is restless, at times noisy, & he has no control over himself.

## Phys. Exam.

The patient is fairly well nourished, & he is not very muscular for his size. He is apparently in good bodily health & no bodily disease is to be found.

June 10<sup>th</sup> 1902.

No Abn. Signs or Symptoms.

Present Mental Condition:

The patient is very excitable & restless. He mumbles to himself in an incoherent manner & he is unable to converse in a rational manner.

He is depressed melancholic & probably suicidal in his tendencies.

He suffers from delusions & from hallucinations of hearing, but he is very incoherent in conversation.

March

3<sup>rd</sup> Feb. 1902.

The patient is restless, resistive & excitable. He is unable to converse & is not able to occupy himself in any way. He takes his food fairly well, & he sleeps fairly well. His bodily health keeps good.

March

10<sup>th</sup> Feb. 1902.

The patient is in a state of agitated melancholia: He is restless & incoherent.

He does not occupy his time in any way, & so far there are no signs of improvement. His bodily health is good.

March

17<sup>th</sup> Feb. 1902.

There is <sup>but slight</sup> improvement in the patient's mental condition. His bodily health is good.

March.

Feb. 1902

The patient is restless & very confused mentally. He is incapable of holding a sustained conversation & does not occupy his time in any way. His bodily health is good.

April 1902

The patient varies a good deal from day to day, some days he appears to be brighter & fairly sensible, but upon other days he is apathetic & mentally confused. He does not occupy his time in any way & does not endeavor to interest himself in anything. His bodily health is good.

June 16<sup>th</sup> 1902

To day discharged relieved



*Appearance.* The patient is a tall man of a moderately muscular build & with a tendency to moderate abdominal stoutness. His expression is wild & somewhat vacant. His manner is restless, at times noisy, & he has no control over himself.

*Phys. Exam.* The patient is fairly well nourished & he is not very muscular for his size. He is apparently in good bodily health & no bodily disease is to be found.

*Present Mental Condition.* The patient is very excitable & restless. He mutters to himself in an incoherent manner & he is unable to converse in a rational manner.

He is depressed melancholic & probably suicidal in his tendencies.

He suffers from delusions & from hallucinations of hearing, but he is very incoherent in conversation.

*Much*  
3<sup>rd</sup> Feb. 1902.

The patient is restless, resistant & excitable. He is unable to converse & is not able to occupy himself in any way. He takes his food fairly well, & he sleeps fairly well. His bodily health keeps good.

*Much*  
10<sup>th</sup> Feb. 1902.

The patient is in a state of agitated melancholia: He is restless & incoherent. He does not occupy his time in any way, & so far there are no signs of improvement. His bodily health is good.

*Much*  
17<sup>th</sup> Feb. 1902.

There is <sup>but slight</sup> improvement in the patient's mental condition. His bodily health

*Much*  
24<sup>th</sup> Feb. 1902.

The patient is restless & very confused mentally. He is incapable of holding a sustained conversation & does not occupy his time in any way. His bodily health is good.

*Much*  
24<sup>th</sup> April 1902. The patient varies a good deal from day to day, some days he appears to be brighter & fairly sensible, but upon other days he is apathetic & mentally confused. He does not occupy his time in any way & does not endeavor to interest himself in anything. His bodily health is good.

*Much*  
June 16.02 To Day discharged relieved

Admitted John Watson Gordon Bishop Oct 52.  
 14<sup>th</sup> March 1902. Married. Clerk in Holy Orders. (Church of  
 England). Deane attack. During the year 1891.  
 he was under treatment by Dr Forbes Winslow  
 then of Chelsea. Duration of existing attack:  
 About 14 days. Supposed cause. Not known,  
 possibly over study during the winter.  
 Not epileptic, Senile Del or Dangerous.  
 Family history. No relatives known to have been  
 insane.

Personal history. The patient has had at least one previous  
 attack of insanity.

Copy of Certificate. Talked wildly about God ordering his people  
 to kiss each other with a holy kiss, saying  
 that Christian men & women should kiss  
 each other, & that it was not wrong for  
 man to kiss any woman on the face or any  
 part of the body, & that not to do it would  
 be disobeying God's orders.

Mary Carrington Bright, wife of F. Carrington  
 Bright, Amstetlan, a neighbour of the patient  
 states that she knows very little of him,  
 that he walked into her house two days  
 ago and patted her on the cheeks, sat down  
 on the head of the sofa & began to talk  
 about kissing, & said that the Bible  
 authorised it. He took up a Bible & kissed  
 it. He then began to hum a tune  
 & walked out.

Golding B. Elliot.  
 Shelley House  
 Worthing

13<sup>th</sup> March 1902.

Copy of Certificate. 1. A Delusion that it is his duty to carry out literally the injunction "Salute one another with a holy kiss". That this applies to every one whom he may meet or come into contact with: that carrying out this injunction literally will save him from disease such as Smallpox.

By Mr. Bishop of Soviet, Manchester Road Worthing, wife. That within the last few days he kissed a man the named Weather, a Sweep, in the street. That he entered the house Culham, Manchester Road, about 8 A.M. and kissed the maid as she was cleaning a stove.

That he entered the house 27 West Street early in the morning, and found his way up stairs into the bedrooms of two women before they were dressed.

By the Rev. J. H. S. Prendergast of 6, Western Place, Worthing, that after a prayer meeting in the vestry of Holy Trinity Church he kissed him (Mr. Prendergast) and afterwards Mr. Chley the vergor.

William Hyton Gortley  
Barnmington.  
Richmond Road  
Worthing  
13<sup>th</sup> March 1892.

Appearance: The Patient is of the medium height & inclined to be stout. His hair is straight & he is somewhat balded & his

Appearance: hair is of a light brown turning grey; he wears a beard & moustache. His facial expression is somewhat fatuous, & he has a very self-satisfied manner.

Height: 5' 8" 1/2  
Weight: 15 1/2 lbs.  
Phys: Exam: The patient is fat & flabby, but he is fairly well developed, there is no sign of cardiac or pulmonary disease to be made out. He has a slight pharyngeal catarrh.

Present Mental Condition: Soon after admission the patient, who from the moment of his admission was very funny, complained of being cold & so he wrapped himself in his travelling rug & walked about ~~snuggled~~ snuggled up in a most absurd manner. He was transferred to ward No. 2 & after a little time he removed the rug. He is very self-satisfied, talkative & self-opinionated.

He still persists in stating that he must follow out the teaching of the scriptures as regards "Saluting with a holy kiss". And before he had been in the place many hours he endeavoured to kiss the Deputy head nurse (height 6 feet 7 in). He is apparently very sexually inclined for if there is a woman in sight even he will endeavour to get near to her, & he is not in any way to be trusted with the opposite sex. He also appears to be attracted towards certain members of his own sex, but how far this attraction will carry him is, as yet, not clear.



21<sup>st</sup> March: 1902. The patient is full of erotic ideas which he hides under the excuse of religion: he has talked of kissing & offered to kiss more than one of the gentlemen patients since his admission, & is not to be trusted near any women: His bodily health is good. D.H.

28<sup>th</sup> March: 1902. The patient still remains under the delusion that he ought to follow out the teaching of the bible by saluting both men & women with a holy kiss: he is unctuous consequential & self-satisfied in manner & speech: His bodily health keeps good. D.H.

4<sup>th</sup> April: 1902. The patient is exercising more self-control & does not now speak so much of kissing, & he has made no attempts of the kind for some time past: He is in good bodily health. D.H.

11<sup>th</sup> April: 1902. The patient is behaving well & appears to be losing his delusions about kissing, he is exercising self-control & has improved greatly mentally: His bodily health is good. D.H.

Discharged Recovered  
3<sup>rd</sup> May 1902

Admitted William Allwood Lloyd. Oct. 56.

14<sup>th</sup> March 1902 Married: Surveyor, Church of England.

First Attack: Duration of existing attack.  
Three months. Supposed cause: Overstrain &  
anxiety. Not Epileptic, it is uncertain  
whether or no he is suicidal or dangerous.

Family History No relatives known to have been insane.

Personal History

Cyprus Certificates. Sitting down, turned his back on me looking  
at me sideways with a murderous expression.  
refused to hold any rational conversation -  
was very depressed & morbid.

Thinks he is persecuted by every one, can give  
no reason for this, thinks all people who  
come to the house are his personal enemies.

G. Tolcher Esq. M.A. & B.Sc. and

Barking House.

63. Sackville Road.

Here

Ensign.

14<sup>th</sup> March 1902.

has unable to hold any rational conversation,  
imagined that he was suffering from obstruction  
of the bowels. Said every body was trying to  
worry him in every way they could.

Will not always take his food. Thinks that his  
wife & friends are trying to melt him down. Thinks  
that every body he sees is plotting.

Morris Pughy, M.D. & L.R.C.P.

17 Gorton Road, Haverhill, Sussex.

14<sup>th</sup> March 1902.

**Appearance.** He is a thick set man of medium height & inclined to stoutness. His hair height 5' 7 1/2". is of a sandy large turning grey. Weight 12 1/2 lbs. & he wears a beard & moustache.

He has a very bad tempered, sullen & suspicious facial expression, & he looks depressed & self absorbed.

**Phys. Exam.** The patient is fairly well formed & fairly muscular for his age, though he is inclined to become stout.

There is no sign of cardiac or pulmonary disease & his bodily condition is good.

**Present Mental Condition.** The patient is depressed, sullen & suspicious. He becomes very abusive at times & he cannot be induced to occupy his time in any way. The day following his admission he stated that he had been in the place two days, & he also said he had seen the medical officer the night before, when as that was not the case, for the Senior Medical officer had admitted him, the junior medical officer being out. He takes his food but moderately, though he has not required forcible feeding as yet.

12<sup>th</sup> March 1902. The patient is sullen & melancholic. He seldom speaks, & when spoken to he answers in a very bad tempered sulky manner. He will not enter into any conversation & cannot be induced to occupy himself in any manner. His bodily health is good. D.H.

28<sup>th</sup> March 1902. The patient is bad tempered & sullen. He will not converse, & therefore it is impossible to obtain delusions from him, but he undoubtedly suffers from delusions of persecution. His bodily health is good.

4<sup>th</sup> April 1902. The patient is making no progress towards recovery. He is as silent, apathetic & sullen as ever, & it is impossible to rouse him in any way or induce him to occupy his time in any way. His bodily health keeps good. C.H.

11<sup>th</sup> April 1902. The patient is in a very unsatisfactory condition, he sits about all day doing nothing, he resents attempts at conversation & is making no progress whatever. C.H.

6<sup>th</sup> May 1902. The patient has not improved in the slightest degree, he is as apathetic & sullen as ever. His bodily health keeps good. C.H.

July 14. 12 In a condition of stupor, he does not answer when spoken to & apparently does not take the slightest interest in anything. P.H.

Oct. 02 No change. A.P.  
Jan. 26. 03 There is a slight change for the better. He does not appear to be under the influence of such a heavy stupor.

April 18. 05 No noticeable change.  
21 Aug. He is unoccupied and sullen, will not speak to me on any questions. He is in good health. C.H.

24 Sept. He is morose and disinclined to speak, but is quiet and gives no trouble. Health good. C.H.  
14 Oct. Discharged, released, on the authority of the physician. C.H.



29 June 1903





Admitted

25<sup>th</sup> March 1902

Family, Boston

Personal history

Copy of Certificate

Henry (Charles) Flint

(et 41.)

Single. Shipper. Church of England. First  
Attack. Duration of existing attack. About  
three weeks? Supposed cause: following Lewiston  
litany, but epileptic or diurnal. Violent at  
times.

No relatives known to have been insane.

Imagines that he is possessed of great  
wealth & that he owns a lot of horses.  
Cattle &c.

Imaginary wealth which he does not  
possess (Information supplied by Agnes Flint  
mother of patient) He is extremely violent at  
times (Information by Agnes Flint)

J. Elliott Jameson, M.B.

16, Church Road

Richmond

Surrey.

16<sup>th</sup> March 1902.

Imagines he owns a high estate near Putney with  
horses &c. Thinks he owns racehorses and  
races. Says he commands a regiment of  
Yeomanry.

That he has been married for years and is still  
living with his wife (Information supplied by  
Edith Flint, sister of patient)

James Smith M.R.C.S. Eng. M.B. (Lond.)

Red Bree, 18 Putney Hill, S.W.

20<sup>th</sup> March 1902.

*Appearance:* The patient is a man of about the medium height with dark hair & moustache, turning grey. His facial expression is fatuous & his voice is very tremulous & shaky.

*Phys: Exam:* The patient's bodily condition is feeble & he is extremely feeble in his gait. His knee jerks are absent, & his speech is markedly affected.

There is no evidence of Cardiac or Pulmonary Disease.

*Present Mental Condition:* The patient is very demented & he believes that he is the possessor of a large & beautiful estate at Putney, & he cannot understand why he has been sent here as the estate he mentions is so beautiful.

He states that he is perfectly well, although he admits that he is unable to walk properly.

*1<sup>st</sup> April 1902:* The patient is an advanced general paralytic. He is deluded, believing that he is very wealthy & that he owns a very large estate, which is not the case. His speech is markedly affected & his gait is feeble. His bodily health is failing.

*8<sup>th</sup> April 1902:* The patient is very demented & does not realise where he is or why he is in this institution. He is wet & dirty at times & is becoming very feeble.

*15<sup>th</sup> April 1902:* The patient is unable to do anything but sit about in an easy chair all day, & is too feeble to walk about.

## Holloway Sanatorium Hospital, Virginia Water

### NOTICE OF DEATH

Date of Reception Order, the 20<sup>th</sup> day of March 1902 189

I hereby give you Notice, That Henry Charles Flint  
a Private Patient, received into this Hospital on the 25<sup>th</sup> day of  
March 1902 189 died therein on the 6<sup>th</sup>  
day of May 1902 189

Signed *W. S. Williams M.D.*  
Medical Officer

Dated the 20<sup>th</sup> day of May 1902 One Thousand  
Eight Hundred and Ninety  
To the Commissioners in Lunacy

### STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Henry Charles Flint  
Sex and age - male 41  
Married, single, or widowed - single  
Profession or occupation - Shipper  
Place of abode immediately before being placed under care and treatment (if known) - Lyndhurst, Rushmore Road Putney  
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 - 5 p.m.  
Duration of disease of which patient died - uncertain  
Names and description of persons present at the death - attendants Alfred Lister  
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no

Signed *W. S. Williams*  
Medical Officer



22<sup>nd</sup> April 1902 The patient is becoming more & more demented & feeble. He is frequently wet & dirty & quite unable to get about. *Ch.*

6<sup>th</sup> May 1902 This morning the patient was very feeble & had lost the use of his speech, probably due to a paralytic seizure.

During the afternoon he had a convulsive seizure, & his wife was telegraphed for, but before she arrived the patient died. *Ch.*

Died 6<sup>th</sup> May 1902.

Admitted

29th March 1902

Herbert Augustus House Porte

Oct. 33.

Single. Capt. East Yorks Regt. 1880.

Church of England: First Attack. Duration of existing Attack: Nine weeks. Supposed Cause: Arduous Service in South Africa, followed by intense fever and fall on the head: but possibly or dangerous to others. Has threatened suicide.

Family History

No relative known to have been insane.

Personal History

Copy of Certificate:

He said Herbert Augustus House Porte appeared very depressed and was labouring under the delusion that he was to be tried by Court Martial for endeavouring to evade going back to duty in South Africa, that his brother officers would not receive him back into the regiment in consequence & that his career was therefore ruined.

Capt. Nathaniel Porte of 4. Ellenborough  
Present Weston Super Mare Somersetshire  
Retired Capt. Norfolk Regiment. He said  
Herbert Augustus House Porte is in a very  
depressed state of mind & suffering from the  
delusion that he is to be tried by Court  
Martial for endeavouring to evade going  
back to South Africa & that he has  
threatened to shoot himself.

Edmund A. Martin M.D.

Victoria House.

Weston Super Mare

27th March 1902.

*Copy of Certificate.* The patient was depressed in appearance:—unnaturally ready to talk of his conduct about not going out again to South Africa. He stated that he had vacillated greatly first asking to be given a post at home and then to be sent out again, and so on alternately, finally saying he suffered from depressive eye right which is true — He now accuses himself of having made more of that defect than he ought to have done although the Medical Board were satisfied on the point & rejected him for service at the front. He now states he is likely to be Court Martialed any day for "fucking" duty although he is a D.S.O. There is no cause for or suggestion of a Court Martial.

Nathaniel Porter, 8 York (Rescent Road, Clifton, (Captain retired in the Norfolk Regiment, father of the patient states that his son <sup>has been</sup> very depressed since the beginning of the year & often says that he will be Court Martialed for evading duty in South Africa, which is not the case.

John Wallace:  
1. Ariel Terrace  
Weston - Super - Mare  
28<sup>th</sup> March 1902.

*Appearance:* The patient is a short man but he is fairly well built & fairly muscular. His facial expression is dull & melancholic. He is of a somewhat "sandy" complexion & wears a small moustache.

*Phys. Exam:* The patient is well nourished & he is in good bodily condition. There is no sign of cardiac or Pulmonary disease.

*Present Mental Condition:* The patient is depressed & self absorbed, he does not appear to take much interest in anything & he is full of his own troubles. He believes that he has been guilty of cowardice & that he is to be Court Martialed for endeavouring to evade duty. There is no truth in this belief & there is no question of a Court Martial.

5<sup>th</sup> April 1902. The Patient is somewhat more cheerful & he will converse fairly cheerfully, & he now takes some interest in the various amusements of the place. He is still however rather self absorbed & reticent, & he is at times somewhat suspicious in manner. His bodily health is good.

12<sup>th</sup> April 1902. The patient is more settled & he appears to be getting rid of his delusions of persecution, but he is still at times rather self absorbed & reticent.

19<sup>th</sup> April 1902. The patient is keeping, as far as can be ascertained, free from delusions. He is however quiet, reserved & self absorbed. He keeps very much to himself & takes but little interest in the amusements of the place, though he goes to the dances & to the at homes on the ladies



- 15<sup>th</sup> April 1902 S.D.: He converses sensibly, but he is not communicative: His bodily health is good.
- 26<sup>th</sup> April 1902: The patient shows no signs of delusions, but he is reticent & somewhat self absorbed: He makes no friends amongst his fellow patients & is a quiet & well behaved man: His bodily health keeps good.
- 28<sup>th</sup> April 1902: To day the patient was transferred to the Voluntary Border Class.  
See Border Vol II. Page 219.

Discharged Recovered  
1<sup>st</sup> May 1902

Admitted 16<sup>th</sup> April 1902 Thomas Rochford Aet 54.  
Single Gentleman Farmer. Roman Catholic.  
First attack: never previously under treatment:  
Out of health for about a year, insane about one week. Supposed Cause: Heredity. But Epilepsy, Insidious & dangerous.

Family history His mother was two years in an asylum in our S.D. life.

Personal history.

Copy of Certificates. He is suffering from Delusional, and is under the delusion that all his affairs have gone wrong, that his brother is desirous of throwing him out into the street, that he has committed some heinous sin and brought himself to poverty.

Henry Forbes, Counselor  
14 York Place

Portman Square W.  
16<sup>th</sup> April 1902.

He says that he has only a few minutes to live; that he is going to be thrown out and thrashed; that he is the greatest sinner and will be in Hell fire tonight.

My own experience. - He locked himself in his bed room the night before last and refused to let me or his brother in as he said we wished to pitch him down stairs and flogellate him: He lay in bed all day without any nourishment.

William Rogers  
4. Dorset Square N. W.  
16<sup>th</sup> April 1902.

Appearance: The patient is a Dark Sallow complexioned man. His hair is very dark & straight, & is commencing to turn gray. He wears a short mustache. His expression is dull depressed looking & somewhat furtive.

His manner is restless & at times suspicious. Phys: Exam: The patient is of a spare build & he is somewhat thin & not very well nourished. He is not very muscular, but there is no sign of Cardiac & Pulmonary disease.

Present Mental Condition: The patient is depressed & restless. He keeps repeating that it is impossible for him to stay here, that the authorities here will soon be glad to turn him out, that he has no means to pay for his being here, that his brother cannot have arranged for his stopping here as he has no money. He also states that he is completely ruined, that his health is absolutely broken, that he will never get any better, & therefore the officials here must turn him out.

23<sup>rd</sup> April 1902. The patient will not employ himself in any way, he takes no interest in anything, & he is unable to converse in a rational manner upon any subject, but when spoken to keeps repeating that his is a hopeless case that he is lost entirely & that he must be turned out of the institution.

30<sup>th</sup> April 1902. The patient is depressed & melancholic. He believes that he is lost, that his case

is hopeless, that his brother cannot & will not afford to keep him in this institution, that his food is useless &c. He does not take his food very well. His bodily health is good.

May 1902. The patient does not employ himself in any way, & though somewhat more settled & not quite so depressed, yet he is silent & self absorbed. He is perhaps slightly improved since admission. He is taking his food better & is in good bodily health.

July 14, 02. Is making improvement. is less depressed, but still inclined to be sullen, head but cannot be induced to take food in the absence of the floor.

1.02 No change

26.03 No mental improvement of any kind.

1.03 No change

18 Aug. He is depressed and demented. His movements are agitated, rapid & erratic. His health is good but?

16 Sept. He is still depressed and agitated. In good health.

8 Dec. Patient does not improve. He is still depressed. He is very thin but apparently healthy.

9 Oct. Very melancholic & agitated. Health fair.

4 April. Discharged. not improved: on the authority of the Physician.



25 June 1902.



**Appearance:** The patient is a Dark Sallow complexioned man. His hair is very dark & straight, & is commencing to turn grey. He wears a short mustache. His expression is dull depressed looking & somewhat pensive. His manner is restless & at times suspicious.

**Phys: Exam:** The patient is of a spare build & is somewhat thin & not very well nourished. He is not very muscular, but there is no sign of Cardiac & Pulmonary disease.

**Present Mental Condition:** The patient is depressed & restless. He keeps repeating that it is impossible for him to stay here, that the authorities here will soon be glad to turn him out, that he has no means to pay for his being here, that his brother cannot have arranged for his stopping here as he has no money. He also states that he is completely ruined, that his health is absolutely broken, that he will never get any better, & therefore the officials must turn him out.

23<sup>rd</sup> April 1902. The patient will not employ himself in any way, he takes no interest in anything, & he is unable to converse in a rational manner upon any subject, he when spoken to keeps repeating that is a hopeless case that he is lost entirely & that he must be turned out of this institution.

20<sup>th</sup> April 1902. The patient is depressed & melancholic. He believes that he is lost, that his

30<sup>th</sup> April 1902. is hopeless, that his brother cannot & will not afford to keep him in this institution, that his food is useless &c. He does not take his food very well. His bodily health is good.

6<sup>th</sup> May 1902. The patient does not employ himself in any way, & though somewhat more settled & not quite so depressed, yet he is silent & self absorbed. He is perhaps slightly improved since admission. He is taking his food better & is in good bodily health.

July 14 02. Is making improvement. is less depressed, but still inclined to be sullen, head but cannot be induced to take part in the amusements of the place.

Oct. 02. No change

Jan 26 03. No mental improvement of any kind.

April 03. No change

1903. 18 Aug. He is depressed and demented. His movements are agitated, rapid & erratic. His health is good but?

24 Sept. He is still depressed and agitated. In good health.

20 Dec. Patient does not improve. He is still depressed. He is very thin but appears healthy.

1904. Very melancholic & agitated.

30 Mar. Health fair.

14 April. Discharged, not improved: on the authority of the Physician.



28 June 1902.



Admitted

26<sup>th</sup> April 1902.

Hagney.

William Jackson Wise.Oct. 24<sup>th</sup> 90.

Single. B.A. Oxford. Theological Student.

Church of England: First Attack: Never prevailing under treatment: Duration of existing attack two months. Supposed Cause: Reckless indiscretion. Not Epileptic or Insane. Very resentful of any opposition of his will.

Family History

His late mother &amp; a sister have been insane.

Personal History

Copy of Certificate

Restlessness & sudden unreasonable impulses. He was constantly abusing his father to whom hitherto he has always been kind & affectionate.

Declared that his father who came down to see him was always digging his footsteps.

Suddenly locked himself in his room & refused to see any body then made a determination to return to London for no reason.

Was quite unmanageable & would listen to no reason.

His father William C. Wise M.D. 44 Gloucester Place, Portman Square. — He was to make a fortune by converting his bicycle lamp into a flash or search light. That while out cycling the police had lined the whole route with constables to protect him from injury.

He struck, with his hand, horses in the street.

Launcelot C. Sowers: F.P.C.S.D.

51. Marina

S. Leonard's on Sea.

Essex.

25<sup>th</sup> April 1902.

## Appearance:

The patient is above the medium height thin & anemic looking. He is not very muscular for his age, but he is fairly well nourished. His facial expression is somewhat silly looking, but he has out the appearance of congenital mental deficiency.

## Phys. Exam:

The patient is somewhat thin & not very muscular. The heart's action is regular but forcible, & there appears to be some slight enlargement of the heart, but no murmur were to be detected. The breath sounds at the L. apex are somewhat harsh, but no dullness was to be made out & there were no rales present.

## Present Mental Condition:

The patient is excitable & ready to converse at any length. He absolutely denies that he was ever suspicious that people were intending to harm him, & he also denies that he ever was violent, except when he was being brought to this institution. He states that he may have been a little upset at home as he does not get on with his step mother. He is evidently exercising self control & is in all probability still under the influence of delusions.

3<sup>rd</sup> May 1902.

The patient is excitable & wanting in self control. He frequently abuses his father & even when doing so will break out into fatuous laughter.

He is childish & silly in manner, & his powers of conversation are limited, he giggles & laughs in a silly manner for no apparent cause when in

5<sup>th</sup> May 1902

Conversation & his ideas are childish in a degree. His bodily health is good. *OK.*

6<sup>th</sup> May 1902

This morning the patient when out in the front grounds became angry with the attendant who was with him because he was not allowed to have a cricket ball to play with, there being no cricket going on at the time, he then endeavored to run away, & when followed by the attendant he pulled up one of the iron stanchions, which hold the wire to keep people off the grass, & threatened the attendant. He admitted threatening the attendant, but says that he did not mean to strike him with it, but only to frighten him. He has been transferred to the retreat. *OK.*

8<sup>th</sup> May 1902

Copy of letter sent to patient's father. —  
St Ann's, Heath  
Lewisham, London.  
May 8<sup>th</sup> 1902.

I send my love to Lo & Flo. but have forgotten the existence of old Am - draw - the waiter until you mentioned him to me.

Papa, or Dad. if you don't jolly well let me out of this place at once I will give you a hell of a time, there are two posts out each day, & so you may expect to hear from me twice daily from today. I say again, if you don't let me out at once I shall forward several letters to



8<sup>th</sup> May 1902

Oxford, in fact I have already written & addressed one\* [I'm glad to hear you are crashed I hope you will soon re-bound, that is to say, when I'm out of this Gen. Ang., if you have enough energy (or right)]

I'm enjoying myself here & hope to soon have another game of cricket. The enclosed card & registered envelope has been decorating the Dining hall, & the Nurses & attendants have been roaring at it. to. to. St. John's letter to Canon (Christopher) wh. I shall forward to him if I don't hear from you per return. I shall also write letters to Plumstead to the Frenches, & one to Mr. Inverese, of course I am going to write to Dr. Boyd the Principal of Hertford Coll. & to my friend the Rev. Grey Principal of Wycliffe Hall.

In my letter to Canon (Christopher), unposted as yet, I told him the Cause of my restlessness the reason being y<sup>r</sup>. wife who tries to make Portman by a hell for all of us; that is the reason why Plc is the only one staying at home. She does so because she cannot afford to live away, but I, as I have independent means (thanks to dearest Emma Jackson) when I come out of this place, will cease to live at 84 Gloucester Place with 'olig' by myself.

from the son who is beginning

8<sup>th</sup> May 1902

to beath you & y<sup>r</sup> wife

Willie J. Lister

P.S. Oh that I were not y<sup>r</sup>. son!

(H) y<sup>r</sup>. (wife) is the Cause of my being here she is the demon in 84. I wished being piece of humanity.

Of course I've told the medical men, Dr. Moore included, about Plumstead, if (H) is not careful I will place (her) here some day, her father having been in one of these places before.

\* Between the brackets is probably intended as part of the P.S.

15<sup>th</sup> May 1902

The patient is silly & childish in speech & manner, he is irritable & resents being under control. He is full of threats against & abuse of his father, & he is wanting in common sense & self control.

His bodily health is good.

22<sup>nd</sup> May 1902

The patient cannot converse sensibly for any length of time upon any subject.

In conversation he frequently breaks into uncontrollable laughter, for no apparent cause.

He still now threatens against his father.

His bodily health keeps good.

29<sup>th</sup> May 1902

The patient, upon the 27<sup>th</sup> May 1902, made an attempt to climb the wall just outside the gate by the Chapel leading into the retreat, he was prevented from doing by the attendant & a struggle ensued, he was uninjured with the exception of a very slight abrasion on the L knee. This morning, in No 7 airing court, the patient was silly



29<sup>th</sup> May 1902

very excitable. He was standing on a seat waving his pocket handkerchief at nothing & shouting out "Damn! Damn!"

When asked why he did so he could give no sensible answer, but only laughed in a silly manner & said that it was because he was in the institution against his will that made him do it.

July 14. 02

Is quite even but very variable, he appears to have better power to concentrate his attention for any period, to enjoy sport & indeed intellect. He is weak-minded & apparently imprudently so.

Sept. 14. 02

Since the above note the patient has had periods of excitement, alternately with quiet. During the excitement he appears to have lost control over himself, talks recklessly & threateningly walks about in an aimless restless way & cannot fix his attention for any period, during the quiet period he occupies himself in a feeble way & is evidently permanently weak-minded.

Nov 5 02

Jan 19. 03

No change in leave  
Patient discharged Recovered 4P

2d. Aug. 02

Dr. Richard Little.

Male 31. Single - Ch. of England.  
is not dangerous as people he is  
"doubtful" of suicidal.Family History  
Personal HistoryNone of interest.  
Was at Northern Hospital as gen.  
ap. as patient, was here as a  
patient in 94. Has been here  
as a full V.B. for two years, has  
probably had delusions but kept them  
under until recently. (Mrs. Browder  
Book 102)

1st conf.

He is depressed, reticent + various  
he says that he has got terrible  
feelings in his head & that a part  
of his brain is blocked & not working  
& that he hears a crack.

William W. Rogers

2nd conf.

Corroboration

J. H. Dodge

Condition.  
MentalHis delusion is that he is in  
a hopeless condition from his  
brain being clogged & that there  
is no hope of his getting better -  
is body signs of disease  
Heart, Lung, &  
Kidney.

Physical

July 15: 02

More cheerful says that he did  
not really believe what he said  
when he talked about his depressing  
delusion. I believe that he still  
has the same idea. *W.R.*

22nd May 1902

The patient is cheerful & well behaved  
he is probably delirious but he is exercising  
his self control & does not let his  
delusions appear. His bodily health is  
good. *W.R.*

29th May 1902

The patient is working in the store as  
usual & occupying his time cheerfully  
playing tennis &c. He is behaving well  
& is in satisfactory bodily health. *W.R.*

July 14 07

Dull & occupied but inclined to  
be silly. *W.R.*

Aug. 02

P. is solitary but quiet. *W.R.*

Oct. 02

No mental impairment occupies  
his time. Bodily health good as

Nov. 02

No change.

Jan. 2003

P. works and occupies himself  
cheerfully. He is solitary in his habits  
Bodily health good. *W.R.*

1903.

31 Aug.

He is solitary, reticent, and self conscious:  
disinclined to converse. He works well in the  
store & is in good health. *W.R.*

24 Sept.

No mental change. He works well  
and avoids society. His health  
is good. *W.R.*

20 Dec.

He is very reticent, avoids company  
& conversation, but works well.  
Health good. *W.R.*

1904.

30 Mar.

Patient is retiring in habits and has  
delusion of persecution. Health fair. *W.R.*

16 Sept. 1903

1904. 30 June. His delusions of persecution by electricity continue. Health good. *LSJ.*
- 17 Sept. His delusions of persecution and hallucinations of the senses continue. He is well occupied and in good health. *LSJ.*
- 16 Dec. No mental or physical change. *LSJ.*
1905. 20 Mar. Has hallucinations of the senses which he ascribes to unseen persecutions. Health fair. He is well employed. *LSJ.*
- 20 June. No mental or physical change. *LSJ.*
- 11 Sept. Patient is well employed & amiable, but suffers from hallucinations of the senses. *LSJ.*
- 20 Dec. Continues in the same mental & physical state. *LSJ.*
1906. 22 Mar. Continues to have hallucinations of the senses & believes that he is persecuted by unseen agencies. Well employed & in good health. *LSJ.*
- 11 June. No mental or physical change. *LSJ.*
- 8 Sept. Still delusional, but is guarded in his answers to questions. Is well employed playing games, and will converse cheerfully and rationally as long as no allusion is made to his mental state. *CLD.*
- 9 December. Guarded and suspicious, and never refers to his delusions in conversation. Still suffers from hallucinations of hearing. *CLD.*
1907. 5 February. Slightly shows some improvement. Is trustworthy, & unshakable in his statements. Health good. *CLD.*
- 23 May. No mental or physical change. *CLD.*
- 20 August. Dook-minded and lazy in his habits. Plays games in an aimless sort of way, but is incapable of any useful occupation. *CLD.*
- 15 November. No change since above note. *CLD.*

Int'l Case Book A, P. 363.



Adm: May 10. 02  
Myleney

Rowley, Robert. Hardy Buckle, Oct 71  
Married. Major General. Late R.A. Chesh.  
of England. Not past attack. Previously  
under treatment. In Army Richmond  
1890 & 1898-9. Hottelary Donations -  
Admitted 17<sup>th</sup> April 1899. Remained 26<sup>th</sup> April 1900  
Stopped as a B.B. until 23<sup>rd</sup> Jan 1902.  
Discharged recovered 11<sup>th</sup> April 1902. See Case  
book II page 431. And casebook. B.D. II  
page 150. Duration of existing attack uncertain  
Supposed Cause: Previous Attacks. Not Epilepsy  
or Sunday. Injury & Violent.  
A Son died insane.

Family History

Personal History

Copy of Postscript. He is incoherent & very excited. After  
talking in this manner for about 15 minutes  
he becomes aphasic.

Mr Evelyn L.G. Rowley of 52. Ventnor  
Villas Ave. has informed me by letter  
that he has had several previous  
attacks, the onset of which have been  
very sudden.

his landlady (Mrs. Jupp of 63 Kemp Road  
Windsor) informed me that his excitement  
is such that she cannot allow him to  
remain in her house.

Henry Edwin Bruce Porter  
Langhorne  
Osborne Road Windsor  
10<sup>th</sup> May 1902.

Appearance:  
Phys:

Phys: Exam  
Wine 10.12.  
No Inj. Ill.  
Present Mental  
Condition.

17<sup>th</sup> May 1902

24<sup>th</sup> May 1902

July 11.02

Aug 26.02

Nov. 02

Jan. 15.03

April. 03

The patient is not quite so stout as he was.  
but he looks a well conditioned man for  
his years. His hair is grey & his hands  
mountain white, he is flushed & excited  
looking.

The patient is fairly well nourished &  
considering his mental condition he is  
in very good bodily health.

The patient is noisy, excitable & incoherent.  
He is very restless & continually talking  
& shouting in an incoherent manner.

The patient is in a state of acute mania.  
He is untidy & grotesque in his clothing, &  
he is frequently wet & dirty. He remembers  
all the officials of the place & calls them  
by their proper names, but he is quite  
incapable of rational conversation. His  
bodily health is good.

The patient is still noisy, excitable &  
wet & dirty. He as yet shows no signs of  
mental improvement & is quite unable  
to converse in a rational manner. His  
bodily condition is satisfactory.

How depressed does not feel inclined  
to converse or 'take' interest in  
anything.

Shows signs of an attack of excitement, beginning,  
he is now restless & very talkative.

No change  
Is restless and excitable at times  
Bodily health good

No material alteration in  
patient's mental condition

July 15.03 He is now in a condition of  
 acute excitement, going through the  
 same course as previous attacks,  
 occasionally ~~stupor~~ <sup>staring</sup> - high  
 coloured urine, very offensive & containing  
 albumen - <sup>Ab.</sup>  
 July 22.03. Still very excitable, quite incoherent.  
 that urine trouble persists but is  
 relieved by hot bath. <sup>Ab.</sup>  
 July 27.03 To day showed signs of exhaustion  
 collapsed this afternoon, did not rally  
 despite of stimulants &c. <sup>Ab.</sup>  
 Died.

# Holloway Sanatorium Hospital, Virginia Water

## NOTICE OF DEATH

Date of Reception Order, the 18<sup>th</sup> day of May 1902 <sup>189</sup>  
 I hereby give you Notice, That Robert Rowley Rickett Rowley  
 a Private Patient, received into this Hospital on the 10<sup>th</sup> day of  
 May 1902 <sup>189</sup> died therein on the 24<sup>th</sup> day of  
 July 189 1903.  
 Signed W. A. Mace M.D.  
 Medical Officer  
 Dated the 28<sup>th</sup> day of July One Thousand  
 Eight Hundred and Ninety three  
 To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Robert Rowley Rickett Rowley  
 Sex and age - male 42  
 Married, single, or widowed - Married  
 Profession or occupation - Major General (retired)  
 Place of abode immediately before  
 being placed under care and  
 treatment (if known) - 63 Kings Road Windsor  
 Apparent cause of death - (a) Exhaustion from Mania  
 (b) Chronic Bright's Disease  
 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 -  
 H. 40 p.m.  
 no unusual circumstances or injuries  
 Duration of disease of which patient  
 died - (a) Fourteen days  
 (b) Unascertainable  
 Names and description of persons  
 present at the death - Dr. Thomas G. Cooper  
 attendant John Charles England  
 Whether or not mechanical restraint  
 was applied to deceased within  
 seven days previously to death,  
 with its character and duration,  
 if so applied - no

Signed W. A. Mace M.D.  
 Medical Officer

5

2



ad  
May 11, 02.  
Lynch

Burt. Leuze Stephen

Pl 34.

Married: Chartered accountant. Church of England. Husband's similar attack previously, but not so severe. Have previously under treatment: Paroxysms of vomiting attack a week or two. Supposed cause: Overwork.

But Epilepsy or Insular Is Dangerous to others.  
 Its relative known to have been known.

Family History

Personal History

Copy of Certificate. He had locked himself in his bedroom with his youngest child and refused to answer or open the door. I thrust the door open, found him in his paining sleep. I roused him, he appeared in an excited state - spoke in a rambling way of atoms & chemistry.

his wife Edith Harriet Burt tells me he has been strange for over a week, that he has threatened her on several occasions. Last seven p.m. he locked his wife, mother in law and himself in the bath room, he then put all his wife's clothes in the bath took his wife by the throat & said if you take your eyes off me I will kill you. He fell in law fainted. Still he would not desist, at last he fainted himself, his wife & mother in law got the key from him & opened the door. He recovered slightly, rushed into his bedroom and locked the door. The servant <sup>Domestic</sup> Mary Ann tells me she has been talking strangely and saying saying dreadful things that that she came for me as she thought something would happen.

Russell Thomas Davison  
Verulam  
New Malden  
Surrey

Apperance

The patient is a short rather thick set man with brown hair somewhat curly. He is commencing to grow a beard & wears a small mustache of a reddish color. His facial expression is somewhat depressed looking & fastidious & his manner at times suspicious.

Phys. Exam

Wine 10 16

Per Sugar: 20 Cents

The patient is well nourished & shows no signs of bodily disease. Her joints muscular but somewhat inclined to stiffen.

Present Present

Condition.

The patient is self-absorbed reticent & suspicious in manner, he believes that he is in danger from those around him & he will not converse freely.

18<sup>th</sup> May 1802

The patient is more settled, but he is still self-centered, reticent & inclined to mistrust those with whom he comes into contact. His bodily health is good.

25<sup>th</sup> May: 1902

The patient is more cheerful, he will answer more freely, takes ~~an~~ interest in his surroundings, brings ~~about~~ on the ladies' side when asked to do so & shows signs of improvement in every way. His bodily health good.

July 14. 02.

2. It is somewhat <sup>likely</sup> ~~likely~~ that I self-fertilize when questioned on the subject of his coming here during all the autumn - made in his certificate. Recently scattered his bed room with rose leaves & could not see the action was subsiding & could not say he was ill. <sup>see</sup> ~~see~~

July 21. 02.  
Aug 9. 02

Dr. Amoswell. letter very kind. 2/2  
Apparently now fully recovered & to  
be discharged. Del.

---

ad 14. May 13. 02

Lorrett Charles William. Oct 4. 2.

Birth: Architect. Church of England.  
 First Attack. Never previously under treatment.  
 Duration of existing attack. About three  
 years. Supposed Cause: Not known  
 or suicidal. Dangerous at times.

Family History

No relatives known to have been insane.

Personal History

Copy of Certificate

He gives his name as Peter Robinson says he  
 has immense wealth, denies that he is at  
 present in London or that he was staying at  
 Barkstone Gardens Hotel. He is hesitating in  
 speech & is evidently suffering from General  
 Paralysis.

James Hardway, lunatic attendant, says.

"The patient has many delusions says he  
 has millions of money and can do everything."  
 Durs with Ironsland

24. Upper Millmore Place.

Kensington.

8th May. 1902.

He says he is possessed of huge sums of money  
 in Consoles, abused me for congratulating  
 him on the fact, threatened to molest me,  
 becoming more violent every minute.

Perogine Percy Pratt, proprietor of Barkstone  
 Gardens Hotel, says, the said Charles William  
 Lorrett, has lost his memory, is very  
 violent if contradicted, has delusions  
 that he possesses yachts, is a millionaire.

Copy of Certificate

and is keen to a title, and threatens to  
 molest anyone, and refuses to pay for  
 anything.

Edward J. Gregory: M.D.C.S.  
 26. Redcliffe Gardens, S.W.  
 8th May 1902.

Appearance

The patient is somewhat above the median  
 height & of a stoutish build. His hair is  
 dark & he is clean shaven. His facial  
 weight 11<sup>1/2</sup> 13<sup>1/2</sup> expression is fatuous & wanting in  
 expression.

Phys. Exam.

The patient is well nourished, fairly  
 muscular, but he is inclined to be stout.  
 There is no sign of cardiac or pulmonary  
 disease. His speech is defective, & there is tremor of lips.

Present Mental Condition.

The patient is demented & unable to  
 converse sensibly upon any subject. He is  
 extremely self satisfied in manner, & he  
 answers questions briefly, but makes no  
 attempt to enter into conversation. He not  
 infrequently breaks out into fatuous laughter  
 for no apparent cause when he is spoken to.

20th May. 1902

He patient is suffering from General  
 Paralysis & he is very demented, his physical  
 condition is as yet however fairly good.

27th May. 1902.

The patient is quiet, self satisfied, & so  
 far gives but little trouble he takes his  
 food well, sleeps well & is in good bodily  
 health.

July 14. 02.

Demented in 2nd Stage. J.P.

Aug 26. 02

No Change. Conspicuous Stagnation

Oct. 02

No material alteration

Dec. 02

He is quite demented and rather  
 more so than an admission



Jan 25-03

condition of patient in no way  
improved. CP



- 21 Aug. He is demented and happy. Speech slow & scanned with some syllables very much prolonged; gait unsteady, facial & global muscles very tremulous. *SW?*
- 24 Sept. An advanced G. P. - wet and dirty and destructive to his clothing. *SW?*
- 31 Dec. Patient is very paralytic and feeble, having become much worse during the last few days. *SW?*
- 1904  
1 Jan. His temperature is high (100° - 102°) and his breathing irregular. His swallowing is impaired. *SW?*
- 2 Jan. He sank gradually & died at 9.15 a.m. in the presence of Dr. Legge. *SW?*

# Holloway Sanatorium Hospital, Virginia Water

100

## NOTICE OF DEATH

Date of Reception Order, the 1st day of June 1902 189  
I hereby give you Notice, That Charles William Lovett  
Private Patient, received into this Hospital on the first day of  
June 1902 189 died therein on the second day of  
January 1904 189

Signed *W. D. Moore*  
Medical Officer

Dated the fourth day of January 1904 One-Thousand  
Eight-Hundred and Ninety.  
To the Commissioners in Lunacy

## STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Charles William Lovett  
Sex and age - male 44 yr.  
Married, single, or widowed - single  
Profession or occupation - architect  
Place of abode immediately before being placed under care and treatment (if known) - Parkstone Gardens Hotel, Kensington S.W.  
Apparent cause of death - General Analgesia 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 - 9.15 a.m. No marks or bruises. No unusual circumstances.  
Duration of disease of which patient died - about 10 years  
Names and description of persons present at the death - Attendant Alfred Hodge  
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no

Signed *W. D. Moore*  
Medical Officer

/

2

3

adma: May 14/02

~~Ernest~~ Ernest Rosling. Oct 36.  
 Married (Chartered Accountant). Insular.  
 First Attack. But previously under  
 treatment: Duration of Existing Attack.  
 Two or three weeks. Supposed Cause:  
 Has Denial of Spinal Cord. But Epilepsy  
 Insular or Epilepsy.

Family History. No relatives known to have been insane.

Personal History.

Copy of Certificate. He says he is covered with yellow spots -  
 he is not - He says he has an inside &  
 that his stomach & intestines have been  
 taken up - he says I have knocked the  
 house about & am trying to kill his  
 friends - this is obviously untrue.

His sister, Miss Rosling of Reigate, Surrey (Glenelg),  
 says he tried to go out in the rain with only  
 a vest on in order to wash poison off him.

His brother, Mr Henry Rosling of Reigate (Glenelg),  
 tells me he says I have killed your son  
 (Ernest Rosling) & am a monstrous giant.

To. Silverwood, Richmond. G.D. Bury  
 L.R.C.P. Lond.  
 Moulbury  
 Boscombe

Hants.

13<sup>th</sup> May 1902.

His peculiar manner, his statements as to his  
 dislike of his medical attendants, his  
 statements that his inside is all eaten up  
 & that his testicles & scrotum are abnormal.

Copy of Certificate. Henry Rosling, brother, states he received a  
 letter asking him not to come to the  
 house as his ~~brother~~ <sup>brother</sup> was made very strong  
 that it took four men to hold him, & he still  
 abhors that this is true.

Arthur Reggate Vernon. D.R.C.S.

Boscombe  
 Hants.

11<sup>th</sup> July 1902.

Appearance. The patient is below the medium height  
 & his hair is brown & he wears a beard &  
 moustache, he is somewhat emaciated  
 & his expression is vacant & his eyes are  
 somewhat prominent.

Phys. Exam. The patient is fairly well built for his  
 size but his muscular system is wasted  
 & he is thin & poorly nourished. He appears  
 to be free from cardiac or pulmonary disease.

Urine 1016. The patient is extremely demented & he is  
 incapable of conversing in a rational manner  
 his speech is thick & somewhat blundering  
 in character. He is at times restless & inclined  
 to be excited, at other times he sits about  
 doing nothing & not occupying his time in  
 any manner. He does not sleep very well  
 & takes his food badly.

21<sup>st</sup> May 1902. The patient is in an extremely demented  
 condition, he hardly seems to understand  
 what is said to him & answers questions in  
 a very senseless manner. He takes his food  
 very badly & has regurgitated feeding with  
 the tube upon several occasions. During feeding  
 he struggles most violently & he exhausts  
 himself greatly every time he is fed. off.



25<sup>th</sup> May 1902

This morning the patient having refused food was again fed, he was very pale but struggled as much as he was able during feeding after which he was very much exhausted. At the time for the second feed he was in such an exhausted collapsed condition that it was unsafe to feed him. He eventually ~~slowly~~ quickly became more & more pale & died the same evening.

Died 25<sup>th</sup> May 1902

There was a P.M. Examination:  
See P.M. Book.

Holloway Sanatorium Hospital,  
Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 13th day of May 1902

I hereby give you Notice, That Ernest Rosling  
a Private Patient, received into this Hospital on the fourteenth day of  
May 1902 died therein on the twenty fifth  
day of May 1902

Signed Wm. D. Moore M.D.  
Medical Officer

Dated the twenty sixth day of May 1902 One-Thousand  
Eight-Hundred-and-Ninety  
To the Commissioners in Lunacy

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - Ernest Rosling

Sex and age - male 37

Married, single, or widowed - married

Profession or occupation - Chartered Accountant

Place of abode immediately before  
being placed under care and  
treatment (if known) - The Nook, 27 Walpole Road, Bournemouth

Apparent cause of death - (1) Exhaustion from Mania  
(2) Congestion of the Lungs

Whether or not ascertained by post  
mortem examination - (2) yes

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 9:30 p.m.

Duration of disease of which patient  
died - uncertain

Names and description of persons  
present at the death - Attendant Henry Laney

Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - no

Signed Wm. D. Moore M.D.  
Medical Officer

Admitted  
15<sup>th</sup> May 1902

Thomas John Smees Oct 46.  
Married. Solicitor. (Church of England)  
First Attack. Previously undisturbed  
with V. Roberson. Moor Lodge Cottage  
Holtwood Surrey. From 20<sup>th</sup> Dec 1901 to  
15<sup>th</sup> May 1902. Duration of present attack  
about one month. Supposed cause  
overwork. Not epileptic or dangerous,  
but he is suicidal.  
Negative.

Family History

Personal History

Copy of Certificate

Patient is evidently very depressed and  
sits holding his head with both hands.  
He avowed viz. that he was "the greatest  
scoundrel in the whole world" "The  
 enormity of his crimes passed the imagination  
of man" He is "possessed of the Devil" and  
if (S. D. C. C. C.) would soon be overtaken  
by ruin for having come under the same  
roof.

Charles Moore, attendant, Moor Lodge  
Cottage (Holtwood). He affirms constantly  
that he has "ruined the whole world,"  
and that he is only fit to be turned out  
on the Common (Holtwood).

S. Cornish  
The Old House

Dorking  
12<sup>th</sup> May 1902.

Copy of Certificate

Delusion of Criminal professional negligence  
extending over 30 years wh. has caused ruin  
of innumerable people, many deaths & the  
end of the world, also the destruction of  
many houses. Patient believes his experience  
to be unique in the history of the world.

By Charles Moore of Moor Lodge Cottage—  
The patient has expressed a wish to shoot  
himself, though he has made no attempt  
to injure himself.

J. D. Rawlings, M.B.  
Dorking

12<sup>th</sup> May 1902.

Appearance:

The patient is below the medium height  
with dark hair commencing to turn grey.  
He is clean-shaven & his expression is  
depressed looking & somewhat furtive.  
The patient is fairly muscular & fairly  
well built for his size, he is well  
nourished & there is no sign of disease  
or pulmonary disease.

Phys. Exam:

Brain 1024

No signs of Alb.

Present Mental

Condition:

The patient is depressed, melancholic &  
deluded. He believes that he is an un-  
pardonable sinner, that he has committed  
crimes which have ruined endless people,  
that he is different to every one else in  
the world & that his case is utterly hopeless.

22<sup>nd</sup> May 1902.

The patient is self-absorbed & depressed.  
He cannot be induced to occupy himself in  
any way, he says that he has no strength,  
whereas he is in good bodily condition, & that  
it is useless as his case is hopeless. He does  
not take his food very well.



- 29th May 1901. The patient cannot be roused in any way  
 & will make no endeavour to occupy  
 his time: He sits or walks about  
 all day self absorbed & will converse  
 with no one. He is very depressed & very  
 deluded. His bodily health is good & he  
 is depressed & deluded. Says he has  
 robbed people of millions: will take  
 any part in game of the House is  
 quite self absorbed. M.H.
- Aug 26. 02. Slightly better but still <sup>depressed</sup> depressed,  
 is taking part now in the games & conversation  
 & eating better. M.H.
- Nov 12. 02. Is too weak again, but eating  
 & well & taking little interest in  
 anything apart from himself. M.H.
- Jan 26 03. No mental improvement C.D.
- April 03. No change C.D.

Admitted  
17<sup>th</sup> May 1902.

Herbert Charles Louley: 42.  
Married. In occupation. (Church of England).  
First attack. But previously under  
treatment. Duration of existing attack.  
Nine years. Supposed cause. Syphilis.  
Not epileptic, but rather dangerous.

Family History

No relative known to have been  
insane.

Personal History.

Married in 1892. He suffered from Syphilis  
a year previous to marriage. Has had three  
children, two of whom died of Syphilitic meningitis  
& the third shows Syphilitic symptoms.

He has been eccentric for some time,  
since his marriage he has been markedly  
so: Uncertain tempered & given to fits of  
hidden & violent temper for slight causes.

He has never been particularly intellectual,  
he failed at his Law examinations.

He had delusions of grandeur, but they  
have now passed away.

Copy of Certificate.

Absolutely incapable of taking care of  
himself—gesticulating in a wild manner  
& screaming in the public street.

M<sup>rs</sup> Louley (wife) informs me that he has  
been in the habit of screaming for 2 years &  
has been unable to take care of himself.

Sam. Bullivant

Burgess Hill

Surrey

16<sup>th</sup> May 1902.

Copy of Certificate.

Patient does not appear to understand  
what is said to him. He constantly repeats  
some meaningless and inarticulate sounds,  
making gestures with his hands & moving  
his head from side to side. He dropped a  
lighted cigarette on the seat of his armchair,  
& made no attempt to recover it. He  
seems to become excited at intervals, but  
never answers a question, or utters anything  
intelligible.

Job Atkins, his attendant, and Mr. Mead  
the Apothecary the medical man with whom he  
resides. Patient is getting filthy in his  
habits, refuses food, and screams violently  
without provocation.

(Charles Joseph Whitby, R.D. Const.  
Hymnston.

Burgess Hill

16<sup>th</sup> May 1902.

Appearance

The patient is a tall man of stout build  
his hair is commencing to turn gray & he  
wears a beard & moustache. His expression  
is dull & heavy & he is quite unable to  
articulate, but he makes inarticulate  
noises & screams violently at times.

Phys. Exam.

The patient is a tall fairly muscular  
man inclined to stoutness. His pupils are  
unequal & the L is somewhat dilated  
& very sluggish. He shows no signs of  
Cerebral or pulmonary disease.

Urine 1031

No albumen & sugar &

Phosphates.

Present Mental

Condition.

The patient is not capable of understanding  
much that is said to him & he is only able  
to use inarticulate sounds. He gives any

to foot of screaming if he is threatened or  
controlled in any way. He likes having  
a newspaper or book to hold in his  
hands, but he is unable to read the  
letters nor forward well.

24<sup>th</sup> May 1902

The patient is demented & fatuous.  
He is wet & dirty at times. He is  
fond of music & will sit quietly for  
any length of time in order to listen  
to it. His bodily health is good.

July 5. 02.

He appears very sick today; but  
his physical signs & his heat of  
temperature; he cannot give an  
answer clearly whether he is in pain  
or not. He

July 7. 02.

This morning I find that he has  
developed symptoms of pneumonia  
delirium, high pulse & breath & expectoration  
at base of rt. lung, Left lung is  
clear. No cough or dyspnoea,  
Pneumonia & pleural fluid ascertained, He

July 7. 02. 7 pm

Since this morning patient has  
got rapidly worse. Whole of rt. lung  
affected & spreading now to the left. He  
has become rapidly  
worse & died this morning at 7.15. He

July 8. 02.

Died



4 Holloway Sanatorium Hospital,  
Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 16<sup>th</sup> day of May 1902 189

I hereby give you Notice, That Herbert Charles Losley

24 a Private Patient, received into this Hospital on the 14<sup>th</sup> day of  
May 1902 189 died therein on the 8<sup>th</sup> day of  
July 1902 190

Signed W. D. Moore M.D.

Medical Officer

Dated the 10<sup>th</sup> day of July 1902 One Thousand

Eight-Hundred and Ninety

To the Commissioners in Lunacy

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name - - - - - Herbert Charles Losley

Sex and age - - - - - male 42

Married, single, or widowed - - - married

Profession or occupation - - - none

Place of abode immediately before  
being placed under care and  
treatment (if known) - - - 2 Malvern Road,  
Littlehampton

Apparent cause of death - - - 1. Pneumonia  
2. 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 } 7:15 a.m.

Duration of disease of which patient  
died - - - - - (1) two days

Names and description of persons  
present at the death - - - attendant Alfred H. Legge

Whether or not mechanical restraint  
was applied to deceased within  
seven days previously to death,  
with its character and duration,  
if so applied - - - no

Signed W. D. Moore M.D.

Medical Officer

Admitted  
18<sup>th</sup> May 1902.  
From Prodes Case.

Henry Ernest Emanuel. Oct 18.  
Single. No occupation. Jewish Religion.  
Second attack. Under treatment at  
Holloway Sanatorium. From 21<sup>st</sup> July 1900 to  
5<sup>th</sup> Feb. 1901. See Case Book I page 225.

Duration of existing attack. A few days.  
Supposed Cause: Previous Attack. Not  
Suicidal or epileptic. Threatens violence.

Family History.

His Grandmother was insane.

Personal History.

Previous attack. Admitted as a voluntary  
Prodes to Sanatorium 15<sup>th</sup> May 1902. See B. 222.

Copy of Certificate.

He is excitable and restless; expresses himself  
as much annoyed by questions; & states that  
he secreted stones in his pocket in order to  
injure those who speak to him. He also  
says that in consequence of inability to  
complete some garden work he has driven  
Devils & that he must go to Hell.

M. J. Drew  
Little Craft  
Egham.  
Surrey.

16<sup>th</sup> May 1902.

He is very suspicious, continually looking  
behind him, & in the corners of the room.  
He gets "hot in the head" he states, & is  
then inclined to be violent, especially if  
watched by those about him. Cannot continue  
long at any fixed employment & is generally restless  
& irritable.

G. Graham Hodgson.  
St. Adams Church.

16<sup>th</sup> May 1902.

Appearance

The patient is young looking for his age.  
He is dark & Jewish looking in facial  
expression - shy & fawning.

Phys. Exam.

The patient is small for his age, but  
otherwise he is fairly well formed. He  
is well nourished & there are no signs  
or symptoms of Cardiac or Pulmonary disease.

Present Mental

Condition.

The patient is restless & unsettled. He  
resents having been sent to the institution  
& states that there is nothing the matter  
with him, he admits that he easily  
becomes angry, but states that it is  
because the people with whom he comes  
staying treat him as a child & that this  
gave him great annoyance.

25<sup>th</sup> May 1902.

The patient is not so well mentally.  
He is mentally confused & he is unable  
to converse in a rational manner upon  
any subject, he does not occupy his  
time in any way & he is inclined to  
refuse his food.

July 14. 02

He has again & moved to his old  
bed. He is badly hallucinated.

Aug 14. 02

Delirious since about 10<sup>th</sup> + 12<sup>th</sup>  
has been through the a similar condition of  
excitement as on admission, but is now  
improving.

Aug 26. 02.

Moves into the new building just today, but  
the move seems to have upset him & he  
asks to go back to his old again, so returned  
last day.

Dec. 12. 02

Very noisy & troublesome again, back  
in the hospital.

21 Aug.

He is quiet and demented, is idle and indifferent.

1903.



- and smiles foolishly to himself. In fair health. *Ed?*
- 24 Sept. He is a present depressed and stuporous and refuses food. Lost 10 lbs in weight last month. *Ed?*
- 20 Dec. He is inclined to be excited & restless & behaves in a foolish purposeless manner. His physical health remains fair. *Ed?*
- 1904.
- 30 Mar. Has lately been maniacal and violent. Restless & full of foolish antics. Health fair. *Ed?*
- 30 June. So variable - sometimes depressed and inclined to refuse food, at times excited & inclined to be mischievous & violent. Health good.
- 8 July. Removed, relieved to Eton Hill Hospital Staffordshire. *Ed?*
-



Admitted

23<sup>rd</sup> May 1902.

James Inghowan: Oct 42.

Married Commercial Traveller.

Presbyopia. First Attack. Not previously under treatment. Duration of current attack: Two weeks. Supposed Cause: Not known. Not epileptic, suicidal or dangerous.

Mental History

Personal History Total Abstinence:

- Copy of Certificate (1) He made specific charges of unfaithfulness against his wife:  
 (2) He said he was being "sold up" by Mr & Mrs Harrington of Leicester.  
 (3) He was crying, incoherent and badly changed.  
 (4) He said he had to appear before the Magistrate on the charge of being the father of an illegitimate child.

His wife, Mrs Inghowan, says that several times when a cyclist has passed her house he has rushed out and accused the rider of having stolen his machine.

His sister, Mrs Roberts of the same address, says he is constantly talking & running about his bicycle having been stolen, although it is there before him all the time.

Arthur Edward Pearson  
 2, Millbourne Road.

Leicester.

14<sup>th</sup> May 1902.

Copy of Certificate. Articulation Defective. Believes he has been robbed of £122. Also of a bicycle.

Eliza Alice Inghowan (wife) 41, Severn St. Leics.  
 He thinks he has been robbed of various sums of money, & a bicycle. Wanted to push a coal box, old children's toys & so forth for a journey.

George Henry Craft M.D. F.R.S.

59, High Cross St.

Leicester.

21<sup>st</sup> May 1902.

Appearance. The patient is slightly above the medium height & of a stoutish thick set build. His hair is dark & he wears a short moustache. His facial expression is dull heavy & wanting in expression.

Phys. Exam. The patient is well built & muscular though somewhat inclined to become stout. His chest is well formed & he shows no signs or symptoms of cardiac or pulmonary disease. His speech is slow, thick & hesitating & there is marked tremor of the lips when speaking.

Present Mental Condition. The patient is very self-satisfied & has a very good opinion of himself. He is demented & cannot converse without rambling from the subject of conversation. He does not occupy his time in any way & takes but little interest in his surroundings.

30<sup>th</sup> May 1902. The patient's speech is somewhat more steady, & he expresses a wish to go back to his work. He is evidently a General Paralytic & has improved slightly since admission. His bodily health is good.

- July 14. 02. Shows signs of mental weakness, impaired memory for recent events, & slowness in answering questions. Cannot hold his position; marked flaccid tremor, feet trembled alone. *W.H.*
- Aug 14. 02. Still same above but. *W.H.*
- Nov. 15. 02. He not so well, his mental condition becoming more feeble & the paralysis after increasing. *W.H.*
- Jan 14<sup>th</sup> 03. P.T. was sent to the Infirmary as he became very weak in his legs and hands.
- April 03. P.T. has well marked tremor and is in a weak condition. *W.H.*

21<sup>st</sup> June 1903.

- 21 Aug. He is an advanced G.P. he is feeble & tremulous and his speech almost one continuous drawl. *W.H.*
- 24 Sept. He is very feeble, wet & dirty. *W.H.*
- 20 Dec. He is paralytic, wet & dirty. Feeble. *W.H.*
1904. 30 Mar. Advanced in General Paralysis. Wet dirty & feeble. *W.H.*
- 30 June. He has been excited, restless and destructive tearing his clothing to ribbons. *W.H.*
- 17 Sept. Remains in much the same condition, destructive &

## Holloway Sanatorium Hospital, Virginia Water

### NOTICE OF DEATH

Date of Reception Order, the 22<sup>nd</sup> day of May 1902.  
3 hereby give you Notice, That James Treshowman  
a Private Patient, received into this Hospital on the 23<sup>rd</sup> day of  
May 1902, died therein on the 7<sup>th</sup>  
day of September 1905.

Signed *W. Treshowman*  
Acting Medical Officer.

Dated the 8<sup>th</sup> day of September 1905 One Thousand

To the Commissioners in Lunacy.

### STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - James Treshowman  
Sex and age - male 45  
Married, single, or widowed - married  
Profession or occupation - Commercial Traveller  
Place of abode immediately before being placed under care and treatment (if known) - 11 Severn Street, Leicester  
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 - 2.5 A.M. No unusual circumstances. No marks as bruises  
Duration of disease of which patient died - uncertain, 3 to 4 years  
Names and description of persons present at the death - attendant Alfred H. Legge.  
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - no.

Signed *W. Treshowman*  
Acting Medical Officer.

July 14. 02. Shows signs of ...  
impaired ...

21 Aug.

24 Sept.

20 Dec.

1902. 30 Mar.

30 June.

17 Sept.

noisy. S.S.P.

1904. 16 Dec. An advanced S.P. noisy dirg & destructive S.S.P.

1905. 20 Mar. No marked progress of the disease: noisy & destructive S.S.P.

20 June. Feeble and paralytic but still very noisy & destructive to his clothing. S.S.P.

4 Sept. Patient's temperature rose to 100 F last night & this morning he is unconscious: breathing sterternally with twitching of the muscles of face & extremities. S.S.P.

6 Sept. He remains in a totally unconscious condition with high temperature & cannot swallow anything. S.S.P.

7 Sept. Patient became slowly worse throughout the night & morning and sank perceptibly about midday. He died at 2.5 p.m. in the presence of Mrs. Methman (wife) and Mr. A. Legge. S.S.P.



Admitted

23<sup>rd</sup> May 1902

Urgency:

Family history:

Personal history:

(Physiognomy):

Frank Lowry:

Ret. St.

Married: Brewer: Church of England.

First Attack: Not previously under treatment: Duration of existing attack.

Nine weeks: Supposed Cause: Intoxication.

Not Epileptic or Insidious: Dangerous?

No relative known to have been insane.

He believes he is the direct agent of God & that he has a great work to perform both for the Insane & for England: He will not agree to be directed by any reasonable advice. He says if opposed he would rather die or be shut.

G. H. Savage M.D.

3 Henrietta Street W.

23<sup>rd</sup> May 1902.

Appearance:

Height: 6 ft 3 in

Weight: 135 lb

Phys. Exam:

Vitals: 102.5°

No signs of ill health.

The patient is an exceptionally tall man, well built & muscular. His hair is dark & he wears a short moustache. His facial expression is somewhat harsh & uncertain temper looking, & he looks somewhat excited & furtive.

The patient is well built, 41 in round the chest, & muscular: He is well nourished in very good bodily condition: There is no sign of any cardiac or pulmonary disease.

Present Condition:

St Ann's Heath.

Virginia Water.

1. 6. 02.

Left Cork.

My dear Walter (Lord Liverpool)

I heard this morning

that you were going to see Horace at Oxford, so thought I would write you. Have you been up to Liverpool lately I am astonished if you have not knowing how well you know towards that direction. There is Horace going over to Germany.

20th.

A.

P.

U.

L.

N.

T.

F.

S.

M.

W.

T.

F.

S.

M.

W.

T.

F.

S.

Jan 30.

July 14. 02.

I had frequent attempts to escape & transfer to Cork. I was detained & related then to. Control over himself so that he claims the Crown. My deluded & related, at times noted, by that he owns the whole place & has a right to break it up. Ref.

Label: on sent thing the as reading his for: He: he has he called on something is time still t here & ng the ation the appear ch referred to explain ned to he was portant would work.

St Ann's Heath.

Virginia Water.

1. 6. 02.

My dear Walter. (Lord Liverpool)

I heard this morning

that you were going to see Horace

at Oxford, so thought I would

write you. Have you been

up to Liverpool lately I am

astonished if you have not

knowing how well you lean

towards that direction. When is

Horace going over to Germany.

Lord Liverpool kindly  
Cork  
Bdger.  
Lord Cork.



Each door is double locked & if I managed  
to get out over wall I am caught.  
I will do my best in here until wanted  
outside. You're a kind fellow leading  
me into this trap. Is Uncle John  
Aunt Florence & Irene at Dresden.  
Perhaps you would like to hear what  
I have been doing today. Sunday.

The Gospel teaches us if we can find a  
wandering sheep to go forth & bring it back  
to the fold. I have had my eye on a wandering sheep.  
Last night I eat salmon had a leap  
in a waterfall early this morning  
with Red, White, Blue pygamas & salmon  
net but finding that the lax-weave  
was not big enough for me

to go up river returned down  
stream & played fiddle. Finding a  
wandering sheep after Church sang the  
Bell-fest at lunch. Drew people  
& christened the Black-bottle  
Sier - Port Morgan at Cork,  
broke it & made a Liver-pool  
of New York. I am now writing  
South-Hampton & perhaps you will  
too to tell Portsmouth to hoise a  
Royal Salmon Standard. I have  
wound my Salmon handkerchief with  
green Virginia Creeper all over it.  
The Virginia Creeper this year is turning  
red very quickly because of the rain.  
Carried my fiddle out & played a tune  
Onward Christian Soldiers &c. Long bye to  
Better the day  
Better the dead. Gas Frank.



he ought to go over there & see the  
German Emperor's yacht race. I  
believe the boats start very soon.  
It has been pelted with rain  
all day practically here but I  
have been indoors writing nearly  
the whole day. I heard you were at  
the opera the other night. Have you  
seen Jennie Evans lately.  
There is a girl here very much like  
her. I feel much better & shall be  
glad to get out of this place  
to have a bit more liberty. I  
have generally two attendants just  
close home & another at the gates  
so there is no chance of escape

A.  
Prefix Code

POST OFFICE TELEGRAPHS.  
(Inland Telegrams.)

No. of Telegram

Office of Origin and Service Instructions.

Words.

Sent

At

Charge.

To

By

For Postage Stamps.

The Stamps must be affixed by the Sender, and must not overlap. Any Stamp for which there is not room here should be affixed at the back of this Form.

A Receipt for the Charges on this Telegram can be obtained, price Twopence.

NOTICE.—This Telegram will be accepted for transmission subject to the Telegraph Acts, the Regulations made thereunder, and the Notice printed at the back hereof.

TO { *Hale*  
*Launcester Gate*  
*London*

|                     |                  |                      |             |
|---------------------|------------------|----------------------|-------------|
| <i>Frank</i>        | <i>pearl</i>     | <i>violin</i>        | <i>ruby</i> |
| <i>Nora</i>         | <i>ring</i>      | <i>Strutters</i>     | <i>Dona</i> |
| <i>Bond</i>         | <i>Street</i>    | <i>Jewell</i>        | <i>the</i>  |
| <i>diamond</i>      | <i>Merchants</i> | <i>Goldsmiths</i>    |             |
| <i>Silversmiths</i> | <i>Thimble</i>   | <i>Manufacturers</i> |             |

FROM {

The Name and Address of the Sender, IF NOT TO BE TELEGRAPHED, should be written in the

(THIS PAPER MANUFACTURED AND PRINTED BY McCORQUODALE & CO. LIMITED.)

12  
words,  
6 D.  
Every  
additional  
word,  
1  
2 D.  
Every  
word  
tele-  
graphed  
is charged  
for,  
whether  
in  
addresses  
or text.



#### NOTICE TO THE SENDER OF THIS TELEGRAM.

1. The charge for transmission will cover the cost of delivery:—

(a) If the address is within three miles from the Terminal Telegraph Office, or within the limits of the Town Postal delivery of that Office when it is a Head Post Office if that delivery extends to more than three miles.

(b) If the Sender desires it to be forwarded by Post from the Terminal Telegraph Office and shall write the words "Post," or "Post ————" (naming the Office at which the Telegram is to be posted) at the end of the address of the person to whom it is to be delivered.

2. In case the address be beyond the above described limits of free delivery and the Sender does not write the words "Post," or "Post ————" (naming the Office at which the Telegram is to be posted) at the end of the address, this Telegram will, in the absence of some exceptional arrangement with either the Sender or the Addressee, be delivered by Special Messenger.

3. The charge for delivery of this Telegram at any address beyond the limits of free delivery will be at the rate of 3d. for each mile, reckoned from the Terminal Telegraph Office to the address of delivery. Provided that any fraction of a mile beyond a complete number of miles shall be reckoned as a mile. This charge will be payable by the Sender and should be prepaid.

If the Sender desires this Telegram to be forwarded by Train from the Terminal Telegraph Office, he must write the word "Train" at the end of the address, and must pay the actual cost of the conveyance, if such cost be known, or must deposit 1s.

The Sender may prepay a reply not exceeding in length 48 words. In such case a Form of Pass will be handed to the Sender, which will, within two months from its date, frank any Telegram not exceeding in length the number of words specified in the Pass. If the Pass be not used, its value will be paid to the Sender of the original Telegram on application being made to the Secretary, General Post Office, London, Dublin, or Edinburgh, as the case may be. The Pass is not valid for repetition.

A Telegram may be repeated if the Sender desires to adopt this security against the risk of error. The charge for repetition is 1d. for each transmission, any fraction of a 1d. less than  $\frac{1}{2}$ d. being reckoned as  $\frac{1}{2}$ d. If containing mercantile communications, a Telegram ought always to be repeated.

The General will not be liable for any loss or damage which may be incurred or sustained by reason or on account of any fault in the transmission or delivery of a Telegram.

Any Telegram sent by this Office should be made within three months from the date of its transmission, after which time it will not be repeated.



A.

Prefix \_\_\_\_\_ Code \_\_\_\_\_

## POST OFFICE TELEGRAPHS.

No. of Telegram \_\_\_\_\_

(Inland Telegrams.)

Office of Origin and Destination Instructions.

Words \_\_\_\_\_

Sent \_\_\_\_\_

At \_\_\_\_\_ M.

To \_\_\_\_\_

By \_\_\_\_\_

Charge \_\_\_\_\_

## For Postage Stamps.

The Stamps must be affixed by the Sender, and must not overlap. Any Stamp for which there is not room here should be affixed at the back of this Form.

A Receipt for the Charges on this Telegram can be obtained, price Twopence.

NOTICE.—This Telegram will be accepted for transmission subject to the Telegraph Acts, the Regulations made thereunder, and the Notice printed at the back hereof.

TO { *First Lord of the Treasury.*  
*10 Downing Street.*  
*Whitehall.*

|                 |              |               |            |              |
|-----------------|--------------|---------------|------------|--------------|
| <i>Frank</i>    | <i>Leuey</i> | <i>claims</i> | <i>the</i> | <i>Crown</i> |
| <i>writing.</i> |              |               |            |              |
|                 |              |               |            |              |
|                 |              |               |            |              |
|                 |              |               |            |              |

FROM {

The Name and Address of the Sender, IF NOT TO BE TELEGRAPHED, should be written in the Space provided at the Back of the Form.

(THIS PAPER MANUFACTURED AND PRINTED BY M<sup>C</sup>CORQUODALE & CO. LIMITED.)

12 words,  
6 D.

Every additional word,

1/2 D.

Every word telegraphed is charged for, whether in addresses or text.

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6. A Telegram can be repeated if the Sender desires to adopt this security against the risk of error. The charge for repetition is one-half the charge for transmission, any fraction of a 1d. less than  $\frac{1}{2}$ d. being reckoned as  $\frac{1}{2}$ d. If containing mercantile quotations or code words a Telegram ought always to be repeated.

7. The Postmaster-General will not be liable for any loss or damage which may be incurred or sustained by reason or on account of any mistake or default in the transmission or delivery of a Telegram.

8. All applications respecting this Telegram should be made within three months from the date of its transmission, after which period it will not be kept.

Name and Address  
of Sender.

(FOR REFERENCE ONLY.)

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NOTICE.—This Telegram will be accepted for transmission subject to the Telegraph Acts, the Regulations made thereunder, and the Notice printed at the back hereof.

TO { Queen Maupia Alexandra.  
16 Lancaster Gate  
London.

|      |         |         |     |             |
|------|---------|---------|-----|-------------|
| 7eri | in      | buck    | hau | palace      |
| ring | Royal   | Hunt    | Cup | Frank       |
| The  | Phoenix | William | III | Sanatorium. |
|      |         |         |     |             |
|      |         |         |     |             |

FROM {

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(THIS PAPER MANUFACTURED AND PRINTED BY M<sup>C</sup>CORQUODALE & CO. LIMITED.)

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Name and Address  
of Sender.

(FOR REFERENCE ONLY.)

Admitted

23<sup>rd</sup> May 1902

Urgency:

Frank Leney:

Oct 31.

Married: Brewer. Church of England.

First Attack: Not previously under treatment: Duration of existing attack.

Nine weeks: Supposed Cause: Unknown

Not Epileptic or Insidious: Dangerous?

Family History:

No relative known to have been insane.

Personal History:

Copy of Antepastor:

He believes he is the direct agent of God & that he has a great work to perform both for the Mission & for England: He will not agree to be ~~directed~~ directed by any reasonable advice. He says if opposed he would rather die or be shut.

G. H. Savage M.D.

3 Henrietta Street W.

23<sup>rd</sup> May 1902.

Appearance:

The patient is an exceptionally tall man, well built & muscular. His

Height: 6 ft 3 in

Weight: 135 lb

hair is dark & he wears a short moustache. His facial expression is somewhat harsh & uncertain temper looking, & he looks somewhat excited & furtive.

Phys. Exam:

The patient is well built, 41 in round the chest, & muscular: He is well

Vitals: 102.5

No signs of ill health

nourished in very good bodily condition: There is no sign of any cardiac or pulmonary disease.

Present Mental Condition

The patient is somewhat excitable & restless, he resorts having been sent here & states that there is nothing the matter with him. He converses readily but it is very doubtful if all his statements are to be relied upon. He is probably deluded but so far he has mentioned nothing that can be called a delusion.

30<sup>th</sup> May 1902.

The patient has settled down somewhat & he plays tennis & occupies his time in a sensible manner. He is still resentful at having been sent here & still states that there is nothing the matter with him. In conversation the other day he told the Medical Officer that several pictures in Punch referred to him; but upon being asked to explain he said that he was not allowed to do that. He also hinted that he was constituted to do some very important work by the Almighty, but he would not state the nature of the work.

Jan 30. 02.

His bodily health is good. Has been very restless for last 14 days & has frequent attempts to escape transferred to bed. Is more deluded & excited than his. Content with himself & that he claims the Crown. July. Very deluded & excited, at times restless, & that he owns the whole place & has a right to break it up. Feb.

July 14. 02.



- Aug 14. 02. Now has delusion, that he is being  
poisoned, is still a. restless & has  
the same grandiose delusion, is  
not in any way amenable to  
treatment. has a slight attack of  
pharyngitis for which he requires treatment. He  
is rather quiet, but still has  
the same grandiose delusion & ideas of  
poisoning, is more sure of the main  
building.
- Sept. 9. 02. Since above note he has remained  
in main building until today, when he  
became very violent again. Threw an  
empty J.P. out of a chair & started  
up the ornaments of his room, when  
he was told to stop.
- Sept. 14. 02. Very quiet, at times violent. to this  
and him, says he is "feared king"  
of the world he can do as he  
likes.
- Oct 5. 02. his improvement, destructive to the  
property of the place. Continually  
fills with the delusion that he is  
poisonous, last night. caused himself to  
wound by drawing his fingers down his  
throat.
- Nov. 1. 02. his improvement. in his condition. has  
the same delusion that. caused his  
conduct.  
Is reported to have had some blood &  
to be treated by blood.  
The examination was much hindered  
by the patient objecting to it.  
There appears to be some weakness in the

manic  
of del.

- breath for at the 1st. Apr, I could  
not detect any crepitation or any release  
of vocal resonance but there appeared  
to be a slight difference between the two  
lungs in percussion.
- Dec 29. 02. Today brought in the  
To day discharge not improved



Admitted

17<sup>th</sup> June 1902.Thomas Whittle

Aet. 60:

Married: Lam Joseph Painter: Strict Baptist.  
 Second Attack: Previously under treatment  
 at Holloway Sanatorium. Duration of existing  
 attack: About five weeks. Supposed Cause:  
 Previous Attack: Not Epileptic, Suicidal &  
 Dangerous.

Family History:

A sister was insane.

Personal History:

The patient was admitted into this  
 institution on 1<sup>st</sup> Oct: 1897 & was discharged  
 renewed 31<sup>st</sup> Dec: 1897. See Case-book VIII  
 page: 227.

Copy of Certificate:

Has a wild & restless look. Talks incessantly  
 with facts & delusions mingled. Says that he  
 is inspired from on high. Is convinced that  
 the world is flat & surrounded by ever burning  
 fires.

By his wife, Elizabeth Whittle, of the same  
 address. Her husband had a similar attack  
 4 years ago when he was in Virginia Water  
 Sanatorium for 3 months. He has been  
 getting worse, troublesome & unmanageable  
 for 3 or 4 weeks. Has many delusions.

Frederick Beard.

The Crossways.

Croydon.

11<sup>th</sup> June 1902.

He mimes all sorts of ideas, religious, scientific  
 &c in his talk, thinks he is talking to spirits,  
 that he will be contaminated by touching  
 the flesh of other people. Sings & shouts &  
 smokes constantly.

Copy of Certificate By his wife, Elizabeth Whittle of 20  
Upper Combe St. That he is noisy &  
unmanageable, that he lies on the floor  
& says he is keeping the Demons down,  
thinks he is preaching & teaching (while  
talking nonsense) that in the streets  
he spits on strangers faces reproves  
them.

Henry William Drew.

Eastgate.

East Angdon.

10th June 1892.

Condition  
on admission

Physical appearance aged & unkempt,  
tawny grey skin pallor.  
Head: Not weak -

Lungs ✓.

Heart - Bad -

Acute Stomach -

Mental: in a condition of sub-acute  
mania, talking incessantly, conversation  
illy & incoherent, & answers quite  
incoherent - W.H.

July 1. 02.

Is less restless but conversation  
illy & incoherent. W.H.

July 14. 02.

has changed since above note. W.H.

Aug 14. 02.

Has been very restless & noisy again  
but is now becoming quieter, conversation  
quite incoherent & rambling. W.H.

Sept. 14. 02.

At times being very restless, conversation  
at times coherent, but in general still  
illogical & incoherent. W.H.

Oct. 6. 02.

Today transferred to St. Luke's Hospital W.H.

Admitted Edgar Lindsay Augustus Stringer 1st 48.  
 12<sup>th</sup> June 1902 Single, no occupation. Protestant. First  
 Attack: never previously under treatment.  
 Duration of existing attack: about 6 months.  
 Supposed cause: unknown. Not epileptic.  
 Suicidal or dangerous.

Family history

Personal history

History of Illness. He was in a state of excitement - he expected  
 his parents (who have been dead many years) to  
 come to transact some business. In one minute  
 he would ask one to go for a long cycling ride  
 with him, in the next, informs one that he  
 has serious heart & stomach disease (of which  
 he has neither signs nor symptoms) & is hardly  
 able to move. During past six months he  
 has suffered from the following delusions.

That he is being poisoned by his landlady  
 That the King & Queen were coming to visit  
 him & that he had been sent for to  
 Buckingham Palace.

J. H. Wilson his male attendant of 15 Great  
 Margatone Street, tells me that he stops  
 people in the street to ask if they have seen  
 his mother.

Spencer Harcourt L.R.C.P. & R.C.P.S.  
 15 Old Burlington Street  
 London: W.  
 8<sup>th</sup> June 1902.



Copy of Certificate: He is subject to delusions. Among other things he told me that he was in Ireland, that he had just spoken to his father who has been dead several years. That he had written a few days since Sir Richard Lush who has been dead several years.

His attendant, John Henry Wilson of 15 G. Marlborough Street told me that he sometimes addresses strangers in the Street as if they were old friends, and that he sometimes goes to strange houses and asks to see his father, and that he pays no attention to the management of his affairs.

David Perrier, M.D.  
36 Cavendish Square  
London. W.  
9th June 1902.

Condition on admission

Physical. Well built man, looking older than his years, turning grey.

Head - Lungs

Height 5ft 10 Weight 118 1/2

Weight 10 23. As age or alt.

Reflexes normal.

Mental. Depressed hypochondriacal & deluded. Says that he saw his father two days ago & spoke to him. Then informs he has been dead several years.

July 1. 02 Is in the same hypochondriacal & deluded condition on admission, fancying that he has been recently run over by a cart - is suffering with a boil on his left cheek for which he is under treatment. *24.*

July 14. 02. More obstinate & resentive, appears to have complete loss of memory for recent events. *24.*

Aug. 18. 02. Demented & unemployed, has recollections on his face self inflicted. *24.*

Sept. 14. 02. No change. *24.*

Oct. 02. No change. *24.*

Nov. 02. No change mentally. *24.*

Jan. 26. 03. P. has been in the infirmary several times lately as he picks his face causing sores which fester. He is more excitable than he was. *24.*

Feb. 03. No improvement in patient's mental state. *24.*



903  
May. He is deluded that he is the king of England & other great personages - becomes excited when addressed and says he has given orders for this place to be closed tomorrow as he is going to Buckingham Palace. In good health.  
24 Sept. His delusions continue and he becomes

- excited and abusive. In good health. *GS?*  
 20 Dec. He is deluded, noisy, & abusive. Health good. *GS?*  
 1904. 30 Mar. His delusions as to being King persist, & he is frequently abusive & threatening. General health fair. *GS?*  
 30 June. Deluded, noisy and abusive: unoccupied. Health fair. *GS?*  
 17 Sept. No mental or physical change. *GS?*  
 16 Dec. Has many grandiose delusions; that he is king etc. Very noisy and abusive. Health fair. *GS?*  
 1905. 20 Mar. No mental or physical change. *GS?*  
 20 June. Noisy and abusive. Imagines he is king and condemns all around him to sudden & violent deaths. Health fair. *GS?*  
 10 Sept. No mental or physical change. *GS?*  
 20 Dec. Works himself up suddenly into the most extravagant passions and condemns all around him to death. Deluded that he is the Emperor of Germany etc. Health fair. *GS?*  
 1906. 22 Mar. Passionate & violent & deluded as to his identity. Incapable of any occupation. *GS?*  
 10 June. No mental change. Health fair. *GS?*  
 8 Sept. Will remain quiet for quite long periods, and then all of a sudden will burst into a fury and exclaim: 'You die tonight: the Emperor says so'. He nearly always uses the same identical words. Although he works himself up into a great rage he is never violent to others. *CHD.*  
 9 December. Deeply minded, with delusions of grandeur. Silent, and incapable of occupying himself. *CHD.*  
 1907 5 February. No mental or physical change. *CHD.*  
 23 May. Will converse quite mildly to the attendants, but breaks out into a passion during the medical officers' visits, shouts at the top of his voice, and

- condemns everyone to death. Health fair. *CHD.*  
 20 August. No mental or physical change. *CHD.*  
 15 November. Violent and abusive with quiet intervals. Deluded that he is a general in Germany. *CHD.*

Cont'd Case Book A, P. 369.



Admitted  
12th June 1902  
Weymouth.

George John Grant. 65. 60.  
Married. Insurance Office. Church of  
England. First attack. twice previously  
under treatment. Duration of existing  
attack. Ten days. Supposed cause:  
Overwork & worry. Not epileptic or  
dangerous. Is suicidal.

Family History

A sister has been insane.

Personal History

Copy of Certificate. He is suffering from Melancholia & has  
suicidal tendencies & he says that he has  
lost the power of self-control; that he is  
constantly under the influence of  
impulses in which he wishes to throw  
himself out of the window or under the  
trains. He says that he wishes to become  
annihilated: that he fears he will never  
get any better: & that he is now incapable  
of doing any business.

William Wabham Player  
Egham  
Surrey.

12th June 1902.

Condition on  
Admission

Physical: Emaciated, dishevelled appearance,  
worn face.  
Heart: Not feeble & weak -  
Lungs &  
Hæmoglobin - Waged.  
Winn 1005. As far as alt-  
erated. is he a Condition of Melancholia  
hypochondriacal. Says that he has  
killed my one & is not fit to live.

Wb

Jan 19.02 Is rather more cheerful than on  
admission but still very hysterical &  
hypochondriacal. Wb.  
Jan 30.02 More anxious & depressed following  
the visit of his friends, taking food  
badly. Wb.  
July 14.02 Has for the last few days been  
refusing his food, now has to be  
fed with the stomach tube, weak  
& emaciated, will not. now curv. Wb.  
Aug 14.02 Has been much more cheerful  
taking his food of his own free will  
& trying to make an effort to take  
an interest in things. Says that he  
suffers again the depression  
following a visit of his friends. Moves to  
his 'gully', does not now occupy  
himself in any way. Wb.  
Oct 1.02 Depressed & lost interest, does not.  
Curv. As usual - but then he  
occupies himself in any way. Wb.  
Nov 6.02 No alteration. Wb.  
Dec. 02 It is very depressed. Wb.  
Jan 16th 03 It does not so well as he  
was he gets very depressed indeed at  
times.  
April 20.03 No improvement since the last  
note. Wb.  
23 Aug. He is very depressed, when  
addressed sighs heavily  
and cannot give any  
reason for his condition.  
He is in fair health but.  
24 Sept. He is still very depressed, but



1 July 1903.

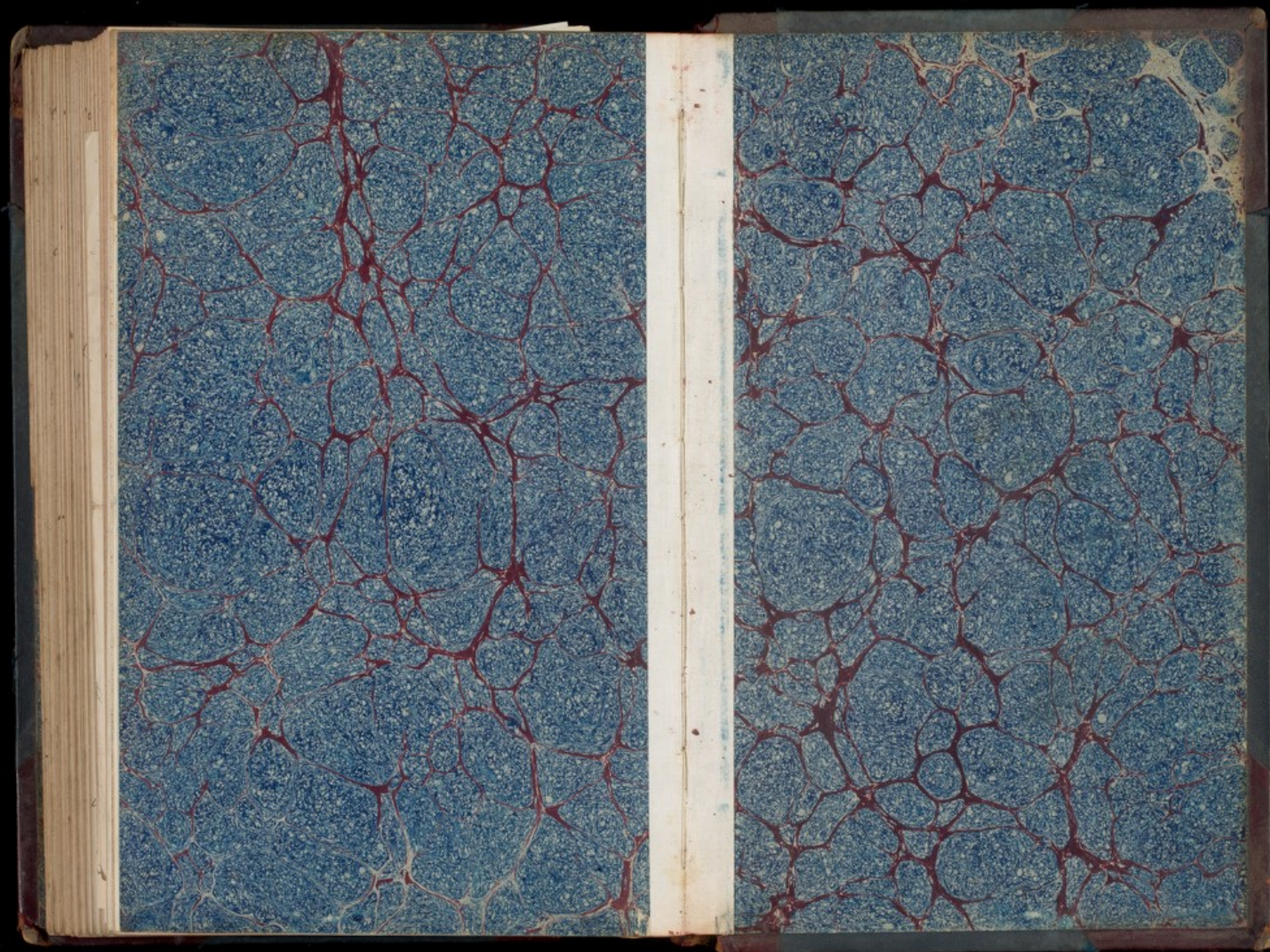


23 Dec. 1904. can give no reason for it. In good health. <sup>But</sup>  
 Went on leave of absence on trial for  
 three calendar months. <sup>But?</sup>  
 3 Mar. Discharged, relieved; on the authority of the  
 Petitioner. <sup>But?</sup>

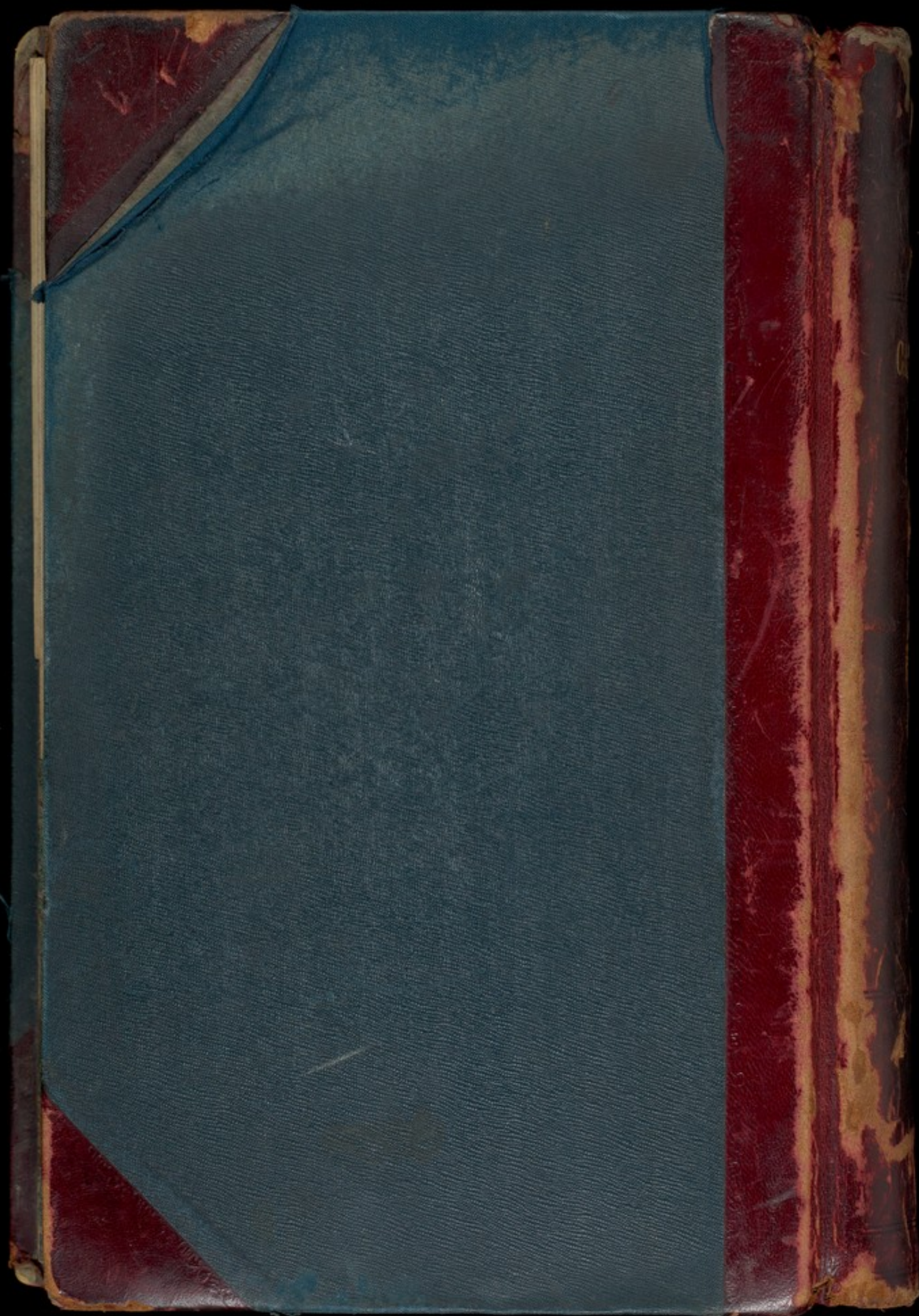
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C. F. Beard 37.  
R. S. Brandon 74.  
G. H. Haggbladh 137.  
D. H. Savage 260.  
J. K. Hammond 225.  
H. D. Carter 322.  
H. H. Garrison 307.  
J. D. Drake 355.  
F. L. Simonds 338.  
R. Kelle 367.  
G. L. Hinger 653.











CASE BOOK  
N<sup>o</sup> 11  
MALES