Females no. 17: Certified female patients admitted August 1905- March 1907

Publication/Creation

1905-1918

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THE

MEDICAL

CASE BOOK.

AS PRESCRIBED BY THE COMMISSIONERS IN LUNACY.

London:
SHAW & SONS, FETTER LANE AND CRANE COURT, E.C.,
PRINTERS & PUBLISHERS OF THE BOOKS & FORMS OF THE LOCAL GOVERNMENT BOARD, FACTORY INSPEC
BURIAL BOARDS, COMMISSIONERS IN LUNACY, COUNTY COURTS, FRIENDLY SOCIETIES, &c., &c.
Lunacy E.—(J—8-99)

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

CASE BOOK.

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

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

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

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

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

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

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

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

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Annan Jessie 339 Dis.

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Bamd Margaret 7 Dis.
Burgoyne Elizabeth Ellen 10 (marg. Relieved)
Burman Wm. S. C. 103 Dis.
Brock Catharine S. 113 Dis.
Brotz Margaret 121 Dis.
Bowman Isabella Rose 155 Dis.
Bignell Mary Ellen 179 Dis.
Butler Edith 58 2/1864
Bowcott Ada 253 Dis.
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Frieth dus. 355

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Godsed . . E . . 327 Dies
Gay Gertrude Lavinia 419 Dis

Hardy Elizabeth Page 67 Dies
~~Hazeltemen~~ Amelia Jane 145 Dis
~~Hargrave Ida Hargrave~~ 139 Dis d
Hargrave Ida Hargrave 142 Dies
Hubbard Frances 205 Dis
~~Harding~~ Ann 335 Dis
~~Hawkins~~ Florence 359 Dis
~~Haydon~~ ~~Emily Trevelyan~~ 395 Dis
Hanson Mary Machin 437 Dis

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

Jackson Helen page 45 Dis
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~~Anglis Gertrude Ellen~~ 435 Dis

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Kirkpatrick Maud Wilford Page 295 died
Kirk May 363 Dis.
397 Dis.

Lewis Margaret Page 17 Dis
Langlottam Perrie Hilda 35 Dis
Lester Lamb Marion 125 dis.
Legge Margaret Emily Agnes 279 Trans.
Lush Annie Bonge 383 Dis
Lockhart Kennedy Alice 427 Discharged
Lees Cowie Antoinette 433 Dis

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

Mc Lees	Daisy		73	Dro
Manning	Elizabeth	Jane	55	Dro
Montfort	Mary	Evans	169	Died
Murphy	Annie	Mary	193	Dro
Matthews	Olive		229	Dro
Marriott	Annie		233	Died
Malden	Eliz	Anne	257	Dro
Millard	Viva		303	Dro
Miller	alice		315	Died
Hanna	Annie	Marion	409	Dro
Myron	Ellen	Evelyn	113	Dro

M
N
O
P
Q
R
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V
W
X

	~~Charlotte~~ ~~Mary Jane~~			
Palfrey	Madeleine Phyllis		Page	25 Dis
~~Parker~~	~~Madeleine~~ Phyllis			29 Dis.
Plumbridge	Rosa	Annie		169 Dis
~~Poole~~	Bertha	Mary		189 Dis
Palmer	Mary	Annie		196 Died
Pallines	Edith	Mary Meiner		13/5 Dis
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U
V
W
X

Stephens Jane Paynton Page 93 Dis.
Spencer Caroline Stone 159 Dis.
Simmons Mary 271 Dis.
Schooley Mary Jane 319 Dis.
Stackhouse Annie Jane 391 Dis.

Thomson Alice Page 21, 33, 8.
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Thompson Maria 323 Dis.

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Van der Gucht. Ellen Maud

Page 175,182,
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291 Dis

Wacker	Anna		Page 1	Dis.
~~Wadkins~~	Kathleen	Gibbs	11	Dis.
Williams	Emma	Edward	39	Died.
~~Watkins~~	Mary Ann		69	Dis.
~~Wright~~	Josephine	Henrietta	97	Dis.
~~Williamson~~	~~Emma~~	~~Sara~~	149	Dis.
Ware	Mary		237	Died
Weller	Elijah	Rev.	331	Dis.
Whymark	Mary	Constance	371	Dis.

2873

Amy Wacher

Ad. Aug. 8 1905
RO May 1905

39 single no occupation, Ch of England, Previous address Holloway Sanatorium Oct 1901 – Oct 1902, May 1904 May 1905?- Duration of existing attack unknown supposed course previous attacks Not S. D.

First certificate

Is very depressed & melancholy weeps & groans says she is much worried by voices perpetually in the night which read her inmost thoughts. Is sometimes tempted to injure herself

5 Aug 1905 (Signed) G. G. Hodgson of Chertsey

Second certificate

corroborates

5 Aug. 1905 (Signed) W W. Hoyes of Egham

Previous history

See case book XIII Page 103.

Admitted May 21 1904 (discharged May 13 1905) was discharged recovered May 13 1905 and after some weeks at home returned as V. B - June 1905 was disappointed in her plans and gradually became more & more depressed till she had to be certified. Aug. 8. 1905

Condition on admission A. Physical

Pallor III
Wt. St. ½
Ht. 5 ft 4½

Patient is poorly developed and ill nourished Her ears are malformed and the hard palate much arched. Teeth are poor (upper artificial denture) complexion sallow, mucous membrane anaemic.

The chest is rachitic but heart & lungs present no physical signs of disease except a blurring of the first sound on the Pulmonary area.

No abnormalities to be noted in abdomen. but marked constipation -

Catamenia normal.

No abnormalities to be noted in deep or superficial reflexes.

Urine - 1028 acid very heavy deposit of urates - no albumin, sugar.

B. Mental Melancholia

Patient is deeply depressed, sits listless & unoccupied all day, refusing any attempt at conversation occasionally weeping - Her habits are untidy her appetite poor - She says her food is tasteless and she is rather sleepless.

She admits that "voices" trouble her much especially at night and says she is sometimes tempted to injure herself

Aug. 15 - Patient is improving slightly, talks a little occasionally plays a game of croquet but is still very depressed & listless. S.M.P.

Aug. 22 Patient continues as described in last note. S.M.P.

Aug. 29 Patient is slightly less depressed talks a little more but is still unoccupied & troubled by voices S.M.P.

Sept. 5 — She continues as described in last note. S.H.P.

Oct. 3. — Patient is still very depressed, sometimes sitting silent and refusing to speak, quite unoccupied for the whole day but she has lately had brighter intervals in which she has joined in a game of whist and taken up needlework again. She is now taking her food better and sleeping well. S.H.P.

Nov. 2 — Patient is gradually becoming less depressed talks a little and takes an interest in needle work again. She continues to improve physically. S.H.P.

Dec 3 — Patient who has been excited for the last four days throwing books and utensils about the room has a bad epileptic attack today and had her stomach washed out with a solution of Pot. Permang. She is getting Veronal gr. iii in evening gr. ii at night. S.H.P.

Dec. 13 — Patient today attempted to burn herself by putting her handkerchief through the fire guard and endeavouring to set fire to her clothes. S.H.P.

Suicidal tendencies

1906

Jan. 16 — Patient is now very depressed, talks a little and occasionally plays a game of cards. She has lost weight during her last attack and is now taking medicine while Parmon is being added to her food. She is also being treated for anaemia. She is still very sleepless. S.H.P.

Feb. 17 — Patient continues depressed, silent and unoccupied she is now regaining weight. S.H.P.

May 15 — Patient still depressed, silent and unoccupied but sleeping better. S.H.P.

Aug. 26 — Patient continues very depressed silent and unoccupied + answering only in muttered syllables when addressed + sleeping fairly well and taking food badly. S.H.P.

Nov. 10 — Patient still very depressed, sitting with head bent quite unoccupied all day or walking restlessly about the room She refuses to enter into conversation but mutters monosyllabic replies. S.H.P.

1907 Jan. 6 — Patient is suffering from a mild attack of influenza. S.H.P.

" 22 — Patient has quite recovered from influenza - is again in Ward III - very depressed - quite unoccupied troublesome over food and occasionally violent towards the other patients. S.H.P.

Feb 26 — No mental change S.H.P.

May 27 — Patient is still much depressed, quite unoccupied troublesome over food and very disagreeable She has marked delusions of persecution and audible hallucinations S.H.P.

Aug. 31 — Patient is somewhat less depressed, takes better to dress and person, is occasionally occupied She is still very silent, keeping apart from others as much as possible hallucinations still present but delusions of persecution less violent. S.H.P.

Nov. 29 — Patient has been very troublesome violent destructive smashing windows etc and refusing food - was tube fed for four days. She is very sullen refusing to speak occasionally alleging cruelties (assaults) practised on her by the Staff. S.H.P.

Dec. 13 — Patient was discharged not improved going to Camberwell House She was examined before leaving and found to have no physical signs of disease and to be free from marks and bruises. S.H.P.

Discharged.

2877- Amalie Johanna Sophie Baase.
Ad. 22 Aug. 1905 36 married, Church of England Previous addn
R 22 Aug. 1905 38 Dringwall Rd Croydon First attack 5 yrs
duration 7 days - suppose cause not given
Not P.S.D

First certificate She was sitting at the head of the bed on the pillow without her night dress. She refuses to put this on as it has been changed so as to enable her to sleep. Her manner is wild and her appearance that of a person suffering from mania. She told me that her tooth brush is poisoned and she refuses to use it also that her comb which was poisoned yesterday is now all right.
22 Aug. 1905 (Signed) A. P. Albree.
of S. Croydon

Second certificate corroborates.
H. Head
Harley St. London

Previous history (from husband) Patient who married eight years ago has never been robust though she had had no serious illnesses up to that date. She has had three children (no miscarriages) the youngest was born last Sept. and died at Xmas - the two surviving children aged seven & four are healthy.

Since birth of last child patient has not been strong, had a week's holiday three months ago and otherwise early in the year. She felt the loss of her baby (Xmas 1904) very deeply.

The present attack is of ten days duration

but previous to it she had written to her husband that she was feeling very ill. He returned home and two days after he noticed that she was suspicious of his slightest actions and next day (19th inst.) she became very excited, declaring that her husband was deceiving her that everyone in the house was in league against her etc - She was then sent to a nursing home to undergo electric treatment but refused to stay, became more & more excited and was finally certified -
The nurse who brought her here says that she is badly constipated, occasionally refuses food altogether but sleeps well -

Family History No insanity in family - (Husband first cousin) Patients mother died of phthisis - also sister and maternal grandmother.

Condition on admission. A. Physical

Patient is a medium sized well developed well nourished woman with dry dark hair, hazel eyes & bright complexion - Her teeth are good (some crowned) tongue clean - mucous membranes good colour.

Heart and lungs present no physical signs of disease. Pulse 78 regular in rate and rhythm medium tension, vessel wall healthy.

There are no abnormalities to be noted in abdomen - well marked linea nigra - (march Feby last?) catamenia is now said to be normal.

Patient is said to be rather constipated -

Pupils equal and regular, react well to L. A. Knee jerks & cremasteric - Deep reflexes are present no ankle clonus, superficial reflexes healthy.

Urine 1024 acid tinc, heavy deposit of phosphates no blood, albumen, sugar etc.

B - Mental.

On admission patient was very excited, wandering

Talley X
Wt. 5 ft 1in
Wt. 8st 2½

restlessly round the room, declaring she had come for protection against ill treatment and that she must see the German consul or the German Emperor to complain of her husband's immoral conduct. This morning she is very depressed, weeping copiously declaring that she will go mad if left here and very suspicious of everyone saying "Tell me at once if you mean to do it"

She has refused food since admission, declaring there is something wrong with it and had to be fed by oesophageal tube this morning. She was very sleepless, standing on her bed for two hours during the night. Her habits are cleanly.

Aug. 29 Patient was tampered with by the Gallery staff. She has been fed twice by oesophageal tube, as she alleged her food had been tampered with. She is still very restless and excited talking loudly after dinner and quite unoccupied. She is sleeping somewhat better. S.M.R.

Sept. 5 Patient is somewhat quieter - is taking her food fairly well and sleeping well. S.M.R.

Sept. 12 Patient now quiet - occupied with reading - taking her food well and sleeping well. S.M.R.

Sept. 22 Patient was discharged today "Relieved" Her physical condition had decidedly improved since admission appetite and sleep being excellent. Mentally, she would no longer speak of her delusions as she did freely on admittance but that they still existed was evident from allusions in letters e.g. poisoning of her children. S.M.R.

Discharged.

Wm. Alice Thomson from page 34.

June 23rd Temperature has fallen, patient does not complain of pain and has no cough, very resistive and abusive, so that she cannot be examined much. E.m.J.

June 28th Patient is up and much the same as before the pneumonia. E.m.J.

Sept. 30th Physical health feeble, Patient is silent, unsociable, & unoccupied, hostile when an attempt is made to converse with her. E.m.J.

Dec. 30th Physical health feeble, but nothing special amiss since last note. Pt is unsociable & hostile as a rule, but occasionally speaks pleasantly. E.m.J.

March 15th Very silent & unsociable, often abusive. Physical health feeble. E.m.J.

June 30th Patient sits still most of the day, unoccupied sometimes walking quietly about the gallery, unsociable, becomes angry if spoken to by Mrs. S. beyond "good morning". Physical health feeble, but there is no special ailment. E.m.J.

Sept. 22nd No mental or physical change. E.m.J.

Dec. 31st Very unsociable & hostile, sits unoccupied or walks slowly about the room, & seldom speaks. Physical health feeble. E.m.J.

Feb. 2nd Pt. seemed somewhat unwell for a day or two, but is now better. She would not reply to any questions as to her health. E.m.J.

March 16th Silent, unsociable, unoccupied, physical health feeble. E.m.J.

May 31st Silent, hostile, unoccupied, physical health feeble, but no special ailment. E.m.J.

Aug. 31st Quiet, feeble, unoccupied & very unsociable, sometimes abusive, but otherwise silent. E.m.J.

restlessly round the room, declaring she had come for protection against ill treatment and that she must see the German consul & the German Emperor & complain of her husband's immoral conduct. This morning she is very depressed, weeping copiously declaring that she will go mad if left here and very suspicious of everyone saying "Kill me at once if you mean to do it"

She has refused food since admission, declaring there is something wrong with it. and had to be fed by oesophageal tube this morning. She was very sleepless, standing on her bed for three hours at a time. Her habits are cleanly—

Aug 29 Patient was tampered today & fully fed thrice by oesophageal tube, as she alleged her food had been tampered with. She is restless and excited talking loudly after dinner and quite unoccupied. She is sleeping somewhat better. S.H.P.

Sept. 5 Patient is somewhat quieter - is taking her food fairly well and sleeping well. S.H.P.

Sept. 12 Patient now quiet - occupied with reading - taking her food well and sleeping well. S.H.P.

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Discharged.

Mrs. Alice Thomson from page 34.

June 23rd Temperature has fallen, patient does not complain of pain and has no cough, very resistive and abusive, so that she cannot be examined much. E.m.j.

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Sept. 30th Physical health feeble, Patient is silent, unsociable, & unoccupied, hostile when an attempt is made to converse with her. E.m.j.

Dec. 30th Physical health feeble, but nothing special since last note. Pt. is unsociable & hostile as a rule, but occasionally speaks pleasantly. E.m.j.

March 15th Very silent & unsociable, often abusive. Physical health feeble. E.m.j.

June 30th Patient sits still most of the day, unoccupied, sometimes walking quietly about the gallery, unsociable, becomes angry if spoken to by Mr. O. beyond "good morning". Physical health feeble, but there is no special ailment. E.m.j.

Sept. 22nd No mental or physical change. E.m.j.

Dec. 31st Very unsociable & hostile, sits unoccupied or walks slowly about the room, & seldom speaks. Physical health feeble. E.m.j.

1914, Feb. 2nd Pt. seemed somewhat unwell for a day or two, but is now better. She would not reply to any questions as to her health. E.m.j.

March 16th Silent, unsociable, unoccupied, physical health feeble. E.m.j.

May 31st Silent, hostile, unoccupied, physical health feeble, but no special ailment. E.m.j.

Aug. 31st Quiet, feeble, unoccupied & very unsociable, sometimes abusive, but otherwise silent. E.m.j.

Nov. 24th Very silent & unsociable as a rule, but not quite so abusive & will sometimes talk a little in a more friendly way. Is demented & unoccupied. Physical health feeble. E.m.j.

1915 Feb. 27th Was in bed for a day or two, as she complained of some aching lumbago. But refused any examination. Has recovered from this, & continues feeble in health, silent, hostile & unoccupied. E.m.j.

May 31st Physical health feeble, Patient is demented, unsociable, but not quite so hostile, sometimes talks a little, but is incapable of any sustained conversation. E.m.j.

Aug. 14th There is no mental or physical change. E.m.j.

Dec. 12th Rather more friendly & inclined to talk at times, but unsociable as a rule. Physically she is pale & feeble, but resists violently any attempt at examination & objects to any questions about herself. E.m.j.

1916 Feb. 17th Unsociable & hostile as a rule hissing at nurses, but is sometimes friendly & talks to one other patient. Physical health feeble. E.m.j.

May 25th Is becoming more feeble but objects to being examined & refuses to admit that there is anything the matter with her. Is more friendly than she used to be, sometimes answering civilly when spoken to. E.m.j.

Aug. 1st Physical health feeble, patient is quiet, occupies herself a little with sewing, unsociable as a rule, E.m.j.

Dec.

1917 Feb. 12 A small movable lump has been noticed in L. breast, but pt. struggles & resists violently when examined. no enlarged glands were found in axilla.

The lump referred to above grows a little larger, but appears to cause no discomfort,

except when touched. General health is feeble & pt. once vomited. the vomit being brown in colour. She is extremely abusive at times, resists all treatment & is insane unsociable. E.m.j.

July 6th

Oct. 24th Very feeble, but will hardly allow anything to be done for her. Extremely unsociable and hostile, abusive at times. E.m.j.

1918 Jan. 14th There is no mental or physical change. E.m.j.

April 9th Very feeble, but can get about still, abusive & unsociable. E.m.j.

Sept. 25th Physical health feeble, pt. is silent &, unsociable & hostile, persists in doing as much as she can for herself & repudiates help. E.m.j.

Continued in Book Suppl. B. page 15.

2876
Ad. 2 Sept. 1905
Pd 2 Sept. 1905

Kathleen Gilbey Watney
40, married, of no occupation, Church of England
Previous attacks, Sea Rond, Bembridge I. of W. 38
Not first attack - age on first attack 38 previous
admitted (C. of S.) 29 Fellows Rd. N. Hampstead 7
Duration of present attack two months - cause
unknown Not E. S. but D.

First certificate Is constantly restless and talking without sense, smashing things about. She suffers from many delusions. She states that she contained poison in her fingers and tried she wanted to poison D. Brander & that she would not take food, as her brain wanted nourishment, that she was paralysed of the Sacro iliac system & had invented & terrible

Communicated Ella Nurse, nurse, Sea Rond, Bembridge I. of W. states that she is frightened of violent, that she has bitten her & the other nurses & that she has threatened to jump out of the window -

Signed Henry Rose Yorke M.R.C.S.
2nd Sept. 1905 68 Brook St, London

Second certificate corroborates

2nd Sept. 1905 A. Bostock Hill
of Alton Warwickshire

Previous History Patient has always been of a neurotic temperament. For last (from Dr. Rose Yorke) two years at least has had recurrent attacks of maniacal excitement lasting for a few weeks, soon after leaving home. There was a severe attack about two months ago. During these attacks she is very restless & unmanageable, constantly throwing things about, sleeping badly, with delusions about paralysis of right side & talking continuously in a rambling and incoherent way. She has not before been certified. When an attack has been coming on she has been very extravagant, asking numbers of people to come to dinner, creating a scene at a hotel &c.

She has five children, eldest under ten years old.

Family History Mother insane - patient comes of a neurotic stock

Condition on admission A Physical

Pallor ++
Hy. 5/N bin
Wt. 7st. 11½

Patient is a small slight woman, fairly well developed but poorly nourished. Her hair is auburn, eyes blue grey, complexion sallow. The tongue is flabby and somewhat furred, teeth good, hard palate arched, mucous membranes fairly good colour.

Heart and lungs present no physical signs of disease, pulse 72, regular in rate & rhythm, tension & vessel wall healthy.

The right kidney is palpable and patient has great tenderness on palpation over the right lumbar region. (wears belt, kidney as far)

Urine 1032 acid, very heavy deposit of urates
no albumin or other abnormal constituents

She states that she suffers from constipation

Patamenia said to be normal.

Pupils equal & regular react to L. slowly to L. react normally to skin stimulation. Exaggeration of deep reflexes - Skin reflexes healthy.

Hands & forearms rather glazed.

B. Mental

Patient is extremely restless & emphatic & can convey by prodding her hands. She talks incessantly with rapid change of subject & much of her speech is incoherent & loses the thread. She "thumbugged" the doctors - expressing a desire to "do for" one. She says she is now as well as she ever was in her life

though at the same time she says she has not slept for 20 years!
She then grows mysterious, says she is unseen & knows many things, but from the general puzzle says she knows Miss Hickmann (who last day is not dead & that she can reveal her whereabouts at the proper time
She evidently has hallucinations of sight & hearing of white bars which come over her eyes & which she must shut out - does not admit hallucinations of hearing or taste -
She states that she has wished to die for the last 20 years, but at present wishes to live
She sleeps fairly well and has taken her food well beside admission

Sept. 9. Patient has grown much quieter since Admission, is slightly depressed rather than elated. She is restless and taking her food well - S.H.P.

Sept. 14 Patient now quite realises - her condition on admission and her present position - is depressed over the frequency of her mental relapses and dreads their recurrence - S.H.P.

Sept. 21 Patient is still slightly depressed, very self-absorbed and hypochondriacal complaining of extreme sleeplessness, constipation or headache (not the case) No delusions can now be elicited S.H.P.

I Sept. 23

Sept. 28 Patient is somewhat excited today, had a very restless night constantly getting out of bed turning the light on & off. She is talking much & rather disconnectedly S.H.P.

Oct. 4 Patient now very restless and excited, walking constantly in a rambling manner and muttering to 8 or 9 delusions on admission as Miss Hickmann's

fate, being able to poison people by means of poison in her fingers nails etc. etc. She has been very restless at night and is now getting Veronal gr. viii nightly - S.H.P.

Oct. 7
No. V

Nov. 2 Patient has been in Gallery V for the last four
7 st. 7½ weeks, very excited, trying to climb up the walls etc. All furniture had to be removed from the room and patient could not have a bedstead at night. For the last fortnight she has been out daily and she is now growing quieter. She takes food well and sleeps well with Veronal gr. viii nightly. S.H.P.

Nov. 28 Patient again in a private room in III, now quiet and coherent but very depressed dreading a return of her excitement and brooding over the

Nov. 23 III

Dec. 5 I

effect on her family of her mental state and confinement here. She is now sleeping fairly well without an hypnotic, taking her food well & going out regularly - S.H.P.

Dec. 31 Patient again in Gallery V very excited (piled all
1st. 13 the furniture after room against the door & sat on a table all night before going to V) She talks rambling incoherently, often reverting to her old delusions: is of being in a cage, having magic powers in her fingers, makes occasional screams. Cough. She is however taking her food well and sleeping well with Veronal

Dec. 7. III
Dec. 17 I

1906 gr. viii nightly. S.H.P.

Jan. 16 Patient is now in Gall. II all excitement has subsided. She is now rather depressed and very anxious about returning home. She is now taking well (has gained weight slightly during her last attack of excitement) and is sleeping well S.H.P.

Jan. 6 II

Feb. 1 Patient much excited & again in V S.H.P.
March 20 Patient quiet & rather depressed - in I (March 5) S.H.P.

April 5 Patient again excited & talkative & in V S.M.P.
May 15 Patient recovered from attack of excitement and
April 21 I in Cell I with alternating days of depression
and mild elation. He is taking his food fairly
and sleeping fairly well S.M.P.
June 14 Patient well & on trial today S.M.P.
June 21 Patient returned from trial today, acutely
maniacal - was sent to a strong room in
Cell V. S.M.P.
Aug 9 V
Aug 15 Patient recovering from acute attack - now
in Cell III S.M.P.
Aug 26 III
Aug. 26 Patient again suffering from acute mania
in Cell V - S.M.P.
Sept. 27 Patient convalescent from acute attack - now
rather depressed - in Cell I S.M.P.
Oct. 16 Patient again acutely excited - more
destructive and violent than in previous
attacks and emaciating fast - in V S.M.P.
Nov. 16 III
Nov. 27 Patient convalescent from acute attack &
in III S.M.P.
Dec. 12 Patient excited talking incoherently full of
delusions, that she has three mortal diseases
that she has never slept for 10 years, inclined
to be violent towards certain members of the
staff. In bed S.M.P.
Dec 17 V
1907 Jan. 7 Patient recovering from acute attack of excitement
in III S.M.P.
Jan. 7 Feb. 2 Patient somewhat excited - queer today Pt. from
gr 1/4 + gr 1/28 Hyoscin night & morning in hope of anxiety
attack - S.M.P.
March 9 Patient returned today from 4/8 hours leave
free from excitement S.M.P.
March 13 Patient again granted 4/8 hours leave - home
March 20 Patient sent "on trial" to-day - home S.M.P.

May 20 Patient discharged today "recovered"
S.M.P.

Discharged

Returned acutely maniacal 17 Aug 1907

2881

Ad. 4 Sept. 1905
U.O 4 Sept. 1905
P.O.

Margaret Lewis
25 single. of no occupation C. of E. Retired
address The Rushyley, Woodhall Spa.
~~Second~~ attack age on first attack 35 - Not
previously treated. Duration of P.A. one
week - Epileptic for 6 yrs + Suicidal
~~not~~ dangerous to others.

First certificate

"During conversation she has done nothing but say "Long life + happiness" Yes + No + this for space of one hour."

(Signed) D. D. Rondle
4 Sept. 1905 of Weymouth

Second certificate

corroborated.

(Signed) Howard W. Gwyn
4 Sept. 1905 Woodhall Spa

Previous hist.

Eight years ago petit mal which is still present the attacks occur chiefly at night. Has been treated with Bromide
The brain power has gradually deteriorated through epilepsy.
The present attack of one weeks duration. She has been very noisy and excited + was chapped down in bed, expressed a wish to drown herself for having committed a sin -

Family History

No history of insanity - Father died of Locomotor Ataxy (syphilitic origin) Mother living suffers from Rheumatic gout. One brother living - in good mental + physical health.

Condition on admission A. Physical

Gallery III
Ht 5 ft 6½
Wt 7st 13½

Patient is a tall dark haired woman well developed and well nourished - with sallow complexion + brown eyes. The tongue is flabby + slightly furred, teeth good, hard palate somewhat arched mucous membranes pale.

The first sound in the tricuspid area is impure. The heart is not enlarged. Pulse 72 Regular in rate + rhythm, Vessel wall healthy. Tension rather high -

The lungs present no physical signs of disease No abnormalities to be noted in abdomen patient states that she suffers from constipation also that the menopause occurred two years ago (gives her age as 37) -

Urine 1010 acid no albumin or abnormal constituents Pupils equal + regular react well to A. + L. skin normal 6 grains deep + superficial reflexes healthy.

B. Mental.

Patient speaks very slowly and consequently conversation is very prolonged. On admission she uttered say nothing but "Long life + happiness" but next day alleged she was lost because she had on several occasions "interfered with" (would not say how) a train + fears she might do it again -

Suicidal tendencies

She says she has "spells of brain" in which she commits acts of which she is not conscious + has had them for 6 years - Probably because of this

She has a habit of coming up to the nurses asking their pardon if she has done anything unladylike –
No hallucinations could be elicited –
She eats & sleeps well.
Her memory for recent events is impaired
She cannot tell how long ago she has been ill

Sept. 11 Patient continues clean of hand & articulation with a trick of repeating a phrase over and over again. She cannot now remember having made any statements concerning drains – Her memory for recent events is impaired. S.H.P.

Sept. 18 Patient is improving slightly – speaks less slowly and does not so often repeat herself. She does not seem to realise her present position thinks she has had a sufficient "charge" and wishes to leave at once. She attaches great importance to trifles and is distinctly weak minded. S.H.P.

Sept. 19 Patient had an attack of petit mal today sitting in her chair she suddenly fell back her eyes turned upwards & consciousness was lost from 2-3 minutes. There were no convulsions – On recovering she was very dazed & confused for some time S.H.P.

Sept. 26 Since last note patient has had five fits – all nocturnal. They have each lasted from 3-5 minutes, seem preceded by no aura or scream and she is said to have been convulsed in each – Patient is extremely constipated and requires very strong aperient medicines S.H.P.

Oct. 2 Patient was discharged today relieved – No delusions can now be elicited – She was examined before leaving, found to present no physical signs of disease and to be free from marks and burns S.H.P.

Discharged

2886 Alice Thomson

Adj. 5 Oct. 1905 70, widow, no occupation, Church of England

P.O 5 Oct. 1905 37 Lowndaune St, Hove. Not first attack age on first 25 years - previously treated at Pocklam. Duration of present attack a fortnight. Supposed cause Debility. Not P.S.D.

First certificate She is restless, constantly wandering from room to room aimlessly. She also wanders about the streets for hours at a time without in the least knowing where she is going: she says she has not seen her brother, though he visited her yesterday: she has the idea that she is being persecuted.

(Signed) E. F. Maynard M.D.R.C.P.
5 Oct. 1905. of Hove

Second cert.

Corroborative
(Signed) O. M. Story Turner
5 Oct. 1905. of Hove

Family History No history of Insanity

Previous History

Condition on admission. A. Physical.

Talley III
Wt. 9st 2lb
Ht 8st 4

Patient resisted examination freely and the condition of eye reflexes - state of tongue, mouth &c could not be ascertained.

She is well developed and fairly well nourished. Hair white, eyes dark, complexion fairly good. Her teeth are very defective and cheeks pallid. Heart and lungs present no physical signs of disease. Pulse 78 regular in rate and rhythm, vessel wall much thickened.

Pupils are equal and regular. Knee jerks present not exaggerated.

There are marked varicose veins on both legs.

Urine 1024, faintly acid, no albumin, blood, sugar. Heavy deposit of phosphates & some urates.

H. Rendal.

Patient has a mild, restless expression and is rarely still, wandering about the room in an aimless fashion.

She repeats constantly that she must leave at once, that she is going today, and though very reticent states that she has been molested and persecuted but will not say in what manner.

Her habits are cleanly. She sleeps well and her appetite is good.

Oct. 12 Patient is still very restless, quite unoccupied and somewhat resistive resenting all kind proffered. She adheres to the belief that she has been persecuted, stating that the landlady of her rooms in Brighton annoyed her very much, spitefully changed her behaviour to her and evidently suspected her of something. She states confidently that she is going to leave immediately. S.H.D.

Oct. 19 — Patient still very restless and resistive, most anxious to leave at once, persisting in wearing her bonnet night and day. She is quite unoccupied S.H.P.

Oct. 26 — Patient continues as described in last note. S.H.P.

Nov. 2 — Patient constantly reiterates her desire to leave at once, refuses to do any work of any kind as she must "go" until not speak on any other subject than that of her departure and is very resistive. S.H.P.

Dec. 14 — Patient is now in Gallery II very restless, constantly expressing her desire to go and most insulting to the nurses. She says the Chapel is only a mockery also and that the airing court beside it is a burying ground. She sleeps well and takes her food fairly well. S.H.P.

1906

Jan. 16 — Patient continues as described in last note. S.H.P.

Feb. 17 — Patient continues restless, unoccupied and resistive, constantly repeating her desire to leave at once. She is in good physical health. S.H.P.

March 20 — There is no mental change. Patient continues in good physical health. S.H.P.

May 5 — Patient had an attack of syncope yesterday afternoon. While in the Gallery she suddenly grew pale, complained of precordial pain & was very sick. She did not lose consciousness and recovered rapidly after the administration of Brandy ʒii.

Thereafter she was sent to bed in II and a thorough examination of the chest made, with difficulty, patient resisting fiercely and abusing the A.H.P all the time. There are no precordial murmurs but the heart's action is slightly irregular. She is now getting Digitalis mI t.i.d. S.H.P.

May 12 — Patient now out of bed and improving physically. S.H.P.

May 29 — Patient continues morose and resistive, obscene frequently - persists in delusions of persecution. S.H.P.

Nov. 10 — There is no mental change. S.H.P.

Jan. 7 — Patient has had another attack of cardiac syncope. She refuses all drugs. Digitalis given freely when physical examination is attempted and beyond ascertaining irregularity of heart's action, no further signs of physical disease were discovered. She is being kept in bed for the greater part of the day. S.H.P.

Pulse 84 Feb 26 Age 28

1907

Feb 26 — Patient now convalescent but very pale and distinctly feeble. She refuses all drugs and will allow no physical examination. The delusions of persecution persist. S.H.P.

May 27 — Patient still refuses all treatment, continues feeble with irregularity of heart's action. She has persistent delusions of persecution and looks upon the whole staff as her enemies. She is able to go about, takes food fairly and sleeps well. S.H.P.

Aug 31 — There is no mental or physical change. S.H.P.

Nov. 29 — Patient continues morose and sullen, refusing all medical treatment (heart's action feeble). She has persistent delusions of persecution. She takes food fairly well and sleeps well. S.H.P.

1908 Feb. 1 — There is no mental change. Patient refuses all medical treatment - any food drugs such as Malt. Cod Liver Oil Emulsion &c. The heart's action is feeble. S.H.P.

May 11 — Patient continues morose, sullen, refusing intercourse with patients or staff. She has persistent delusions of persecution. She takes food fairly well and sleeps well. S.H.P.

Aug 7 — There is no mental or physical change. S.H.P.

Nov 2nd — There is no change in mental & physical state. M.S.B.

9 Feb 18th — Patient remains unsociable, morose & sullen. Refused to allow her pulse to be felt. Looks very feeble. Takes food fairly well. M.S.B.

p. 3/3

Oct. 19 — Patient still very restless and resistive, most anxious to leave at once, persisting in wearing her bonnet night and day. She is quite unoccupied S.H.P.

Oct. 26 — Patient continues as described in last note. S.H.P.

Nov. 2 — Patient constantly reiterates her desire to leave at once, refuses to do any work of any kind as she must "go" will not speak on any other subject than that of her departure and is very resistive. S.H.P.

7 st. 12½

Dec. 14 — Patient is now in Gallery II. Very restless, constantly expressing her desire to go and most irritating to nurses. She says the Chapel is only a morning stop and that the airing court beside it is a burying ground. She sleeps well and takes her food fairly well. S.H.P.

7 st. 10

1906

Jan. 16 — Patient continues as described in last note. S.H.P.

Feb. 17 — Patient continues restless, unoccupied and resistive, constantly repeating her desire to leave at once. She has in good physical health. S.H.P.

7st. 8½

March 20 — There is no mental change. Patient continues in good physical health. S.H.P.

May 5 — Patient had an attack of syncope yesterday afternoon. While in the Gallery she suddenly grew pale, complained of precordial pain & was very sick. She did not lose consciousness and recovered rapidly after the administration of Brandy ʒii. Thereafter she was sent to bed in III and a thorough examination of the chest made (with difficulty patient resisting fiercely and abusing the A.H.P. all the time) There are no praecordial murmurs but the heart's action is slightly irregular. She is now getting Digitalis mv I p.r.n. S.H.P.

May 12 — Patient now out of bed and improving physically. S.H.P.

May 29 — Patient continues morose and resistive, obscene frequently - persisting in delusions of persecution. S.H.P.

Nov. 10 — There is no mental change. S.H.P.

Jan 7 — Patient has had another attack of cardiac syncope. She refuses all drugs - Nothis digitalis being given when physical examination is attempted and beyond ascertaining irregularity of heart's action, no further signs of physical disease were discovered. She is kept in bed for the greater part of the day. S.H.P.

Pulse Digitalis 5ij Pot Iodid 5ij aq. ad 3vi

1907

Feb 26 — Patient now convalescent but very pale and distinctly feeble. She refuses all drugs and will allow no physical examination. The delusions of persecution persist. S.H.P.

May 27 — Patient still refuses all treatment, continues feeble with irregularity of heart's action. She has persistent delusions of persecution and looks upon the whole staff as her enemies. She is able to go out daily, takes food fairly and sleeps well. S.H.P.

Aug 31 — There is no mental or physical change. S.H.P.

Nov. 29 — Patient continues morose and sullen, refusing all medical treatment (heart's action feeble) She has persistent delusions of persecution. She takes food fairly well and sleeps well. S.H.P.

1908 Feb. 1 — There is no mental change. Patient refuses all medical treatment - any food drugs such as Malt. Cod Liver Oil Emulsion etc. The heart's action is feeble - S.H.P.

May 11 — Patient continues morose, sullen, refusing intercourse with patients or Staff. She has persistent delusions of persecution. She takes food fairly well and sleeps well. S.H.P.

Aug 7 — There is no mental or physical change. S.H.P.

Nov 2nd — There is no change in mental or physical state. M.S.B.

1909 Feb 18th — Patient remains unsociable, morose & sullen - Refused to allow her pulse to be felt. Looks very feeble. Takes food fairly well. M.S.B.

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2887

Charlotte Mary Jane Palfrey

Ad. 11 Oct.r 1905.
Po. 10 Oct.r 1905

4/, single, no occupation, Church of England, Previous address Holloway Sanatorium, Virginia Water. First attack age on first attack about 29 and previously healthy. Duration of present attack about 8 years, cause unknown. Not S.S.D.

First certificate

She suffers from delusions, states that she is constantly followed about by organised bodies of men who make various signs to each other & track her wherever she goes: occasionally women watch her movements they laugh at her & irritate her: she is especially annoyed whilst walking alone.

(Signed) T.H. Graham Hodgson
9 Oct.r 1905 The Cedars, Chertsey Surrey

Second certificate

corroborates

S. St Morris M.B.
of Sutton Surrey
9 Oct.r 1905

Previous history

Always delicate nervous child. Early acquired habit of masturbation and practised it freely. Has been twice in nursing home for treatment, once for Weir Mitchell treatment (æt 24) & finally 1904 was much run down with fear of going mad and went to a home in Bedford. Came here as V.B. in Aug 1905 - since then has been developing marked delusions of persecution.

Family history

Father died of cancer. First cousin insane.
(Patient & her sister have had "abnormality" removed from breast) - One brother "born paralysed" died in infancy.

Condition on Admission. A. Physical—

Talley T
H. 5 ft 5 in
W. 9 st 7½

Patient is tall and well developed, her complexion is bright, eyes blue, teeth rather poor, tongue clean, mucous membrane good colour.

Heart and lungs present no physical signs of disease.
Pulse 78 regular in rate & rhythm, radium brown, vessel wall healthy.
In the right mamma there is a scar extending into the axilla somewhat thickened - Patient complains of pain in the left breast but no abnormalities can be detected.
Catamenia regular, but menstrual flow rather scanty.
Urine 1018 acid, no abnormal constituents -
The pupils are equal, regular, react to ♂ & ☼ stimulation.
The superficial and deep reflexes are healthy.
Slight varicosity of superficial veins of both legs.

B. Mental.

Patient's expression is usually bright but occasionally rather perverse. She attends carefully to dress and person.
Her manner is pushing and her conversation disjointed. She is somewhat hypochondriacal complaining of insufficiency of food (objects to every dish) & vague pains & sleeplessness (is said by nurse in her room to sleep well).
She states that she has been annoyed for years by men following her. They travel up to town with her - order her everywhere with "Oh here you are again" make signs to each other about her and annoy her by looking in upon her through the windows of any house in which she may be staying. This persecution has continued

been becoming more acute.
She also states that her unhappy life has is dramatised on the stage and even objects to attending the Amateur Theatricals of the Sanatorium on this account.

18th Oct. 9 & 12 — Patient is still hypochondriacal and restless but fairly well occupied. S.H.P.

25th Oct. — Patient continues as described S.H.P.

Nov. 1 — Patient continues very restless and hypochondriacal always complaining of something. There is no change in her delusions. S.H.P.

Nov. 8 9 & 4 — Patient is very restless and hypochondriacal dreads the approach by Xmas as she says she is always worse then complaining that she cannot sleep because her roommates "turn eyes open" and thinking that though she is in comparative peace she has only respite hours for the wretched persecution to begin again. S.H.P.

Dec. 21 1st 2 & 4 — Patient is rather less restless than she was last month is better occupied and less hypochondriacal but there is no change in her delusions Mendacious [illegible] has been steady and she has therefore been getting Ergoapiol capsules S.H.P.

1906

Jan. 16 Nov. 4 — Patient's delusions are unchanged. Physically she is in better health and less hypochondriacal S.H.P.

Feb. 17 — There is no mental or physical change. S.H.P.

March 20 (9th 10 — Patient is less restless and hypochondriacal & now that she is less sensitive that menstruation has greatly improved (Ergoapiol discontinued - patient still taking Iron Elixir. gr I T.I.D.) but thinks that her persecutors are awaiting her in Heaven S.H.P.

June 20 — There is no change in patient's delusions. She is less hypochondriacal - S.H.P.

HOLLOWAY SANATORIUM, VIRGINIA WATER.

NOTICE OF DEATH.

Date of Reception Order, the 29th day of October 1905

I hereby give you Notice, That Lily marian Stewart Williams a private patient, received into this Hospital, on the thirtieth day of October 1905, DIED therein on the fifth day of August 1913.

Signed W. D. Allaway
Medical Officer.

Dated the sixth day of August 1913.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name — Lily marian Stewart Williams

Sex and age — F. 45 Married, single, or widowed Single

Profession or occupation — none

Usual residence (postal address) before admission. [*If the patient has been transferred from another Institution (including Workhouses, &c.), the place of residence before admission to the first Institution should be given.*] — Hillside Station Road Oxted, Surrey.

Cause of Death.

			Duration of Disease from onset: Years	Cal. days Months	Days	Hours
†i.e., the disease which initiated the train of events leading to death, and not a mere secondary, contributory, or immediate cause, or a terminal condition or mode of death.	Primary† (1.)	Syncope from [illegible] (Pulmonary Disease)	a few		minutes	
‡ A terminal condition or mode of death should not be entered as a secondary (or contributory) cause.	Secondary‡ (2.) (Contributory)	Arterio sclerotic disease	not known			

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, or a statement that there were none — 7.15 a.m. No unusual circumstances beyond sudden [illegible] No injuries

Names and description of persons present at the death — miss Isabelle Shackwell Lady Nurse

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. Allaway
Medical Officer.

Lunacy, R. 21. Shaw & Sons, Fetter Lane, E.C. A106 (3822-5 j)

Aug. 31 Patient very restless and hypochondriacal complaining of pain over the sternum in limbs &c. There was no change in her delusions — S.M.J.

Nov. 18 Patient has been less restless of late but is very hypochondriacal She persists that the persecutions which annoyed her before would all recommence if she went back to town S.M.J.

Jan 7 Patient now convalescent from mild attack of influenza. S.M.J.

Jan. 17 Patient was discharged to day "relieved" going to Eagle care S.M.J.

Discharged

Turned from page 44.

Lily Marian Stewart Williams. March 15th 1913

spoken to. Is pale & thin, but has no definite ailment, & is very resistive to any attempt to examine her. S.M.J.

June 30th Demented, unsociable, unoccupied, Physical health fair, S.M.J.

~~July~~ Aug. 5th Patient appeared faint this morning, then quickly recovered herself and said she felt better. Almost ~~imp~~ immediately however, she became cyanosed, made an inarticulate sound, & became unconscious. Pulse & respiration failed, and she died about 7-30 A.M. about 7-20

Post mortem, the ~~he~~ R. heart was very much distended, & the walls of R. auricle extremely thin & flabby almost transparent, in places. The R. ventricular wall was thin & the tricuspid valve shewed evidence of old vegetations. The aortic valves shewed much sclerosis & two were fused into one. The coronary ligaments were thin & the whole heart was in a flabby condition.

Died.

2890 Madeline Phyllis Parker

Adt. 17 Oct. 1905 — 26 (single) Secretary to House agent, Ch. of England
Ad 17th Oct. 1905 Previous address, Hans Crescent Hotel. First attack age 26 not previously treated. Duration of present attack one week. Supposed cause overwork Hist S.D.

First certificate — She tells me she has a great scheme to found a company to buy up freehold property & let rooms at a weekly rental to include furniture decoration, electric light, food and attendance. She says the scheme touches most of the problems of the day and bears upon imperialism. She says that in furtherance of this scheme she threw about all her jewellery & sold the lot and this provided myself, helpers & the best characters and also the best departments in Lyd. Place. She has come to stay in a

Second certificate — hotel beyond her means, although her cheques have been dishonoured.

(Signed) P. Percy Smith
17th Oct. 1905 London.

corroborated

Signed W. J. Hardwicke M.D.
Previous Entry 17th Oct. 1905 Chelsea

Family History — Father said by patient to have died of "softening of the brain"
Mother alive very "nervous" also one sister
One brother - healthy.

Condition on admission A. Physical.

Gallery I
Adt. 8pt 8
Ad. 8th 9th — Patient is a tall well developed and fairly well nourished girl with dark hair, hazel eyes and bright complexion. The mucous membranes are a good colour the teeth good and the tongue clean.
The heart presents no physical signs of disease. Pulse 78, regular in rate and rhythm, tension medium, vessel walls healthy.
Patient is at present recovering from a cold and her breathing is generally somewhat hurried.
Catamenia is said to have been abnormal lately, the periods being too frequent — menstrual day of the 28th interval
Patient states that she is sometimes constipated.
Urine 1022 acid no abnormal constituents
The pupils are equal and regular and react normally to light & accommodation & convergence.

B. Mental.

Patient has a bright expression and a rather restless manner. She enters readily into conversation and is very verbose talking fluently on "her great scheme" for hours.
The "great scheme" is evidently one of some months suggestion and patient's whole idea is that she (become signed) a agent & contract for houses furnishing houses etc. States that she has taken several houses, bought three horses & carriages

£500 worth of furniture in the last few months. She also told her father apparently so busy that she had quite confirmed for N.Y. boy, permanently engaged in her service. She drove about London in late every night till 3 a.m. as she had "so much to do" and she also worked to hurt the working of Scotland Yard and various newspaper offices.

The morning after admission she placed most of her clothes and her bath and came down to breakfast insufficiently attired and has since been rather excited talking loudly and singing. Her appetite is fairly good and she sleeps fairly well.

Oct. 25. Patient's excitement has rapidly increased and she is now in Gallery 2 and yesterday had to be removed to a padded room as she persisted in undressing and refused interfering with and disturbing the other patients. She has had very noisy night talking, singing and screaming and demanding all kinds of impossible things. She has had to be shown fed occasionally. S.M.P.

Nov. 1 Patient has had a fairly quiet interval during
9st. which she was relieved up to II again - but began refusing food & medicine then and interfering with the other patients throwing their hats over the wall etc & had to return to Gallery where she is now again fairly quiet but requiring a night hypnotic (Veronal gr. x-xv) S.M.P.

Nov. 8 Patient is quieter again, is sleeping well without a hypnotic and taking her food well gaining weight. She is now beginning to occupy herself S.M.P.

Nov. 13 Patient continues to improve, can now attend the Hospital entertainments and is beginning to occupy herself. She now abstains from interfering with the other ladies. She still has absolute faith in her great scheme but admits that she may not be able to carry it out. She is sleeping well and taking her food well S.M.P.

Dec. 21 Hillmic
9st. 8. East Hertford
To
Dr. W. D. Stone
Asst. Phys. Hertford Co. Va.
Dear Sir, In accordance with
your request I return
duly signed & sealed to here-
with, also the Contract duly
filled up & a cheque for one
third of the amt. demanded
in advance, the balance I
hope to send in the course
of a few days.
I should be much relieved
to hear how my daughter is,
hoping the rest & feeding up
and change are proving bene

1906
Jan. 8 ...sleeps well S.M.P.
9st. 11½ ...hallucinations
...dical superintendent
...ite unoccupied
...es is very
...es physical
S.M.P.

Feb. 7 ...upied and very
9st. 11. S.M.P.

March 20 ...ning steadily
10st. 2½ ...ning and is
...ilst and employs
...taking Emetine
S.M.P.

April 17 ...phone S.M.P.
May 29 ...d "Hooray" She
was examined before leaving and found to be in good physical condition free from marks and bruises - S.M.P.

Discharged

£500 worth of furniture in the last few months. She also states that she has applied for her son to be admitted for D.T. boy, permanently engaged in her service. She drove about London in state every night till 3 a.m. as she had so much to do and she also worked to test the working of Scotland Yard and various newspaper offices.

The morning after admission she placed most of her clothes and her bath and came down to breakfast insufficiently attired and has since been rather excited talking loudly and singing. Her appetite is fairly good and she sleeps fairly well.

Oct. 25. Patient's excitement has rapidly increased and she is now in Gallery V and yesterday had to be removed to a padded room as she persisted in undressing and kept interfering with and disturbing the other patients. She has had very noisy restless crying and screaming and demanding all kinds of impossible things. She has had to be shown fed occasionally. S.H.R.

Nov. 1 98. Patient has had a fairly quiet interval during which she was sent up to IV again but began refusing food & medicine there and interfering with the other patients throwing her hats over the wall etc so had to return to Gallery V where she is now again fairly quiet but requiring a night hypodermic of chloral gr. xx. S.H.R.

Nov. 8 Patient is quieter again, is sleeping well without a hypnotic and taking her food well gaining weight. She is now beginning to occupy herself. S.H.R.

Nov. 13 Patient continues to improve, still now attends the Hospital entertainments and is beginning to occupy herself. She now abstains from interfering with the other patients. She still has absolute faith in her friend who soon found her capable enough to leave her in charge of her business affairs for a month while she went to attend etc. On her return she naturally wished a better understanding than 15/- a week for very late hours hard work & her wish was tried to get a proper agreement drawn up for her & signed by her & the latter to no purpose & then she dismissed her. This upset her & her next hope was to be able to start for herself as she had practically mastered all the details of the Stone Agency & have her own office etc & friends had encouraged her & in fact promised to join her one & a lawyer

Dec. 98. wished his sister to come into it & said he would take his holiday & in town & see her through it, and from all I have been able to gather led her to expect he meant her to be his wife later on, instead of which when she returned to town after a very influenza cold here during Xmas time Dr Skelton attended her up to Monday Jan. 98 meets last & expecting to see or hear from him as to taking the Office & settling it ready to open at once. She found only that he had gone off for his holiday & left her in the lurch. I think this second disappointment in her weakened state of health & the shock of having been refused entrance to her bed room on Friday 28th Chelsea by she arrived on Saturday 29th to her flat & finding all in darkness & nobody there & had then to be driven in her cab to Hotel & finally late & had then to be driven in her cab to Hotel & finally late was taken in at the Kings Arms Restaurant & posted all her letters &c

Discharged

£500 worth of furniture in the last few months. She also states that her affairs kept her so busy that she had quite abandoned her D.T.M. boy, & permanently engaged one in her service. She drove about London in Cabs every night till 3 a.m. as she had "so much to do" and she also worked to test the working of Scotland Yard and various newspaper offices.

The morning after admission she placed most of her clothes and her bath and came down to breakfast unsufficiently attired and has since been rather excited, talking loudly and singing. Her appetite is fairly good and she sleeps fairly well –

Oct. 25. Patient's excitement has rapidly increased and she is now in Gallery "E" and yesterday had to be removed to a padded room as she persisted in undressing and kept interfering with and disturbing the other patients. She has had very noisy night, talking, singing and screaming and demanding all kinds of impossible things. She has had to be shown fed occasionally. S.H.P.

Nov. 1 1st. Patient has had a fairly quiet interval during which she was sent up to III again – but began returning food & medicine then and interfering with the other patients throwing their cake over the wall etc so had to return to Gall. E. where she is now again fairly quiet but requiring a night hypnotic (Veronal gr. ii–) S.H.P.

Nov. 8 Patient is quieter again, is sleeping well with a hypnotic and taking her food well gaining weight. She is now beginning to occupy herself. S.H.P.

Nov. 13 Patient continues to improve, can now attend the Hospital entertainments and is beginning to occupy herself. She now abstains from interfering with the other ladies. She still has absolute faith in her great scheme but admits that she may not be able to carry it out. She is sleeping well and taking her food well. S.H.P.

Dec. 21 1st. 8. Patient is so. Particulars of [illegible] and official, also what the rules are (turning as to [illegible] letters, parcels, really are, and what are coloured threads references if any for personal requirements "besides those for Board etc.

She has been well educated & is very refined "Responsions" at Oxford some 8 years ago with no ill effect and has lived a healthy country life more or less since. [illegible] work me but finding it work now being anxious to do something for herself, tried to begin an antique furniture [illegible] I suggested [illegible] that not prospering [illegible] engaged herself as Secretary to Mrs Arthur Holland 82 Brompton [illegible] S.H.P.

1906 Jan. 8 1st. 1½ [illegible] S.H.P.

Feb. 7 1st. 11 [illegible] S.H.P.

March 20 1st. 2½ [illegible] S.H.P.

April 17 [illegible] S.H.P.

May 29 [illegible] S.H.P.

Discharged

£500 worth of furniture in the last few months. She also states that her affairs obliged her to hurry that she had quite abandoned her D.V. boy, permanently engaged in her service. She drove about London in cabs every night till 3 a.m. as she had so much to do and she also worked to test the working of Scotland Yard and various newspaper offices.

The morning after admission she placed most of her clothes and her bath and came down to breakfast insufficiently attired and has since been rather excited talking loudly and singing. Her appetite is fairly good and she sleeps fairly well –

Oct. 25. Patient's excitement has rapidly increased and she is now in Gallery 2 and yesterday had to be removed to a padded room as she persisted in undressing and kept interfering with and striking the other patients. She has had very noisy restless nights singing and screaming and demanding all kinds of impossible things. She has had to be shown fed occasionally. S.H.P.

Nov. 1 98. Patient has had a fairly quiet interval during which she was put up to II again – but began refusing food & medicine then and interfering with the other patients throwing their cake over the wall etc so had to return to Gallery 2 where she is now again fairly quiet but requiring a little hypodermic (Chloral gr. ii–) S.H.P.

Nov. 8 Patient is quieter again, is sleeping well without a hypnotic and taking her food well gaining weight. She is now beginning to occupy herself. S.H.P.

Nov. 13 Patient continues to improve, can now attend the Hospital entertainments and is beginning to occupy herself. She now abstains from interfering with the other ladies. She still has absolute faith in her great scheme but admits that she may not be able to carry it out. Her food well S.H.P.

Dec. 21 Pat and
98. 8. fair s during
on the other
pa cleared throug
etc sleeps well S.H.P.

1906
Jan. 8 Pa delusionation
98. 11½ of
re unoccupied
ep is very
cl thy physical
Lea S.H.P.

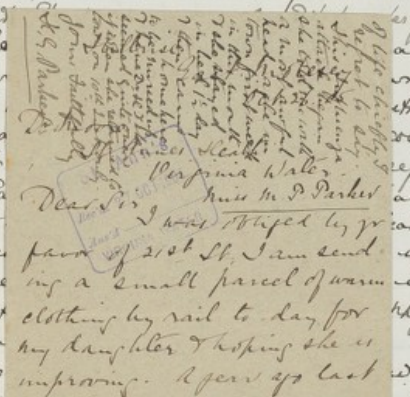
Feb. 17 The d Cars acts
98. 11. pa
dre S.H.P.

March 20 Pa steadily
98. 2½ ha p and up
beg and unpeasy
of h ing Emeline
Pa S.H.P.

April 17 Pat none S.H.P.

May 29 Patient was discharged recovered today. She was examined before leaving and found to be in good physical condition free from marks and bruises – S.H.P.

Discharged



£500 worth of furniture in the last few months. She also states that her affairs obliged her so hurry that she had quite exhausted her D.T.Y boy, permanently engaged in her service. She drove about London in Cabs every night till 3 a.m as she had so much to do and she also worked to test the working of Scotland Yard and various newspaper offices.

The morning after admission she placed most of her clothes and her bath and came down to breakfast insufficiently attired and has since been rather excited talking loudly and singing. Her appetite is fairly good and she sleeps fairly well.

Oct. 25. Patient's excitement has rapidly increased and she is now in Gallery V and yesterday had to be removed to a padded room as she persisted in undressing and kept interfering with and disturbing the other patients. She has had very noisy restless singing and screaming and demanding all kinds of impossible things. She has had to be shown fed occasionally. S.H.R.

Nov. 1 to 8. Patient has had a fairly quiet interval during which she was returned to Gallery III again but began refusing food & medicine there and interfering with the other patients throwing her cake over the wall etc so had to return to Gallery V where she is now again fairly quiet but requiring a night hypodermic of Veronal gr. x. S.H.R.

Nov. 8. Patient is quieter again, is sleeping well without a hypodermic and taking her food well gaining weight. She is now beginning to occupy herself. S.H.R.

Nov. 13. Patient continues to improve, can now attend the Hospital entertainments and is beginning to occupy herself. She now abstains from interfering with the [illegible] She still [illegible] the most powers she has & the most kind unselfish as a rule & charitable disposition possible. After the hysterical attack sciatica began & this she has been worried with more or less ever since. The doctors then advised me to send her for the winter to the Canary Islands but this was not possible & her great dread if having such an attack come again made her try for some engrossing occupation like a business as they seemed to think she had too much to eat & not enough to do to keep her employed in her ordinary quiet country home. As a child she had one bad attack of eczema on her face & head - the medical men then thinking it a good thing out as she might have suffered great pain. They prepared us for an illness when she was about 17 reconciliating probably an operation but this never came fortunately! Her liver I consider her weak point. Cold & east wind affect it greatly & then constipation bothers her. The monthly period as a rule passes off well but during this unnatural rush & business excitement & disappointment it seems to have hung about going off & then returning 2 or 3 times in the month with a certain amount of pain as well. I try to think of everything I can to assist you in her case. She is numerous & fond of clever people, society not frivolous, fairly girlish having been with me through many ups & downs & seen the serious

Discharged

£500 worth of furniture in the last few months. She also states that her affairs obliged her to hurry that she had given cabman 5/- boy, permanently engaged in her service. She drove about London in late every night till 3 a.m as she had so much to do and she also worked to test the working of Scotland Yard and various newspaper offices.

The morning after admission she placed most of her clothes and her bath and came down to breakfast insufficiently attired and has since been rather excited talking loudly and singing. Her appetite is fairly good and she sleeps fairly well –

Oct. 25. Patient's excitement has rapidly increased and she is now in Gallery V and yesterday had to be removed to a padded room as she persisted in undressing and kept interfering with and disturbing the other patients. She has had very noisy restless, singing and screaming and demanding all kinds of impossible things. She has had to be shown fed occasionally. S.H.P.

Nov. 1 Patient has had a fairly quiet interval during which she was sent up to IV again – but began refusing food & medicine then and interfering with the other patients throwing her hats over the wall etc so had to return to Gallery V where she is now again fairly quiet but requiring a night hypnotic (Veronal gr. x–) S.H.P.

Nov. 8 Patient is quieter again, is sleeping well with a hypnotic and taking her food well gaining weight. She is now beginning to occupy herself S.H.P.

Nov. 13 Patient continues to improve, can now attend the Hospital entertainments and is beginning to occupy herself. She now abstains from interfering with the other ladies. She still has absolute faith in her great scheme but admits that she may not be able to carry it out. She is sleeping well and taking her food well S.H.P.

Dec. 21 Pat. 8. [illegible] and

1906 Jan. 8 Pat. 11½ [illegible] ours during

Feb. 17 Pat. 11. [illegible] with the other

March 20 Pat. 2½ [illegible] coloured thread

April 17 [illegible] sleeps well S.H.P.

May 29 [illegible] Hallucination

[illegible] dical superintendent

[illegible] is unoccupied

[illegible] is very

[illegible] physical

S.H.P.

[illegible] and less acute

[illegible] pied and very

S.H.P.

[illegible] ing steadily

[illegible] up and is

[illegible] and improving

[illegible] taking Emetine

S.H.P.

[illegible] treme S.H.P.

[illegible] Hosiery. She

was examined before leaving and found to be in good physical condition free from marks and bruises –

S.H.P.

Discharged

£500 worth of furniture in the last few months. She also states that her affairs got so hurry that she had four cashiers & four d-ty boys permanently engaged in her service. She drove about London in Cabs every night till 3 a.m as she had so much to do and she also worked to test the working of Scotland Yard and various newspaper offices.

The morning after admission she placed most of her clothes in her bath and came down to breakfast insufficiently attired and has since been rather excited talking loudly and singing. Her appetite is fairly good and she sleeps fairly well –

Oct. 25 Patient's excitement has rapidly increased and she is now in Gallery V and yesterday had to be removed to a padded room as she persisted in undressing and kept interfering with and disturbing the other patients. She has had very noisy restless nights singing and screaming and demanding all kinds of impossible things. She has had to be shown to occasionally. S.H.P.

Nov. 1 Patient has had a fairly quiet interval during 98. which she was sent up to VI again – but began refusing food & medicine & interfering with the other patients throwing her hats over the wall etc & had to return to Gall V where she is now again fairly quiet but requiring a nightly hypodermic Veronal gr. VIII – XV S.H.P.

Nov. 8 Patient is quieter again, is sleeping well without a hypnotic and taking her food and gaining weight. She is now beginning to occupy herself S.H.P.

Nov. 13 Patient continues to improve, she now attends the Hospital entertainments and is beginning to occupy herself. She now abstains from interfering with the other ladies. She still has absolute faith in her great scheme but admits that she may not be able to carry it out. She is sleeping well and taking her food well S.H.P.

Dec. 21 Patient is very variable, at times pleasant and 98.8. fairly well-occupied, again mischievous (turning on taps in Lavatory) interfering with the other patients decorating her dress with colored threads etc. She takes her food well and sleeps well S.H.P.

1906 Jan. 8 Patient has been showing marked hallucinations 98. 11½ of hearing voices – states that the Medical superintendent swears at her all day. She is quite unoccupied spends hours lying down at times is very interfering and mischievous. Her physical health is good – S.H.P.

Feb. 17 The hallucinations of hearing are now less acute 98. 11. patient however is quite unoccupied and very dreamy. S.H.P.

March 20 Patient is now in Hall VII improving steadily 98. 2½ has now no hallucinations of hearing and is beginning to see the impracticability and impropriety of her former large plans. She is taking interest in Dressmaking. S.H.P.

April 17 Patient in Hall I continuing to improve S.H.P.

May 29 Patient was discharged "recovered" today. She was examined before leaving and found to be in good physical condition free from marks and bruises – S.H.P.

Discharged

Nov. 10 — Miss Longbottom (Page 58) apart from the other patients as she is very aggressive. Her habits have much improved. She takes her food well and sleeps fairly well. S.H.P.

1907 Jan. 30 — Patient was discharged today "relieved" owing to Barnwood House, Gloucester. She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.

Mrs. Alice Thomson (cert. Barn. p. 24)

Aug. 30th. — Patient continues very sullen & morose will not speak W.T. & Dr. Physical health feeble but eats & sleeps fairly well. S.B.

Nov. 20th. — Patient is unsociable — unoccupied — morose
Dr. Bar. 0½ — silent — Delusion of persecution persist
1910 — Physical health feeble. S.B.

Feb. 10th. — Pt. continues unsociable morose &
Dr. Ja. 13½ — silent — will have no intercourse with the staff in any way — Delusions of persecution persist Physical health feeble S.B.

May 25th. — There is no mental change. Physical
Dr. Jul. 13½ — condition rather feeble S.B.

Aug. 17th. — Patient is morose. bad tempered. a
Dr. Jul. 13½ — unsociable at times violent & the violent Delusions of persecution still present Physical health feeble thin & anaemic S.B.

Dec. 12th. — Patient continues sullen & morose will have
Dr. Bat. 0½ — nothing to do with M.O.s. or staff. Her delusions of persecution evidently abnormal addressed. Physical health rather feeble. S.B.

1911

March 16th. — Patient has many delusions of persecution & therefore
Dr. Bar. 0½ — is unsociable sullen quiet unoccupied. Physical health is feeble S.B.

June 12th. — There is no mental change — physical
Dr. Bat. 1½ — health feeble — S.B.

Sept. 12th. — Patient is worse, keeps exciting herself at
Dr. Jul. 11½ — will will speak W.T. & Dr. Continues to have delusions of persecution. Physical health feeble S.B.

Dec. 16th. — Patient has been in bed the last few weeks with lumbago & pain down both legs. She will not allow an examination of her chest but from what is seen below the level of the breasts there is no sign of disease. Temperature & pulse normal. Slight temperature at night. S.B.

Jan. 30th. — Physical health improving a little, no mental change. E.m.j.

April 20th. — Is back in Gallery III. Physical health feeble, patient is quiet as a rule, unoccupied, eats & sleeps fairly well. E.m.j.

May 17th. — Patient slipped down in the lavatory, striking the back of her head & inflicting a cut about ½" in length. It bled freely, but did not go down to bone. The hair was cut away & dressings applied. There were no symptoms of concussion. E.m.j.

May 24th. — Wound healed, pt. going on well physically, but very abusive and hostile. E.m.j.

June 21st. — Patient ~~made~~ complained of pain in her R. side about midnight, was flushed and groaning, T° 100, but she refused to permit any examination. To-day she was examined and a few crepitations were heard at B. There is no cough and the pain seems better. E.m.j.

See page B.

2892

Ad. 26th Oct. 1905 -
D.O 26th Oct. 1905 -

Bessie Hilda Langhorn.
22. single no occupation. Ch. of England. Previous address 13 Vicarage Rd, Eastbourne. Not first attack. age on previous attack 20. Not previously treated. Present attack has lasted one year. Supposed cause, adolescence. Not P.S.D.

First certificate

"Loss of all higher self control. She is quite regardless of social conventions. She laughs & kisses in a senseless way. In my opinion she is passing into dementia -

(Signed) G. H. Sadgo.
26 Oct. 1905 - Henrietta St

Second certificate.

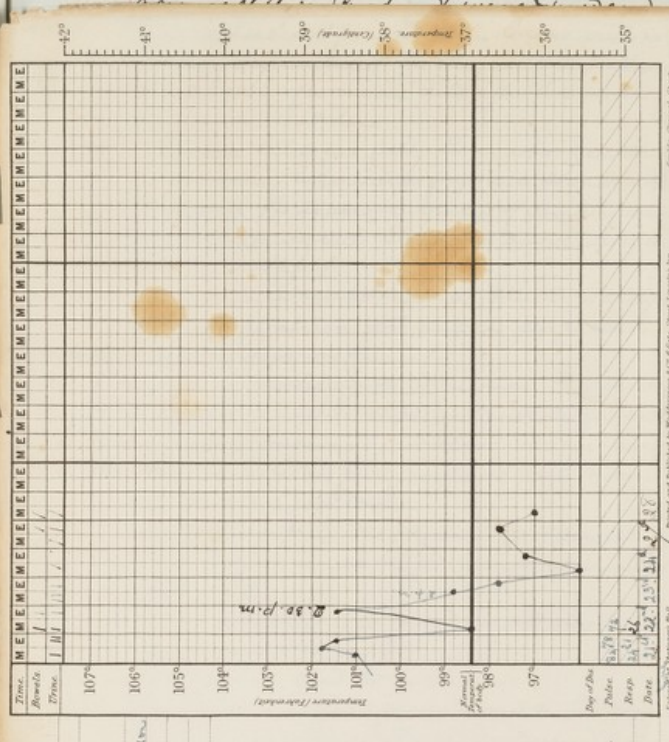
corroborates

(Signed) Alfred Bowers. M.R.C.S.
25th Oct. 1905 - Eastbourne

Previous history from father

Patient is one of a family of six. Her elder sister has attacks of great excitement and has been under private care frequently. Her youngest sister is also very hysterical. Two brothers are normal.

As a child patient had the habit of stealing cakes etc and was not very truthful. She was educated at home and at school. About 20 (two years ago) she was observed to have acquired the habit of masturbation, which habit increased until in March 1904 she was sent into private care and for some months, went from one home to another, the report from each institution being that her habits grew worse - Early this year



vacant expression. She enters readily into conversation & at once asks about the Hospital dances. Says she thinks she dances beautifully - She denies indignantly any bad habits, grows indignant at having such

2892

Ad. 26th Oct. 1905
D.O. 26th Oct. 1905

Bessie Hilda Langholham.
22 single no occupation, Ch. of England. Previous
address 13 Vicarage Rd, East Ealing. Not first
attack - age on previous attack 20. Not previously
treated. Present attack has lasted [illegible]
Supposed cause, adolesc[illegible]

First certificate

"Loss of all higher self con[illegible]
of social conventions. Ele[illegible]
Gauntlers way. In my
dementia -
(Signed)
26 Oct. 1905 -

Second certificate.

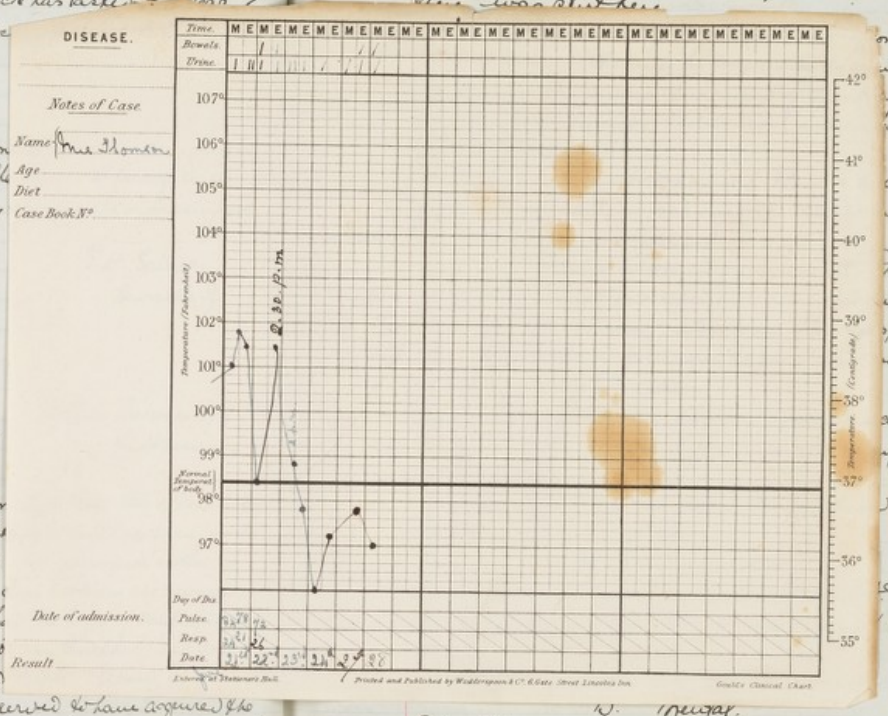
corroborates
(Signed)
25th Oct. 1905 -

Previous history from father

Patient is one of a fa[illegible]
has attacks of petit excit[illegible]
private care frequently
also "very hysterical")
As a child patient ha[illegible]
sweets etc and was no[illegible]
educated at home and a[illegible]
years ago | she was observed to have acquired the
habit of masturbation, which habit increased until
in March 1904 she was sent into private care
and for some months went from one home to
another. The report from each Superintendent being
that her habits grew worse - Early this year

a course of Thyroid treatment was advised and
was carried out for a month in London with no
resulting improvement. She then went to East Dowm
under care of a nurse and after two months
there was put there

Patient has a somewhat restless manner and a rather
vacant expression. She enters readily into conversation
at once talks about the Hospital dances, says that
she dances beautifully - She denies indignantly any
bad habits, grows indignant at having such



2892

Bessie Hilda Langshotham.

Ad. 26th Oct. 1905 - D.D 26th Oct. 1905 -

22 single no occupation, Ch. of England, Parents address 13 Vicarage Rd, Eastbourne. Not first attack. Age on previous attack 20. Not previously treated. Present attack has lasted one year. Supposed cause, adolescence. Not P.G.D.

First certificate

Loss of all higher self control. She is quite regardless of social conventions. She laughs & kisses in a senseless way. In my opinion she is passing into dementia -

(Signed) 26 Oct. 1905 -

S. H. Sadgo. Henrietta St

Second certificate.

corroborates

(Signed) 25th Oct. 1905 -

Alfred Bowers. M.R.C.S. Eastbourne

Previous history from father

Patient is one of a family of six. Her elder sister has attacks of great excitement and has been under private care frequently. Her youngest sister is also very hysterical. Two brothers are normal.

As a child patient had the habit of stealing cakes etc and was not very truthful. She was educated at home and at school. About 20 (two years ago) she was observed to have acquired the habit of masturbation, which habit increased until in March 1904 she was sent into private care and for some months went from one home to another, the report from each institution being that her habits grew worse - Early this year

a course of Thyroid treatment was advised and was carried out for a month in London with no remarkable improvement. She then went to Eastbourne under care of a nurse and after two months there was sent here

From nurse

Patients habits are filthy. She is not only constantly masturbating but smears her fingers into the anus, mouth & vaginal passages. She is also suspected of drinking urine and is constantly wet. She is now incontinent of faeces also untrustworthy

Catamenia is regular & normal - There is no constipation patients appetite is good and she sleeps well.

Family history

One sister insane, one Clerical.

Condition on admission A Physical

Tall III
H. 5 ft 5½ in
W. 9 st 2 lb

Patient is a well developed well nourished girl with clear bright complexion, good colour, blue eyes, dark hair. Her teeth are fairly good, tongue clean, mucous membranes a good colour.

Heart & Lungs present no physical signs of disease Pulse 78 regular in rate & rhythm, tension medium, vessel wall healthy.

No abnormalities to be noted in abdomen.

Bowels said to be regular -

Catamenia said to be normal.

The pupils are equal & regular & react to L. & convergence

The deep & superficial reflexes are present, not exaggerated

Urine 1020 acid, no abnormal constituents

B. Medical.

Patient has a somewhat restless manner and a rather vacant expression. She enters readily into conversation & at once talks about the Hospital dances, says that she dances beautifully - She denies indignantly any bad habits, grows indignant at being treated

things mentioned and though her undergarments are actually wet at the time of examination denies the fact angrily. (and says she has been under the cat quite a year) So many medical homes because she can't remember more than a year she thinks she is only. She talks constantly of her father saying "how pretty I used to be" etc. etc. and is evidently inordinately vain. She can also be observed talking to herself but at once denies it.
Her appetite is good & she sleeps well.

Nov. 2- Patient has been more or less constantly under observation & pieces have been found concealed in her room. She is still very vacant, does not seem able to converse intelligently but is improving slightly, occupies herself better and remembers recent events better. S.M.P.

Nov. 9. Patient is frequently wet & dirty (as to clothing) but has not again concealed pieces in her room and does not attempt masturbation during the day. Her mental standard is very low - her cunning for what a child of five might attempt but she thinks it beautiful and is most indignant that anyone should close her the stockings. Annexed letter was written today - S.M.P.

Nov. 16 Patient continues as described in previous note S.M.P.

Nov. 23 Patient has again concealed pieces in her room under the bed and is frequently wet. She invariably denies any unclean habits and is very indignant at being taxed with such a thing. She does some sewing during the day which has regularly to be unpicked. Otherwise is unoccupied. She is in good physical health. S.M.P.

Dec. 21 Patient is now in VI Ward still unclean

though she denies it indignantly. Patient does not
8 st. 11 seem able to comprehend anything - will try to open
a locked door a dozen times in one hours and
1906 so on. Her physical health is good. S.M.P.
Jan. 16 Patient is still very filthy in habits though better
8 st. 13½ not admit it - quite unoccupied and very restless
pacing sitting down occasionally picks pieces
of thread off the
[illegible] etc etc
[illegible] of work. S.M.P.
Feb - unoccupied habits
8 st. filthy and
[illegible] times at times. Her
S.M.P.
Mar ears and cracked
8 st [illegible] times screaming
at the most of the
friends and visitors
[illegible] sick - She loses
[illegible] is frequently soiling
[illegible] walls & blood
Mar [illegible] R 7 1/5 R P.R. 4 hrs
Apr S.M.P.
July [illegible] dirty in habits
[illegible] urine - has on
[illegible] glass panes of door
[illegible] nothing on but
[illegible] round her - while
attired like this accosts those she is a great lady
a friend of Lord Curzon's etc etc. S.M.P.

Nov. 10 Patient is quieter at times but still frequently destructive and occasionally shouting & cries. She persists in delusions of conduct, is quite unoccupied and usually has to be kept

Miss Longbotham
Nov. 10. 1905.

Dress at top
Lady face
dress at bottom
Person
Being dirty
Figure
Other
Right again
Being dirty
Coat
Grandeur
Right
The wood sleep
Day
Married

things mentioned and though her undergarments are actually wet at the time of examination denies the fact angrily. So many medical homes because and says she has been wet
She sat unmarried over a year she meant to marry.
She talks constantly of her father saying "how pretty I used to be" etc. etc
and is evidently inordinately vain
She can also be observed talking to herself but at once denies it.
Her appetite is good & she sleeps well.

Nov. 2- Patient has been more or less constantly under observation & traces have been found covered in her room. She is still very vacant, does not seem able to converse intelligently but is improving slightly, occupies herself better and remembers recent events better. S.H.P.

Nov. 9. Patient is frequently wet & dirty. (as regards) but has not again concealed faeces in her room and does not attempt masturbation during the day. Her mental standard is very low. Her cleaning is what a child of five might attempt but she thinks it beautiful and is most indignant that anyone should clean her & the sticks. Annexed letter was written today - S.H.P.

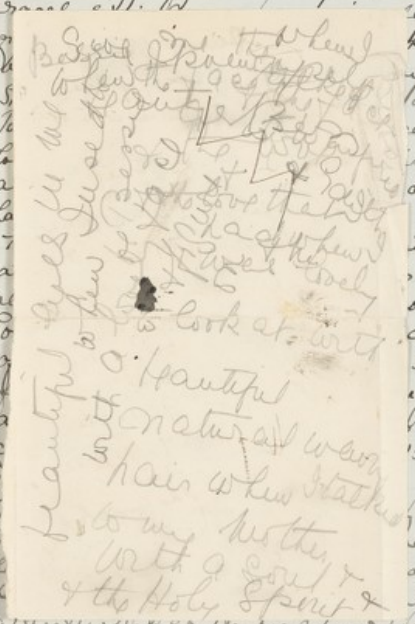
Nov. 16 Patient continues as described in previous note S.H.P.

Nov 23 Patient has again concealed faeces in her room under the bed and is frequently incl. She invariably denies any unclean habits and is very indignant at being accused with such a thing. She does some sewing during the day which has regularly to be unpicked. Otherwise is unoccupied. She is in good physical health. S.H.P.

Dec. 21 Patient is now in VI Ward's still unclean

though she denies it indignantly. Patient does not
Sept 11 seem able to comprehend anything - until she opens
a locked door a dozen times in one hours and
1906 so on. Her physical health is good. S.H.P.
Jan. 16 Patient is still very filthy in habits though she will
Sept 13½ not admit it - quite unoccupied and vegetates
[illegible] gets Vermyl
[illegible] Kerasol, Coffee
[illegible] etc etc
Feb. 7 [illegible] 21 March. S.H.P.
Sept 16½ [illegible] occupied habits
[illegible] dirty and
[illegible] at times. Mental
March 20 [illegible] S.H.P.
Sept 7½ [illegible] is cracked
[illegible] screeches
[illegible] out of the
[illegible] and vocalises
[illegible] She loves
[illegible] frequently noisy
[illegible] blood
March 18 [illegible] P.B.C. 11/3
April 9 [illegible] S.H.P.
July 15 [illegible] in habits
[illegible] - has an
[illegible] manes of doors
[illegible] up but
a sheet pinned & a draper round her - while
attired like this asserts that she is a great lady
a friend of Lord Curzon's etc etc. S.H.P.

Nov. 10 Patient is quieter at times but still frequently
destructive and occasionally shouting & cries
She persists in delusions of wealth, is quite
unoccupied and usually has to be kept



things mentioned and though her undergarments are actually wet at the time of examination and says she has been wet she denies the fact angrily. So many medical terms became She got annoyed over a word the meaning of which. She talks constantly of her father's beauty saying "how pretty" & wants to be "etc. etc" and is evidently inordinately vain. She can also be interested talking to Lucy but at once denies it.
Her appetite is good & she sleeps well.

Nov. 2- Patient has been more or less constantly under observation & faeces have been found secreted in her room. She is still very vacant, does not seem able to converse intelligently but is improving slightly, occupies herself better and remembers recent events better. S.H.O.P.

Nov. 9. Patient is frequently wet & dirty (as formerly) but has not again concealed faeces in her room and does not attempt masturbation during the day. Her mental standard is very low. Her cleaning is what a child of five might attempt but she thinks it beautiful and is most indignant that anyone should touch her clothes. Annexed letter was written today. S.H.P.

Nov. 16 Patient continues as described in previous note. S.H.P.

Nov. 23 Patient has again concealed faeces in her room under the bed and is frequently wet. She invariably denies any unclean habits and is very indignant at being charged with such a thing. She does some cleaning during the day which has regularly to be inspected. Otherwise is unoccupied. She is in good physical health. S.H.P.

Dec. 21 Patient is now in VI habits still unclean

though she denies it indignantly. Patient does not seem able to comprehend anything - will try to open a locked door a dozen times in one hours and so on. Her physical health is good. S.H.O.P.

1906
Jan. 16 Patient is still very filthy in habits though she will
8st. 13½ not admit it - quite unoccupied and very restless rarely sitting down. (occasionally gets to Ward VIII in morning) She talks one of the nurses often heard of her approaching wedding etc etc
She is at present getting Emeric's Ward. S.H.O.P.

Feb. 17 Patient is now in Gallery V - unoccupied habits
8st. 10½ bad of her former beauty, attitudinising and addressing in most touchy manners at times. Her habits are still filthy. S.H.O.P.

March 20 Patient continues restless and excited
8st. 7½ attitudinising constantly - at times screeches about for help - talks freely of the most of the Society people of the day as friends and visitors of hers - Her habits are still filthy - She tears faeces all over her room - She is frequently noisy at night hammering the door or walls. Blood
March 18 covered stained Hb 80% W.B.C. 12715 P.B.C. Hæm.
April 9 There is no mental change S.H.O.P.
July 15 Patient continues excited, dirty in habits destructive of clothing and furniture - has on several occasions broken glass panes of door very noisy - frequently will keep nothing on but a sheet fastened etc draped round her - while attired like this asserts that she is a great lady a friend of Lord Curzon's etc etc. S.H.O.P.

Nov. 10 Patient is quieter at times but still frequently destructive and occasionally shouting & singing. She persists in delusions of identity, is quite unoccupied and usually has to be kept

2596

Lily Marian Steward Williams.

Pt 6th 30. 1905
R.O 27 Oct. 1905

34, single, no occupation, Ch. of England
Previous address Hillside Station Rd. Oxted Surrey
First attack, duration three weeks, supposed cause. Not S. S. D.

First certificate

Says she hears people talking & talking machines & not certain whether there is not a conspiracy to poison her

(Signed) W. C. Philips Wynne
26th Oct. 1905 of Limpsfield, Surrey

Second cert.

She told me there was a conspiracy to poison her food. She continually hears voices

(Signed) F. Rice Oxford
of Oxted Surrey

27th Oct. 1905

Previous history (nurse)

Patient has been living in lodgings and neglected herself very much. Has delusions & is peculiar. Has her landlady called in a doctor and she has been minded by a nurse for a week, who reports that she has many delusions and is very erratic, wishing to leave by the window to take a walk.
She sleeps fairly well is not constipated & takes her food well.

Family History. Great uncle insane.

Condition on admission A Physical.

Pallor ++. Patient is a tall thin woman with thin face sallow complexion, dark eyes & dark hair (at different times) receding back from her forehead. The tongue is partly clean, the (upper) teeth coated with tartar, hard palate much arched. The mucous membranes are pale.

Ht. 5ft 5½ Wt. 8st 7

The chest is badly shaped, patient being somewhat pigeon breasted. Heart & Lungs present no physical signs of disease - Pulse 80 regular in rate and rhythm, tension high, volume ample. Vessel wall healthy.

Patient menstruating on admission.

Beyond a certain tenderness no abnormalities can be noted in the abdomen - No constipation. Urine 1018 acid, no albumin or abnormal constituents. The pupils are equal & regular & react to L. A. and consensually.

The knee jerks were present but very slight, also the Triceps jerks. The superficial reflexes were healthy.

B. Mental.

Patient is in a semi-stuporous condition answering yes & no & that very slowly and with evident effort. She stands usually by the door and tends to wander about away by herself if permitted - She will not admit now

any conspiracy to poison her, saying she knows she has had strange persons take She does not admit auditory hallucinations but appears to have them from her manner. Her memory for recent events is much impaired and she cannot say when she left home - came here etc etc &c.
She sleeps fairly well, takes her food fairly & attends to duties and person.

Nov. 6th. Patient's mental reaction is still very slow She is now beginning to occupy herself with simple needlework and is less restless. She occasionally appears to hear voices but will not admit them She sleeps well and is taking her food better. S.M.R.

Nov. 13 Patient continues to improve slowly. S.M.R.

Nov. 20 Patient is still very silent - answers only Yes & No and that in a whisper - but is better occupied and less restless also sleeps well S.M.R.

Nov. 27 Patient is a little brighter but otherwise is much as described in last note. S.M.R.

Dec. 21 Wt. 10½ Patient continues to improve slowly - will now talk into conversation, thanks still in bad bones and is fairly well occupied says she has gotten her hankies - She is still homesick very listless and cannot always be induced to join in the Hospital entertainments - alleging (quite rightly) that people believe so badly that she cannot go. S.M.R.

Jan. 16 Patient continues as described in last note is often seen smiling and voluntarily to herself & has a very vacant expression. She is fairly well occupied, takes her food well & sleeps well. S.M.R.

Feb. 19 Patient continues markedly feeble minded - unoccupied for hours together, smiling vacantly and whispering Her physical health has much improved. S.M.R.

March 20 Wt. 8½ There is no mental change S.M.R.

April 17 Patient sits for hours at a time unoccupied smiling vacantly to herself She is as yet quite unable to sustain a conversation, cannot answer more than yes or no - She will whisper much to herself Her physical health has improved since admission. S.M.R.

July 15 There is no mental change - S.M.R.

Nov. 10 Wt. 12 Patient continues silent - wanders aimlessly to herself - unoccupied for hours at a time. She refused to see relatives who came to see her lately as she said they were dead and persisted in this even when confronted with them. She has been taking Cod Liver Oil for some months. S.M.R.

1907 Feb. 26 Patient shows no mental change. She continues to take Cod Liver Oil. The breath sounds at both apices and infra clavicularly are harsh and patient has a certain amount of dyspnea. S.M.R.

May 27 From Sec. Report of one P.M. Patient continues silent, unoccupied for hours at a time - occasionally replying to voices and smiling vacantly. There is still dyspnea and patient continues very anaemic. S.M.R.

Aug. 31 Patient silent unoccupied smiling and muttering to herself for hours at a time, still believes all her relatives to be dead - S.M.R.

R. of Import Nov. 29 There is no mental change. Patient continues in poor health, very anaemic but with slight dyspnea and impairment of the apices of the lungs. She takes food fairly well and sleeps well. S.M.R.

1908 Feb. 1 Patient continues unoccupied, given to chattering to herself and grimacing - believes her relations dead often makes conflicted with them S.B.P.

May 11 Gal. IV There is no mental change. Patient has persistent ozæna and slight impairment of both apices. She continues to take Ol. Morrh. S.B.P.

May 18 Went to Home Villa S.B.P.

Dec 23rd Gallery IV. Wright - Patient contained silent - unoccupied, at times chattering to herself. She is anæmic and very Thin, has lost weight - does not cough.

1909 Feb 15th Wt. 7st 8lbs. Patient sits for hours together silent & unoccupied. Occasionally chattering to herself as if answering voices. Is loosing weight. M.S.B.

May 10th Wt 7st 6lbs. Patient continues unoccupied - incapable of coherent conversation. Chatters to herself apparently under the influence of auditory hallucinations.

June 8th Went today to Home Villa

Oct 26th Returned today from Home Villa

Nov. 20th Wt. 7st. 9lbs. Patient continues quite unoccupied - does not answer questions correctly. Constantly chatters to herself answers voices - She always sits very huddled up. Is anæmic but eating fairly well - S.B.

1910 Feb. 10th Wt. 7st 7½lbs. Patient sits quite occupied all day. Often chattering softly to herself Is demented Incoherent Is thin & anæmic S.B.

May 25th Wt. 7st. 10 lbs. Patient continues silent unoccupied - auditory hallucinations continue & frequently chatters to herself softly - Still thin & anæmic but is putting on a little weight S.B.

Aug. 17th Wt. 7st. 9½lbs. There is no mental change - physical health keeps fairly good - she is still taking cod liver oil Emulsion. S.B.

Dec. 12th Wt. 7st. 7½lbs. Patient is quite unoccupied demented - quite silent or else chattering to herself in a low voice Is apparently under the influence of auditory hallucinations Physical health fair - wt. keeps stationary. S.B.

1911

March 16th Wt. 7st. 13lbs. Patient is demented & unoccupied chatters to herself a good deal - Is unsociable Physical health fairly good, has had some eczema behind her ear which is subsiding S.B.

June 12th Wt. 7st. 12lbs. Patient is silent unoccupied & demented Has auditory hallucinations - Physical health fair - she has had no eczema S.B.

Sept. 12th Wt. 7st. 9lbs. There is no mental change. Physical health fair. She still continues to take Cod liver oil. S.B.

Dec. 16th Wt. 7st. 11½lbs. Patient is demented incapable of remunerative occupation - She whispers to herself a good deal in an incoherent way - hears voices - Physical health fairly good - has not put on weight well. S.B.

Feb. 20th Mental and physical condition unchanged. S.M.J.

May 30th Demented, unoccupied Physical health fair. S.M.J.

August 30th Patient is quiet, unoccupied, cannot converse intelligently, but will sometimes answer questions. Appears indifferent to her surroundings. Physical health fairly good. S.M.J.

Oct. 14th Patient has had a slight cold, & vomited one day, but is none about as usual, & appetite improving. S.M.J.

Dec. 30th Silent, unsociable, unoccupied, demented. General health fair. S.M.J.

March 15th Very quiet, unsociable, seldom answers, when

Continued on page 28

2898

Helen Jackson

Oct. 16 Nov. 1905 Dr O 16 Nov. 1905.

42 spinster, artist, Church of England, Pisden, address. formerly 181 Fulle Hill, First attack drunk 18 weeks. Supposed cause climacteric. Dr's. suicidal, not dangerous

First certificate

Great depression of mind, an admission of having several times attempted to take her life, stolen "feelings" prompted her, the presence of a conviction that she is very wicked & unable to continue living

Signed 13 Nov. 1905 — Henry William Drew of Croydon, Surrey

Second certificate corroborates.

Signed 15 Nov. 1905 — F. J. Fielder. of Lockerbie Brixton Hill

Previous hist. (from F. Fielder)

Two years ago patient began to suffer from pain in the right lumbar region. There were also some mental symptoms about that time - depression and euphoria. Six months ago she was operated on for "floating kidney" by Mr Stanley Boyd. The operation was not successful, possibly due to a fall, and she was operated again three months ago. Three weeks ago (13th Oct.) patient jumped from a window (42 ft.) and sustained some scalp wounds with fracture of the outer table and concussion of the brain. Patient had previously made two attempts at suicide (after second operation) by attempting to cut right radial and by drinking Liniment.

She has an interstitial fibroid in the posterior wall of the uterus which occasionally causes slight metrorrhagia. Her appetite is good and she sleeps well.

Family History

Father died aet 73 - at 70 showed slight senile dementia. Mother is somewhat eccentric. Her one brother has been a cause of anxiety to his relatives and never done any serious work.

Condition on admission 1. Physical

Patient - is a fairly well developed woman, but her muscularity is poor, and her face very thin. Her hair is dark - eyes brown, complexion pale, colour of mucous membranes anaemic - tongue flabby and indented teeth poor.

Pulse III 108 Wt 7st 4lb. Ht 5ft 4½in

The heart is not dilated - the first sound in the mitral area is booming but there are no murmurs in any area - Pulse 78, Vessel wall healthy, regular in rate & rhythm, tension medium.

The Lungs present no physical signs of disease. Urine 1025 acid no albumen, Cathartic

There are no abnormalities to be noted in the abdomen. As stated above patient is said to have slight metrorrhagia occasionally.

There are three scars on the head - one in the right temporal region - one somewhat behind that & on top and a slight indentation in front of the dermoid scar. There is also a scar on the left wrist the result of an attempt to cut the left radial artery.

The pupils are equal and regular & react to L.A. consensually & to light stimulation. The deep reflexes are present not exaggerated & the skin reflexes are healthy.

B. Mental.

Patient has a worn anxious expression and her attitude is one of restless depression.

Her habits are cleanly and she attends fairly to dress and person.

She is quite unoccupied & complains of everything (too much) her bed (not soft enough) &c. &c.

Suicidal caution

She has delusions of great wickedness and feels that she is not fit to live but states that her former suicidal attempts were the result of overpowering impulses from which she is now free.

She will not admit hallucinations about food but evidently has hallucinations of hearing –

Nov. 23 Patient is restless and unoccupied. speaks in a low listless way of her misery, refuses to take sufficient food and is very sleepless S.H.P.

Nov. 30 Patient is still very restless, wanders about the room, will sit very rarely occupied and seems totally engrossed in her delusions of great misery and unworthiness. She sleeps very badly in spite of hypnotics (Veronal gr xii – xv) and has to be hand fed S.H.P.

Dec. 7 Patient continues as described in last note. S.H.P.

Dec. 14 Patient is still very restless constantly talking of
7st. 5½ her wretchedness and misery and quite unoccupied
She is now getting Liq. Morph. Bismuc ℥ss ℥ij
with Veronal gr xii at night occasionally as
1906 she still sleeps badly. S.H.P.

Jan. 16 Patient continues very depressed waiting for "something to end her wretched life" and sleeping very badly even in spite of night hypnotics
She is less restless during the day and fairly

occupied. The Liq. Morph. Bismuc has been discontinued S.H.P.

Feb. 19 Patient is somewhat less restless is beginning
7st 7. to join in games but is still very depressed and sleepless unless she has had a dose of Veronal gr xv
She is now having massage at night to sleeplessness S.H.P.

March 20 Patient continues depressed with delusions of
(7st. 2½ sinfulness but is less restless and is sleeping
a very little better owing to massage. She is
still taking Malt extract milk &c but is very thin S.H.P.

April 17 Patient is still very depressed declaring she is too wicked to live restless & unoccupied & occasionally violent & spiteful to the nurses. She complains of pain in the lumbar region (two previous operations one for gallbladder – the other for bleeding kidney) She is still being massaged (four times weekly) and on extra food. She is sleeping somewhat better. S.H.P.

April 23 Patient who has been in bed for a few days complaining of lumbar pain (no temperature) suddenly took the thermometer out of her armpit to-day & before the nurse could stop her bit off & swallowed the bulb (7·15 am). She was treated with albumin & emetics and to-night appears none the worse S.H.P.

July 15 Patient has made no further suicidal attempts but is still very depressed alleging her wickedness occasionally violent striking the nurses. She is still very sleepless in spite of massage & night milk & beef tea. Not better she requiring a sleeping powder every third or fourth night S.H.P.

Nov. 10 Patient is improving slowly but is very variable having days of depression and wretchedness when she alleges that she will never be fit for anything. She is however

well occupied now, taking up drawing design and embroidery again. She sleeps much better, having a hypnotic only about once in three weeks. The lumbar pain seems much less. The urine is perfectly healthy. S.H.P.

6th Dec. Patient's caution removed yesterday and patient discharged to Hall II. S.H.P.

Specialist caution removed Jan. 7

Patient has been in bed for a week as she complained of pain in region of former operation - adhesions? Kidney palpable but not movable. An insufficient quantity of urine was being secreted 11 oz to 15 oz but with treatment patient is now secreting a normal amount and the urine is healthy. S.H.P.

Out of bed.

March 27 Patient seen today by the surgeon who operated on her last. He was quite satisfied with the position of the right kidney. As she has complained constantly of "dragging" pain in pelvis she was examined per v. The uterus found to be slightly retroflexed. Aspirin internally and a small ring pessary (as a placebo) were recommended. S.H.P.

May 27 Patient still complaining of sharp attacks of pain in the lower region and has been in bed for a week. The liver is not enlarged and beyond subjective pain there are no other symptoms.

Sept. 9½ Patient is very hypochondriacal - wrote to her mother to come at once if she wanted to see her alive. Apart from this symptom she has marked improvement in physical health. gaining in weight - taking up and keeping much better. S.H.P.

June 24 Patient went on leave trial today S.H.P.

Aug. 31 Patient discharged from trial today

Recovered. S.H.P.

Discharged.

29 03

Ad. 27 Nov. 1905
D. 0. 27 Nov 1905

Mary Louisa Ruthven Stanton
24 single, of no occupation, Ch. of England
Previous address 37 Compayne Gardens. Not first attack. Lyssin before at age of 15 yrs. previously treated at Virginia Water. Duration of existing attack 7 days. Not S. S. D.

First certificate

She was much excited and her conversation was rambling and incoherent. She said that her mother was trying to poison her, that she was not her real mother but that her real mother was a Queen and was born in prison. She also said that she was accused of trying to poison her mother.

(Signed) Frank Rushworth
153 Finchley Rd NW

23rd Nov 1905

Second certificate

corroborates.

(Signed) James Chambers
8 Mansfield St

Previously

(from nurse)

↓

See Casebook B. 3 - page 115.
Adm. Feb 3 1904, "Voluble restless & unsettled"
Left May 31 1904 to live in single care - companion

Patient's mother very neurotic. Has a most disturbing influence on patient. Patient very restless and excited, but taking her food fairly though sleeping badly.
She is very constipated.

Family history

And formerly here as patient

Condition on admission. Physical.

Exam. 11th Nov 1905

Patient is a well developed girl of good muscularity with bright complexion fair hair, blue eyes. The mucous membranes are a good colour, teeth rather poor tongue much furred and breath rather heavy. Heart and lungs present no physical signs of disease. Pulse 75, regular in rate & rhythm, Vessel wall healthy, tension medium -
No irregular abnormalities to be noted in abdomen. Patient micturating on admission - catamenia said to be normal.
Knee jerks present not exaggerated, no ankle clonus. Triceps jerks present. Superficial reflexes healthy. Pupils equal, regular, react to L. A. and skin sensibility, also corneal.
Urine 1020 acid no albumin or abnormal contents.
Patient is said to be very constipated.

B. Mental

Patient has a restless excited manner and at once enters into conversation explaining that she is of royal birth and that therefore people are jealous of her - that her mother - who is not her mother but a Queen has tried to murder her and poison her - that she is given to drink. that the P.O. has been in his room all night quite drunk. imagined that all around are drunk and incoherent and she has evidently hallucinations of hearing as people talk of murder all night long to her.
Her habits are cleanly and she attends fairly well to duties and person

Dec 4 Patient continues noisy and restless, rarely occupied, talking much of her delusions and generally rude and abusive in manner she still sleeps badly. (has Veronal gr. VII nightly) S.H.P

Dec. 11. Patient is abusive and noisy that she has been sent to Colony "X". She still keeps constantly of her delusions which are chiefly of identity and suspicion. S.H.P

Dec. 18 Patient still very noisy and abusive - has to be kept apart from the other patients. She continues very deluded. She is said sleeping better S.H.P

Dec. 25. 1906 There is no mental change. Patients physical health is good. S.H.P.

Jan. 16 7.H.P Patient is still very noisy and abusive accusing the staff of being dead drunk, of stealing her property etc. etc. She has many delusions of identity S.H.P

Feb. I Patient much quieter and sat in VII S.H.P

Feb. 17 7.H.P. 12 Patient again very excited and abusive - has to be kept apart from the other patients during the day and requires a hypnotic at night S.H.P

March 20 7.H.P. 2½ Patient is now in Hall VII. no longer talking of her delusions and quiet & well occupied but deficient cooking and rather unstable. She sleeps well and is in fairly good physical health S.H.P

April 17 The improvement above noted continues S.H.P

May 21 Patient is rather uncertain - is occasionally inclined to be abusive but on the whole is gradually improving, well occupied sewing in workshop garden, taking her food well and sleeping well. S.H.P

Aug 15 Patient is now in Hall I maintaining improvement above noted. S.H.P

31 Aug Patient went "on trial" today - was examined before leaving and found to be in good physical condition S.H.P

Oct. 15 Patient was discharged from trial today "recovered" S.H.P

Discharged -

2904

Elizabeth Jane Manning.

Ad. Nov. 29-1905. single, 34, no occupation, Ch of England. Previous
H.D. Nov. 28 1905. address 21 Redcliffe Gardens S.W. First attack of
P.D. 4 Dec. 1905 previous treated. Supposed cause obscure
anxiety caused by father's last illness & death
Not. P/S.D.

First certificate. She is wild, incoherent and restless. Has delusions
that her dead father is still alive that she has given
up her will that her soul is lost. She mistakes
the identity of persons and took me for some one
else. Calls herself the Saviour -

E. T. Younger M.D.
of London

(Signed)
28 Nov. 1905

Second cert. corroborates
(Signed) W. J. Hardy.
29 Nov. 1905 Redcliffe Gardens
London S.W.

Previous History (from Docts) Patient has always been a strong healthy girl
had an attack of diphtheria in her "teens"
She has always lived at home
The present attack is supposed to be due to
worry (possibly a love affair) Her father's
last illness having been long and trying

Patient has been very excited
has been having 100 gr. Hyoscin nightly
morning.

Family History. Maternal aunt has been insane
Father "peculiar"

Condition on admission Of Physical

Talley V
H.H. and not
considered
ascertained. Patient is a well developed, well nourished girl
dark complexion, eyes and hair - mucous membrane
good color, tongue slightly furred, teeth fair

Heart and lungs present no physical signs of
disease. Pulse 78 regular in rate & rhythm, vessel
wall healthy, tension low.
No abnormalities to be noted in abdomen.
Catamenia said to be normal.
Urine 1025, acid, no albumin or abnormal constituents
Pupils equal regular react to L.A. Kneejerks present
not exaggerated -
(Patient struggled and ~~shouted~~ all the time of
examination)

B. Mental. Acute Mania
Patient is in a state of mild excitement, never
still, hammering the walls of her (padded room)
says she is undergoing medical devices, frequently
removing all clothing, shouting that she is the
Saviour & a devil underneath - that all
around are devices that they must go to Hell
etc etc. She has quieter intervals during which
she will lie down, but even then has no power
of attention and cannot answer a simple question
coherently and has no sense of orientation.
Her habits are on the whole cleanly. She refuses
food obstinately and is fed (nasally) 4 times daily.
She is very sleepless, requiring strong hypnotics -

Dec? 6 Patient has been acutely excited since admission has been tubefed thrice daily and is sleeping very little in spite of strong hypnotics (Parald. 3ii + a Veronal g. xxx) S.H.P.

Dec. 13 Patient is now taking food by mouth (spoon fed) she is still very noisy and excited and full of delusions and hallucinations - rack-rocking of the padded wall - is a different person who talks to her feet and to whom she speaks - but the excitement is less acute She still requires hypnotics (as before) at night. S.H.P.

Dec. 20 Patient has again to be fed artificially and is still acutely excited, standing (unclothed) in a corner of her room shouting that she is a devil that she is in hell &c. Auditory & visual hallucinations are very acute and patient is still very sleepless has had hypnotic twice daily since admission S.H.P.

Dec. 27 Patient continues acutely excited and very sleepless in spite of nightly hypnotic doses. (Parald 3ii & Sulph. gr. xxx) Still tube fed. S.H.P.

1906

Jan. 17 Patient is still acutely excited. She has been
1st 10½ spending her morning out of doors naked and is sleeping somewhat better. Still tubefed S.H.P.

Feb. 19 Patient has now been taking food well for a
Improbable month but is still acutely excited constantly beating the wall &c or her bed with her fists and still full of delusions chiefly religious. She will not reply to questions - She is still sleepless at night but improving somewhat in that respect S.H.P.

March 20 Patient is still acutely excited but has quieter intervals. She goes and almost daily runs about the court. She takes her food

ravenously now and is sleeping somewhat better. Her hands have grown very callous from her constant beating of the walls to keep off flies. Her hair had grown matted from constant rubbing against the wall that it has been cut S.H.P.

April 9 Patient has recovered from attack of excitement is now quiet though still somewhat confused but quite free from delusions and hallucinations. She had a lumbar abscess which was opened on March 27 and patient kept in bed for a week going to Hall ~~III~~ on 1st recovery. She is now in Sally S.H.P.

April 25 Patient was discharged "recovered" Sunday. She was examined before leaving and found to be in good physical condition, free from marks of injuries S.H.P.

Discharged.

1918. Ewa Edith Butler.
Continued from page 66.

Sept. 23rd Continues demented, very noisy at times, shouting loudly & incoherently. Is pale & thin, but there are no evidences of disease E.M.J.

Continued in Suppl. Book B. page 1.

2708
Ad Dec. 7. 1905
G.O Dec. 14. 1905

Mary Ann Watson
(75) widow. Cl. of England, 18 Cardigan Rd Richmond, Not first attack, age on first attack 73, Not previously treated, Duration 6 weeks supposed cause old age, Not P. S. D.

First certificate

She was very excited, talked constantly and incoherently kept laughing. Did not seem to know who people were, called the nurse "the lady over there" –

Facts communicated Marion Smith a nurse of 2. The Green, Richmond told me that she got up & walked and dressed herself five times last night also that she could not dress herself properly.

Stacy S. Burn
of Richmond

7 Dec 1905

Second certificate

corroborates

Fred M. Wadd
of Richmond Med

Previous History

Family History no history of insanity –

Condition on admission A. Physical.

Gallon II-
Ht 5ft 3½
Wt 9st 4.

Patient is a well developed, well preserved old lady with scant grey hair, grey eyes and a somewhat flushed complexion. She wears upper and lower artificial dentures. The tongue is clean and the mucous membranes a fair colour.

The heart is not enlarged - its action is distinctly regular and there is a systolic murmur accompanying the first sound in the mitral area transmitted into the axilla. Pulse 72 Vessel wall somewhat thickened - slightly irregular in rate and rhythm, tension low.

The lungs present no physical signs of disease and there are no abnormalities to be noted in the abdomen.

The pupils are equal and regular and react to L. & Skin stimulation. The deep reflexes are present not exaggerated the superficial reflexes are healthy.

All the joints of the fingers are much thickened and there are gouty nodules in the tips of the ears Urine acid, no abnormal constituents –

Patient is very deaf - hears nothing with the right ear.

B. Mental.

Patient is so very deaf that it is difficult to understand whether she knows what is said to her –

She has no sense of time or place - cannot remember when she came here, thinks the place is a church and that she came here from another church, addresses the nurses by various names, evidently mistaking their identity. She is distinctly emotional laughing at one moment, weeping the next and has a fair delusion of persecution, she received from a "wicked woman" who struck her "a sharp blow on her chest every day for a week" She slept well for

the first part of the night, but was then very restless and noisy shouting loud.
She takes her food well. Her person was much neglected when admitted.

Dec. 14 Patient is now in Gallery ~~III~~ V and sleeping in a strong room at night as she is so very noisy and destructive (smashes pictures etc.) She is fairly quiet throughout the day, asks constantly for her brother who she says is just fifty and from whom she has never before been separated. She occasionally attempts to undress during the day. Patient has Paraldehyde 3ii nightly. S.H.P.

Dec. 21 Patient continues as described on last note. S.H.P.

1.c. 28 Patient still very noisy in the afternoon and early part of the night, sleeping in a strong room. Her memory for recent events is completely gone. Her physical health is good. S.H.P.

1906

Jan. 4. Patient continues as described in previous note. S.H.P.

Feb. 19 Patient is now less noisy at night but afternoon continues as described. She is getting a Digitalis mixture and drinks 2½ daily. No taper required. S.H.P.

Gt. ½

March 21 Patient is now sleeping in a dormitory and much less noisy at night. She rarely has a hypnotic. She continues very spiteful but is quiet during the day and well occupied. S.H.P.

Gt. ½

April 17 Patient continues as described in last note. S.H.P.

May 4 Patient went to Home Visit today. S.H.P.

Dec. 21 Patient went on trial today from Home Office.

Nov. 19 Patient was discharged from trial today "recovered".

S.H.P.

Discharged.

Butler. Edith (S.) continued from p. 232.

Feb. 15th. Patient's mental condition shows no improvement. She is sometimes quiet, but often sits shouting at the top of her voice, apparently answering voices, and using extremely bad language. She is thin and pale, but her health is fairly good. E.m.J.

June 22nd. In Gallery V, mental & physical condition about the same. E.m.J.

Sept. 30th. Patient varies between sitting silent & quiet in her room or the court & at other times shouting loudly & objectionably. She is apparently incapable of any rational conversation. Often tries to pull out her eyelashes. Physical health fair. Sleeps well as a rule. E.m.J.

Dec. 30th. No mental or physical change. E.m.J.

1913. March 15th. Demented, unoccupied, unsociable, often very noisy. Takes food well & sleeps well on the whole. E.m.J.

June 30th. Patient sits still nearly all day, sometimes trying to pull out her eyelashes, sometimes spouting or talking loudly to herself. Very demented, unsociable. General health good. E.m.J.

Sept. 22nd. Demented, unsociable, sometimes shouting and noisy, looks rather ill, but has no apparent ailment. E.m.J.

Dec. 31st. General health quite good. Very demented & appears to take no interest in things outside the daily routine. Takes her food well, is often noisy, talks at night. Unsociable and unoccupied. E.m.J.

January Night & Sick 1214.

14. March 16th. Demented, unoccupied, appears to hear voices, often noisy. Physical health good. E.m.J.

the first part of the night, but was then very restless and noisy shouting loudly.
She takes her food well. Her person was much neglected when admitted.

Dec. 14 Patient is now in Gallery ~~III~~ V and sleeping in a strong room at night as she is so very noisy and destructive (smashes pictures etc.) She is fairly quiet throughout the day - asks constantly for her mother who she says is just fifty and from whom she has never before been separated. She occasionally attempts to undress during the day. Patient has Paraldehyde 3ij nightly. S.M.P.

Dec. 21 Patient continues as described in last note S.M.P.

Dec. 28 Patient still very noisy in the afternoon and early part of the night sleeping in a strong room. Her memory for recent events is completely gone. Her physical health is good. S.M.P.

1906

Jan. 4. Patient continues as described in previous note S.M.P.

Feb. 19 Patient is now less noisy at night but otherwise continues as described. She is getting a Digitalis mixture and drinks 2½ daily. No other requires S.M.P. a night hypnotic

March 21 Patient is now sleeping in a dormitory and much less noisy at night - has rarely had a hypnotic. She continues very thankful but is quiet during the day and well occupied. S.M.P.

April 17 Patient continues as described in last note S.M.P.

May 4 Patient went to Home Visit and broke S.M.P.

July 21 Patient went on trial to-day from Hoxton

Nov. 19 Patient was discharged from trial today recovered.

S.M.P.

Discharged.

Butler. Ellen (S.) continued from p. 232.

Feb. 15th. Patient's mental condition shows no improvement. She is sometimes quiet, but often sits shouting at the top of her voice, apparently answering voices, and using extremely bad language. She is thin and pale, but her health is fairly good. E.m.J.

June 22nd. In Gallery V, mental & physical condition about the same. E.m.J.

Sept. 30th. Patient varies between sitting silent & quiet in her room at the Court & at other times shouting loudly & objectionably. She is apparently incapable of any rational conversation. Often tries to pull out her eyelashes. Physical health fair. Sleeps well as a rule. E.m.J.

Dec. 30th. No mental or physical change. E.m.J.

1913. March 15th. Demented, unoccupied, unsociable, often very noisy. Takes food well & sleeps well on the whole. E.m.J.

June 30th. Patient sits still nearly all day, sometimes trying to pull out her eyelashes, sometimes shouting or talking loudly to herself. Very demented, unsociable. General health good. E.m.J.

Sept. 22nd. Demented, unsociable, sometimes shouting and noisy, looks rather ill, but has no apparent ailment. E.m.J.

Dec. 31st. General health quite good. Very demented & appears to take no interest in things outside the daily routine. Takes her food well. Is often noisy, talks at night. Unsociable and unoccupied. E.m.J.

January Weight 10st. 12lb.

1914. March 16th. Demented, unoccupied, appears to hear voices, often noisy. Physical health good. E.m.J.

May 30th Demented, noisy, unsociable, appears to hear & answer "voices". Sleeps fairly & eats well. E.m.J.

June Weight 6st 6lb

Aug. 28th There is no mental or physical change. E.m.J.

Nov. 24th Demented and quite unoccupied. Sits hunched up all day, sometimes pulling out hairs or eyelashes. Does not converse, but often shouts incoherently, apparently answering "voices".

Weight 6 st. 7½ lb. So thin, but general health quite good. E.m.J.

1915, Feb. 27th Fairly quiet of late, but often noisy at night, appears to suffers constantly from auditory hallucinations & talks in answer to voices, but makes no sensible reply when questioned. Physical health fair. E.m.J.

May 30th Demented, unoccupied, makes no intelligible reply to questions, but talks & shouts incoherently, appears to listen to "voices"

Aug. 14th Demented, unoccupied, unsociable, physical health quite good. E.m.J.

Dec. 13th Rather noisy of late, shouting a good deal. Is quite unoccupied & takes no notice of others, except when she is abusive at times to the nurses. Is demented & appears to suffer from auditory hallucinations. General health quite good. E.m.J.

1916 Feb. 17th Demented, noisy and destructive. Physical health good. E.m.J.

April 30th Owing to the occurrence of a case of typhoid in the Hospital, patients' blood was tested at the Lister Institute for Widal's reaction & gave a positive result. Subsequent examination, however, of 2 specimens of urine and faeces shewed no colonies of typhoid bacilli. E.m.J.

May 25th General health has been good, Patient is very demented, noisy & ~~destroy~~ dirty. Suffers from

auditory hallucinations. E.m.J.

Aug. 1st Demented, destructive, hears "voices", requires much looking after, Physical health good E.m.J.

November 3rd Demented, quite unoccupied, noisy at times singing & shouting. (apparently in answer to "voices") Owing to her blindness & mental condition, requires much supervision, general health good, E.m.J.

1917. Feb. 12. There is no mental or physical change. Except that patient has had a cold, from which she is now recovering. E.m.J.

June 28th On physical examination:- Heart within normal limits, sounds normal. Lungs R.B. ves left side somewhat shallow. Otherwise nothing abnl. discov. Abdt Reflexes. Reflexes feeble. No mental change. E.m.J.

Oct. 14th Patient was found with her R. thumb squeezed in a door. It is not known how it happened, but appears probable that another patient pushed the door against her. The tip is crushed - the nail nearly off, & there is a jagged cut on the palmar surface. The wound was at once swabbed with Iodine & subsequently dressed by a dressing of Iodex applied. E.m.J.

Oct. 24th Three days after infliction of injury, the wound appeared healthy, but yesterday, on being redressed, it was suppurating. It has been fomented & is now being dressed ē Eusol. E.m.J.

1918. Jan. 14th The wound cleaned up quickly on Eusol & the wound healed well, there is now a small scar only on the palmar surface & the nail is growing. General health is fair. Patient continues noisy & demented. E.m.J.

April 9th General health fair, Demented, lies about on the floor, very noisy at times. E.m.J.

Continued on page 5-8.

2911. Elizabeth Hardy.

Ad. Dec. 18. 1905 P.O 9 Dec 1905

46 married, cyngor, Ch of England. Previous addres Urban, Willesley Rd Hove. First attack - duration 10 days. Ret. P. S.D -

First certificate

I found her weird in her demeanour and appearance thinks there is a conspiracy in the house to poison her and she refused food or drink. She imagines she is somewhere abroad & demanded to see the British consul Facts communicated - Was very violent this morning & broke a large pane of glass in her bedroom window & wanted to jump out & it took three people to restrain her from doing further injury

(Signed) T. F. Tuke M.D
9 Dec. 1905. Hove -

Second certificate

I corroborates -

(Signed) H. G. Bevelle
9 Dec. 1905. Brighton

Previous history (from husband)

Patient used to be strong healthy woman till some years ago when she suffered severely from bronchitis and was then said to have a weak heart. Before her first marriage she was a professional singer and continued to sing for some years after it. She was first married in 1881 had one child (now a healthy young man) several miscarriages. Her married life was very troubled.
Two or three years ago both husband & son were seriously ill and patient's first mental symptoms began to be observed

shortly after - she refused to go out or entertain (having formerly done both freely) spent the morning in bed, changed in the afternoon. Has gradually increased, patient also becoming very suspicious of the actions of those around her -
Three weeks ago patient was sent to Brighton to undergo a "rest cure" (there said to have kidney trouble) and while in this nursing home she became violent and had to be certified
There is no excessive history of alcohol patient has always taken wine only. 3 or 4 glasses per diem
Family History No history of insanity -

Condition on admission A. Physical.

Tall Ht. 5 ft. 4 in. Wt. 10 st. 12½ lbs.

Patient refused absolutely to be examined physically and when it was attempted screamed at the pitch of her voice -
She is a well developed muscular woman apparently so uncertain in gait that she has to use a stick. Her hair is brown - eyes grey - complexion sallow, tongue coated flabby & furred rather tremulous mucous membranes rather pale - teeth artificial.
The heart sounds are feeble - the pulse slight irregular, tension low - vessel wall slightly thickened
The breathing generally is harsh - esp. on right side
Patient has very little control over the bladder & her garments are constantly wet - There is constipation of the bowels and she is not constipated.
The climacteric is said to be approaching, catamenia being now irregular
Patient's speech is very deliberate, at times unintelligible
The pupils are unequal the right being rather larger react slowly to light - react normally to A.

Urine acid, no albumin, pus sugar, deposit of urates

B. Neudal –

Patient is very resistive, had to be taken to room by four nurses, refuses to go to bed and refused absolutely to be examined physically. She believes there is a conspiracy against her – that she was sent to a nursing home which was really a "house of ill fame": while there she heard mysterious voices and saw people enter her room through wardrobes. She is determined to see the British consul & have her wrongs righted –

Patient's speech is very deliberate, rather uncertain, but the conversation free.

She sleeps fairly well, eats fairly, her habits (apart from this bladder trouble which appears to be a physical weakness) are cleanly

Dec. 18. Patient has now permitted physical examination and says that she regrets her resistive behaviour on admission but as her detention here is illegal she took that method of protesting. There is no pain on muscular pressure of legs or arms and patient said (which is not that of neurasthenics) improves daily. She states that the weakness of both legs came on rather suddenly some two months ago, & that her doctor feared paralysis. The reflexes are very slight & sluggish. Laterally there is no disturbance of common sensibility

Heart sounds are feeble but there are no murmurs – expiration is generally prolonged

and there are the physical signs of former active disease in the right lung. Patient is getting Urotropine gr X t.i.d. – and there is still insufficient control of the bladder.

She explains her smashing of the windows by saying she wished to call the police as she was suspicious of the nurses. Now she shows a more exalted phase – says she will write a book on the ways of husbands & governesses & if to earn several moto-cars – S.H.P.

Dec. 25 Patient continues as described in last note. S.H.P.

Jan. 1 Patient is improving physically – does not complain of muscular pain in shoulder and walks fairly firmly – without a stick. There is still inequality of the pupils and very sluggish reflex reaction. Mentally she is less excited but still very indignant over being "incarcerated" here. S.H.P.

Jan. 8 Patient has had since the 6th inst. a slight attack of cystitis – which is yielding to treatment. She has also a slight attack of bronchitis – S.H.P.

Jan. R Patient has now recovered from cystitis, but there is some albuminuria & pus. The bronchitis has rather increased

Jan. 13 ½ Nil Trace 1000 Albumen
Jan. 14 ½ pus
" 13 ½ acet.
" 14 ½ Jan. 16 Nil Albumen
" 15 ½
" 16 ½ and
" 21 ½ "
" 23 ½ "
" 24 ½ acet
" 25 ½ "
" 28 ½ "
31 "

Patient still many delusions of suspicion S.H.P.

Jan. 19 Patient is now recovering from a sharp attack of bronchitis. On the 14th inst. she was delirious constantly attempting to get out of bed and refusing food. She is now taking a sufficiency of liquid nourishment and the breathing is much better. She is now very abusive with many delusions of suspicion concerning her nurses (now in Sal. VIII) She is at present getting Veronal gr VIII nightly – S.H.P.

Jan. 30 Patient has had her bed wheeled on to the verandah to-day. She has improved much mentally & physically, Khalyk still v.s. testes at right S.H.P.

Patient's breathing rather oppressed – Signs of Rt. Basic Consolidation Lower Lobe

She has been confined to bed and kept on milk solely for a week as there was some oedema of the legs - The albumin in the urine varies from ½ - ⅜ ‰ daily - Mentally she is less restless but continues making plans to leave at once S.H.R

Jan. 31 Patients symptoms increased in severity and
Feb. 1 she died this morning at 10-30 a.m. S.H.R

Died.

Holloway Sanatorium Hospital,

Virginia Water

Lodd

NOTICE OF DEATH

Date of Reception Order, the 9th day of December 1905.

I hereby give you Notice, That Elizabeth Stardy.
a Private Patient, received into this Hospital on the ninth day of
December 1905, died therein on the first
day of February 1906

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

Dated this second day of February 1906 One Thousand

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Elizabeth Stardy.
Sex and age	female 46.
Married, single, or widowed	married
Profession or occupation	Singer
Place of abode immediately before being placed under care and treatment (if known)	Thornham 7 Wilbury Road, Hove, Sussex
Apparent cause of death	1. Bronchitis 2 Chronic Bright's
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 30 a.m. No unusual circumstances. No marks on bodies
Duration of disease of which patient died	1. 10 days 2 - uncertain
Names and description of persons present at the death	Miss Charlotte Fairbank, Lady Nurse
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. B. Moore M.D.
Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Daisy McLees.

Oct. 12 Dec. 1905
U.D 12 Dec. 1905
P.O.

19, single, schoolgirl Presbyterian Previous address Maison de Santé, 10 rue de Picpus Paris - First attack, duration one month, Previously treated at the Maison de Santé Paris. Supposed cause Amenorrhoea, Not S. very suicidal, not D.

First certificate

She is depressed and accuses herself of having disobeyed God and says she wants to die. She tells me that recently she has cut her throat and tried to burn herself on account of depression and she has a surgical dressing on her neck as there is a wound not yet healed.

(Signed) P. Percy Smith
11 Dec - 1905 Queen Anne St

Second certificate

corroborates

(Signed) G. H. Savage M.D
Henrietta St.

12 Dec. 1905

Previous history (from friend & nurse)

(From Sch mother) Patient has always been a backward child and below the normal average in mental vigour. She was not in very good standing when at School in Paris.

Patient has been a fairly healthy girl but not very intelligent has one sister (younger nine years) who is healthy and very intelligent. Menstruation began at sixteen and was normal and has been amenorrhoea since September.

Patient went to a large school in Paris in September has been very homesick and afraid of displeasing her father (who is very quick tempered) by telling him how wretched she felt. She was much influenced by an English governess who was very religious & patient spent time reading her Bible & evidently developed delusions of unworthiness & attempted to drown herself by drinking ink. She was then removed from school to a friend with whom she was for two days then on Sunday left for

four minutes raised a pair of scissors & attempted to cut her throat inflicting a wound 1 in long which required three stitches. She was then removed to a Maison de Santé & there attempted suicide by burning by stabbing herself with a hairpin & pen & by precipitation.

Previous family history

No history of insanity (father said to have been quick-tempered & alcohol before patient's birth) mother's sister died of phthisis

Condition on admission - N. Physical

Estl. III
Wt. Sept 6 ins.
Oct. 8st 3

Patient is a well developed fairly muscular girl with brown hair large grey eyes - pale complexion, mucous membranes rather pale, tongue flabby and slightly furred - teeth very defective, all the upper incisors canines and molars having been cut off at the gums the lower teeth are also very carious -
Heart and lungs show no physical signs of disease pulse 75 regular in rate & rhythm, tension rather high, vessel wall healthy.
No abnormalities to be noted in abdomen.
Amenorrhoea since September 1905.
Urine 1022, acid, no albumin or abnormal constituents
The pupils are dilated react rapidly to L. to accommodation and to skin stimulation. The superficial reflexes are healthy - the biceps & expiratory jerks present not exaggerated the knee jerks much exaggerated no ankle clonus - There is no hyperesthesia or anaesthesia. There is a scar 1 in long just below the cricoid cartilage and an area 4 by 2 in on the left side of the neck just above the clavicle a burn of the 3rd degree.

B. Medal.

Patient has a listless manner and a depressed expression She converses readily but in a low tone and states that she has been very miserable very homesick that she has been wicked and sinned against God & that she wanted like to die, has attempted it and will do it again. She weeps readily but at present is very docile, takes her

Suicidal tendencies

food fairly well and sleeps well
Her habits are cleanly and she attends to dress & person fairly but has a habit of picking her ear (left) causing it to bleed

18 Dec 1908 Patient has been very docile since admission taken her food well and slept well on the whole. She is still very depressed, weeps frequently and says she is sure something will happen to her when she leaves here. That she will be put into prison or that something awful will be done to her. The burn is doing well.

25 Dec. Patient is still very depressed, weeping frequently and picking her skin & scratching the nurses when prevented from doing so. She takes her food very well and sleeps fairly - She is getting ½ gr. Ammon Brom ½ gr. Sod. Brom. ½ gr. Quinine in ½ oz and Ergoapiol capsules 3ss t.i.d (for amenorrhoea) S.H.P.

Jan. 1 Patient continues depressed - weeping over her wickedness and afraid that something will happen to her. She occasionally scratches & bites the nurses when restrained from picking her skin. She takes her food well, sleeps fairly well and occasionally wakes up screaming. She explains this by 'bad dreams' — S.H.P.

Jan 8 Patient is slightly less depressed and somewhat better occupied and her interests are kept and she is very different to-day. She attended the play on Saturday night and appeared to enjoy it. She has been sleeping very well lately. S.H.P.

Feb. 19 Patient is distinctly improved, sleeping without an
8st. 7½ hypnotic and fairly well-occupied during the day. There is still amenorrhoea. S.H.P.

March 21 Patient continues to improve - does not now

8st. 11½ have fits of weeping and is losing her delusions of influence - she is still anxious as to whether she will ever get home. She is now well occupied, looks out for ways of helping in the Valley and is fairly bright and cheerful. Takes her food well and is gaining weight, does not now require a hypnotic at night. S.H.P.

April 17 Patient continues to improve, is in good physical
Sucidal health (except for amenorrhoea) well occupied
caution & cheerful. She attends all the hospital entertain-
withdrawn. ments and enjoys them. She is however very backward for her age & uninteresting. S.H.P.

May 21 Menstruation is now re-established and patient is in excellent physical health. She has had all the remaining stumps of teeth drawn and is having a new plate. Mentally she maintains the above noted improvement. S.H.P.

31 Aug Patient went on trial to-day - she was examined before leaving and found to be in good physical health, free from marks and bruises - S.H.P.

Nov 19 Patient was discharged to-day "recovered" by authority of the Petitioners from trial S.H.P.

Discharged.

Mrs. Charlotte Elizabeth Deakin, aged 54

continued from page 82.

1913.
March 30 Rather quieter & more sensible since last entry, but extremely depressed, unoccupied & subject to outbreaks of shouting. Frequently asserts that she is in hell. Physical health fair. E.m.f.

April 28 Transferred "not improved" to Surrey C.A. Netherne. In good physical health.

Discharged.

2913 Margaret Barnett

Adm Dec 20 1903 S/1, singer, of no occupation, Ch. of England
R.O 19 dec. 1903 Previous address 39 Abbey Rd. N.W. Private Ward
duration 3 weeks, cause shock of operation
Not E.S.D

End certificate Sat up or raise of bed. Emphysema in an excited manner, talking incessantly - making faces, kissing hands - assuming extraordinary attitudes - after talking, clutching eyes, tapping head, shaking and all manner etc. Nursing absolutely necessary, has to be kept under influence of sedative drugs.

(Signed) P. Murray Leslie M.D.
18 Dec 1903 — 86 Harley St. London W.

Second certificate

corroborates

James Taylor M.D.
17th Dec - 1903 — 69 Welbeck St. W.

Previous History (from D. Leslie) Patient was a strong girl - until her 20th year (menstruation beginning at 14 and being regular) when she began to be rather anaemic and to show nervous symptoms. At the age of 21 she was operated on for appendicitis and at the same time had the right ovary, which was cystic removed by Sir J. Lawes. At the age of 26 the second ovary, left, was removed also by Lawes said to be done for cysts, some accident.
Before the operation for Appendicitis patient suffered much from constipation and flatulent distension of the abdomen she also became more & more nervous - Then or four years she was six weeks in a nursing home, dreaded to be alone. After that she was stronger, able to play tennis &c. Six months ago patient consulted D. Murray Leslie for constipation. She was treated with massage & afterwards unsuccessfully 2 operations by Arbuthnot Lane (she removed caecum &c &c) joined Queen to SC. for 1st week of April. Soon after developed delirium of cruelty, then became acutely maniacal. Has been getting Veronal gr xxx every night & Hyoscine at night.

Family History No history of Insanity. Patient youngest of large family - Two sisters very nervous. Parents living No history of Phthisis.

Condition on admission

Gall. III Patient who has been under the influence of drug
Wt. 5 st 9 sedatives for weeks had to be carried to her room
Wt. 5 st 3½ & was unable to stand up unsupported. She is a
tall tall girl well developed and thin, with bright complexion, wavy reddish hair, blue eyes - teeth fairly regular and very much decayed and many molars absent - tongue very red mucous membranes good colour.
Heart and lungs present no physical signs of disease - pulse 65, regular in rate and rhythm Temp. Normal.
The abdomen is perfectly flat - There are two scars - one in the left iliac fossa 2 in. long very faintly - The other 6 in. long extending from umbilicus to pubes in middle line recent and shows no tendency. There is no pain on palpation -
Bowels are said to move twice daily - Menstruation is said to be regular (right ovary removed - left cystic) Last menstruated Nov 15-18 Dec 15-19
The pupils are well present widely dilated (patient has 1/100th Hyoscine nightly) react well slightly to L. & A.
The knee jerks are much exaggerated - No ankle clonus. Triceps jerks active - S. jerks slight
Superficial reflexes feebly. Abd. reflexes present
The second tube on each side has been removed
Urine Acid. Clear No albumen No sugar
Patient has many bruises on legs and arms.

B. Mental.

Dec. Patient lies in bed emitting and grimacing alternately, kissing the hands of everyone who comes near her and greeting them affectionately as old friends. If annoyed she spits freely. Her habits are unclean and she occasionally plasters faeces over her person. Attention is very deficient and patient has no sense of time or place, chattering much incoherently. She is at times very resistive. She frequently has to be fed by the nasal tube and she is very sleepless.

Dec. 27 Patient became so very noisy that she had to be removed to Gallery "I" after a few days in III. She has required nasal feeding for the last three days and has been very excited dancing up and down her room. She is now getting Pam. 3III daily in addition to the egg and milk feeds with Veronal g. III in the morning and Sueptonal g. XXX at night. S.M.P.

Jan. 3. Patient is now no longer excited and returned to Hall III and an ordinary bedroom on the 1st. She is quiet and amenable, taking her food well and not longer requiring any hypnotics. She is still very emotional and rather too demonstrative but no longer grimaces or shits and is now anxious to return home ascribing her excitement to her operation in Sept. 6 S.M.P.

Jan 10 Patient is now in Gallery II much quieter but is still restless, with delusions about food and medicine which she sometimes declares are poisoned. She even takes the other patients food from them declaring it is unfit for them to eat. In spite of

this she has quite a sufficiency of food and is taking extra milk and Parmon last week patient had on several occasions Prolapsus ani about three inches of bowel prolapsing. Her bowels have to be regulated by Calomel g. 1 dose a week. The P.A. occurred for the first time after her last operation when she was still in a nursing home. S.M.P.

Feb. 8 There has been no further P.A. since last note. Patient has recovered from delusions of poisoning etc. Physically she is in good health (Hearts always hypochondriacal) having gained 2 8th since admission. She is well occupied & sleeps well - goes out daily. S.M.P.

Feb. 20 Patient was discharged today "recovered" She was examined before leaving and found to be in good physical health - (abdomen not distended bowels freely - scar healthy) free from marks and bruises. S.M.P.

Discharged.

Charlotte Elizabeth Deakin from p. 375

1909 Feb 15 Patient is restless & unoccupied. Delusions
Wt. 8st 3lbs persist. That she is suffering from an ulcerative disease in her nose, her whole time is spent fingering her nose and asking those about her if they do not see that her nose is gone - she continues this even during meal times. Bodily health is poor. M.D.B.

May 10th Patient continues deluded, has not been
Wt. 8st 2½lbs so absorbed by the supposed condition of her nose of late, but the delusion persists. Is very restless at night; at times,

constantly worrying the night nurse to give her a sleeping draught. She does not sleep badly as a rule. Physical health is fair. Ch. S.B.

Aug. 21st. Wt. 8st. 11lbs. Patient continues restless quiet unoccupied. Delusion about her nose persists. Patient says she is burning inside. Mutters to herself a good deal makes bad language. Physical health fair.

Nov. 10th. Wt. 8st. 7lbs. Patient continues to have delusions about her nose being diseased about her being burning. Is quite unoccupied. spends most of her time fidgetting with her nose. Uses bad language when addressed as a rule. Physical health improving

1910

Feb. 10th. Wt. 8st. 6lbs. Patient is now in Gallery F. because she was noisy & violent & profane. Continues very deluded. Is quite unoccupied spends all her day trying about picking with her nose Physical health fairly good.

May 25th. Wt. 8st. 0lbs. Patient continues troublesome noisy swearing most of the day. Is quite unoccupied never does to finger with her nose Restless but not sleeping badly. Physical health fairly good. S.B.

Aug. 17th. Wt. 8st. 0lbs. Patient continues very deluded. but does not finger with her nose quite so much Is restless. unoccupied talks a good deal to herself & worries a great deal for sleeping draughts. Physical health fairly good. S.B.

Dec: 12th. Wt 8st. 10½lbs. Patient is deluded. says she is burning etc. Is taking small doses of Sulphonal nightly & is not so restless & excited. Her nose alone much worn. Physical health has improved. S.B.

1911 March 16th. Wt. 9st. 4½lbs. Patient continues very deluded - but is quieter & less restless under the influence of Sulphonal Still unoccupied - has occasional attacks of violence & abuse. Physical health good - S.B.

June 12th. Wt. 9st. 0½lbs. Patient is deluded & somewhat restless - Still believes she is burning & fidgets with her nose a good deal - Has had an attack of violence lately Physical health good. S.B.

Sept. 12th. Wt. 8st. 6½lbs. Patient continues deluded - believing that she is burning etc. but can pull herself together well for a short time - Except when taking Sulphonal she is very restless & constantly fidgetting with her nose. S.B.

Dec. 16th. Wt. 8st 9lbs. Patient continues deluded restless & chronically excited Cannot occupy herself - Physical health fairly good. S.B.

1912

Feb. 20th. Unoccupied, untidy, can sometimes talk intelligently, but generally wanders up & down the court, talking or shouting, or else lies on a sofa muttering. Often begs for paraldehyde. E.M.J.

June 22nd. Has been more excited but is now quieter. Physical health good. E.M.J.

Sept. 30th. Mental condition shows no improvement. Patient can sometimes talk sensibly, & is not oblivious to her surroundings, but alternates generally between lying down, frowning & scratching her face, and walking up & down, shouting. When questioned as to the cause of her trouble, she replies that she is burning. Requires sedatives - Sulphonal or Veronal as a rule. E.M.J.

Dec. 20th. Patient has continued very excited, noisy & sleepless since last entry, States that she is in hell & burning. General health fair. E.M.J.

continued on page 86.

2914

Adm. 21 Dec. 1905
R.O 21 Dec. 1905

Gertrude Isabella Rhodes.
41 married, Ilsey Workgate Methodist, Previous addn. Lingwy, New Waunstead, Essex. First attack of gradual origin, supposed cause overwork and anxiety, Not P.S.D

First certificate

She is suffering from melancholia, says she is an unpardonable sinner beyond all hope. She has ruined her husband and life is not worth living

(Signed) T. H. Savage M.D
20 Dec. 1905.

Second certificate

corroborates
19 Dec. 1905

S. D. Rippingdale M.D
36, Holland Park Avenue.

Previous history (from husband)

Patient is one of a healthy family, and has always been a healthy girl. She has been married for 18 years, has 4 children eldest 15 - youngest 8 - all strong no miscarriages. In spring patient shared a District Nursingship in her village and did much collecting and sick visiting in connection with it. Mental symptoms were first noticed about two months ago - patient beginning to be depressed and nervous. A month ago a doctor was called in and patient went to Cydenham for a change but the did not improve and was accordingly certified. She sleeps fairly well and takes her food well

Family History

Aunt died in Asylum.

Condition on admission A. Mendoff Physical

Valley III
HR. 3/11 62
BT. 9 ST

Patient is a tall well developed, well nourished woman with dark hair and eyes, bright complexion mucous membranes good, teeth (some artificial) tongue clean
Heart and lungs present no physical signs of disease pulse 72 regular in rate and rhythm, vessel wall healthy, tension medium.
No abnormalities to be noted in abdomen. Catamenia normal
Urine 1020 acid no albumin or abnormal constituents
The pupils are equal & regular, react to L.A. (the stimulation) consensually
There is a melanoma spot on the right upper eyelid. The knee jerks are much exaggerated, triceps jerks also somewhat increased. There is no ankle clonus and the superficial reflexes are healthy.
Patient states that she is "lonely"

B. Mendoff

Patient (who attends well to dress and person) enters readily into conversation and attention, sense of time, place and memory are good
She is somewhat emotional - weeping rarely, states that she feels she has been and is a great sinner, guilty even of unpardonable sin
She also states (in more detail as the nurse as she does not like to speak of such things to doctors) that her body is covered with vermin "maggots" her hair and the lower parts of her body especially. Patient cannot see or touch them but says she feels them and thy cause her great distress.
She sleeps well and takes her food well.

Dec. 28

Patient is now in Valley II improving though still emotional but beginning to realise that she was suffering from delusions. She is fairly well occupied & sleeping well. S.M.D

Jan. 4

Patient continues to improve.

Jan. 11

Patient improves steadily - quite realises that her ideas on admission as to sinfulness etc were delusions - is now cheerful well occupied, attending and enjoying all the hospital entertainments

Jan. 18

The improvement above mentioned is maintained. S.M.D

Feb. 19 Patients mental condition continues satisfactory. Skin
March 1 Patient was discharged yesterday. recovered
was examined before leaving and found
to be in good physical health free from scars
and bruises. F.H.P.

Discharged.

29/5

Elizabeth Dawson.

Adm. 23 Dec. 1905
Op. 21 Dec. 1905

single D.S. of no occupation, Ch. of Eng. P.A. 28
Tedworth Gardens, Chelsea. First attack, duration
3 months. Supposed cause death of sister in April '05
Not E. suicidal. not D.

First certificate

She is in a condition of melancholia, miserable, hopeless & depressed, says she tried to commit suicide by getting into the water in Hyde Park and she is afraid to leave she has done such wicked things

Facts communicated "Cook sells of Lemon & Bell Liverpool"

(Signed) N. Butterworth Ward MD.
20. Dec. 1905. Margaret St. London W.

Second certificate

corroborates

(Signed) James Hamilton MD
21 Dec. 1905 Chelsea

Previous history (Form not filled in here).

Patient has always been healthy - a little nervous. The menopause occurred over three years ago and there were no mental symptoms then.

After the death of a sister three months ago patient began to be very depressed - afraid of being left alone - and began to have delusions of great sinfulness.

On Nov. 17 she ran away from home and into the Serpentine (not very deep) was rescued by the police and taken home. She again attempted suicide by tying a handkerchief round her neck & by taking Sales of Lemon. She refused a nurse to the last for night - began taking her food fairly well but sleeping badly.

Patient is rather constipated.

Condition on admission. A. Physical.

Gal. 7
HW
GT

Patient resisted examination with all her might, screaming lough. reflexes etc. could not be ascertained.

Patient is a little old woman, with white and hair dark eyes, sallow complexion, mucous membranes pale & tongue somewhat furred teeth poor.

Head and lungs presented no physical signs of disease pulse 68 regular - in rate & rhythm, vessel wall slightly thickened sensation lost.

No abnormalities to be noted in abdomen.

Urine 1020 acid, no abnormal constituents.

Some slight bruises on legs and arms.

Pupils are equal & regular & react to L & A.

B. Mental.

Patient resented physical examination and is very suspicious of any attempt to enter into conversation, as doctors & medical students making all have come evil designs upon her. She knows it by the way they touch her & look at her. She declares that there is some wicked woman who forced an evil woman into her room with her and states that that was the reason why she left her bedroom (Patient left her room about 9.30 p.m. on the 25th Hounslow County) and refused to return it. She also states that she is very unhappy because of that her illness before admission tried to commit suicide being afraid to live - Her manner is restless and excitable and she becomes very noisy at night.

Suicidal tendencies.

Attention is fair - memory and sense of time & place good.

Patient takes her food fairly & cleanly - is very sleepless

Dec 26 Patient attempted suicide by strangulation in W.C. by means of [illegible]

Dec. 30 Patient is still very depressed and very restless constantly declaring that her eyes are to be poked

and that everyone is meditating evil towards her etc. She requires to be watched and is very sleepless, requiring strong hypnotic doses (Sulph 8 grs) S.H.R.

Jan 7 Patient continues as described in previous note S.H.R.

Jan. 12 Patient has still many delusions of apprehension

Fri. 8 that her eyes are to be torn out, that a carpenter is coming to saw off her hands etc - She is still very sleepless at night. S.H.R.

Jan. 19 Patient continues as described in last note S.H.R.

Feb. 19 Patient continues restless & unoccupied very

Fri. 2 apprehensive that she is to be tortured that [illegible] She is however sleeping somewhat better. S.H.R.

March 21 Patient continues to have delusions of persecution

6th 12½ - asks daily if she will not be taken away for torture at night - She is beginning to be occupied and is less anxious about her fate in the morning She is now in Gall. III and sleeps in a room off a dormitory where she has much better rights S.H.R.

April 17 Patient still believes that she is to be tortured

Fri. 11 & thinks she is being fed up (Pharmon etc.) that she may stand the better - She is not quite as well occupied & more restless, but sleeping much better - S.H.R.

May 21 Patient continues as described in last note S.H.R.

June 8 Patient continues to implore the staff not to have her put away for torture, not to threaten her to hear it etc. etc. She is more restless during the day and very troublesome at night S.H.R.

July 19 Patient was discharged today relieved going to Springfield House Bedford. She was examined before leaving and found to be in good physical health, free from scabies & bruises

Discharged. S.H.R.

From page 96. **Elizabeth Ellen Burgoyne** (m)

May 10th Patient has been depressed of late, asserting

Wt 7st 13lbs that she is suffering physically from her

Red Horse. retention here. Delusions of persecution and mistaken identity persist; she is emotional and mildly hypochondriacal. Since last entry was in bed for about a week with influenza cold & severe cough. No physical signs of disease were found in lungs on examination. M.S.B.

Aug. 21st Patient is depressed as a rule & very hypochondriacal emotional. Thinks she has long disease has no signs found Delusion of persecution persists. S.R.

Nov. 18th Patient is mildly depressed - not so so

Wt. emotional or hypochondriacal. Is very anxious to get away for a change as she thinks she needs one. Delusion of persecution still present. Physical health good. Patient is very stout

1910

Jan. 10th Patient is mildly depressed. Has been more controlled lately. Tells friend complaints against husband & people etc. No one knows how true he is about. Complains of persecution by her husband's solicitor & friends. Physical health good. S.B.

Feb 14th Patient was today discharged relieved & transferred to St. Andrew's Hospital

"Discharged"

2917

Jane Paynton Stephens -

Rec'd Jan 3 1906
R.O Jan 4 1906

d'o married, Ch. of England, P.A. 44 Hopton Road, Streatham Second attack - age on first about 23 years. Previously treated at Plympton Devonshire Present attack has lasted about six months, cause unknown Not E. Not S. not D.

First certificate

She was depressed restless and apprehensive She said that she could not occupy herself that she was very miserable and that she had done her best to get back again She appealed to me to give her poison as she said she was so miserable. During my conversation with her she repeatedly expressed a fear that the maid would leave the house and that there would not be any food to be had

(Signed) James Chambers
8 Mansfield St. Cavendish Sq.

2 Jan. 1906

Second certificate

corroborates - and adds that patient masturbates picks her face and hands & eats the fragments picked off.

E. Barnes M.D
Streatham

3rd Jan 1906

Previous history

Patient has had one previous attack 27 years ago was treated at Plympton House. The present attack has lasted 6 months - patient being very depressed but having no fixed delusions

Family history

Brother has been insane

Condition on admission A. Physical.

Ralph III
Vol. 9 pt 7½
pp. 5 pt 1

Patient is a small stout woman well developed and nourished. Her hair is dark turning grey, her complexion sallow with face much picked eyes dark, mucous membranes rather pale, tongue flabby and furred, teeth defective, many artificial.

Heart and lungs present no physical signs of disease.

Pulse 65 regular in rate & rhythm, tension rather high.

No abnormalities to be noted in abdomen.

Urine 1035 acid, slight deposit of urates, no albumin or sugar.

The pupils are equal, regular & react to L.A. & to accommodation. The deep reflexes are present not exaggerated superficial and organic reflexes healthy.

The menopause

B. Mental -

Patient's face is much picked and she is said to eat the fragments. Her manner is restless and apprehensive. She is afraid of being left alone and asks the nurses every few minutes if they are not going to leave her. She has a trick of repeatedly the same phrase for an hour or longer.

Suicidal caution

She appeals to the medical officers to give her poison as she is so miserable that she does not want to live and knows that she cannot get back again.

She is quite unoccupied, takes her food fairly attends to duties & person, but is restless at night calling out if the night nurse leaves her side for a moment.

Attention is very deficient, both memory and sense of time and place are good.

Jan. 12

Patient is still very depressed, picking her face and constantly asking for poison. Very restless

and sleepless at night (Sulph. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to give her poison. She is still very sleepless at night. S.H.P.R.

Jan. 26 Patient continues as described in last note S.H.P.
Feb. 2 Patient is somewhat quieter and better occupied still requires a nightly hypnotic S.H.P.

March 21 Patient Medical asks for a dose of poison and
1st 10½ worries the nurses all day as to whether she will have a nurse with her at night and go to bed at her usual hour (She sleeps in an observation dormitory) She does a little sewing occasionally but is still very restless, picks the face a good deal. She is now sleeping well. S.H.P.

April 17 Patient continues as described in last note S.H.P.
May 21 Patient still asks constantly for a dose of poison worries
1st the nurses all day fearing they are all going to leave her and picks her face constantly. S.H.P.

June 8 There is no mental or physical change S.H.P.
Oct.r 15 Patient was discharged today (transferred to The Retreat York) not improved. She was examined before leaving and found to be in good physical health free from bruises but with skin picked over face neck, forearms hands and legs. S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 96 Her room avoiding all human intercourse
[illegible] S.H.P.
[illegible] as to her
[illegible] keeps apart
[illegible] mourns with
S.H.P.
Aug. 31 [illegible] Change S.H.P.
Nov. 29 [illegible] long talk
[illegible] us by the
[illegible] pushes all
[illegible] maintains
[illegible] She takes
S.H.P.
1908 Feb 2 [illegible]
May 11 [illegible] ge. S.H.P.
[illegible] and sullen
[illegible] S.H.P.
Aug. 7 [illegible] accuses
Back VIII [illegible] ill-treatment
[illegible] officers
S.H.P.

Petition
To the Lords
Spiritual and Temporal
in Parliament
assembled

My Lords.

I ask King Edward before he goes to France to set his people relatives & their Release on the English throne from further responsibilities Annuities etc I ask him to use his Royal prerogative & give the Reprieve already granted to Rayner the condemned Criminal in the form of "Release" from all further sufferings & to annul his marriage with his wife Letitia giving her & his children & hers a new name help & her the curse of her children so that with God's help & mine they may begin a new life of happiness & Peace.

Dec 21 Patient asks for admission to her solicitors gives account of her husband's ill treatment etc is fairly sociable and occupies herself at times during the day complains of being depressed but goes to entertainments which she enjoys. M.S.B.

1909 Feb 9 Patient is very deluded. Violent at times. Believes that she is kept here by Dr. Oag, accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & sullen. Takes her food well. M.S.B.

Continued page 90.

and sleepless at night (Suppl. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the medical officers to give her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note. S.H.P.

Feb. 2 Patient is somewhat quieter and better occupied still requires a night hypnotic. S.H.P.

March 21 Patient today asks for a dose of poison and worries the nurses all day as to whether she will have a nurse with her at night and go to bed at her usual hour. She sleeps in an observation dormitory. She does a little sewing occasionally but is still very restless, picks the face a good deal. She is poor sleeper, well. S.H.P.

April 17 Patient continues as described in last note. S.H.P.

May 21 Patient still asks constantly for a dose of poison, worries the nurses all day fearing they are all going to leave her and picks her face constantly. S.H.P.

June 8 There is no change of physical change S.H.P.

Oct. 15 Patient was discharged today (transferred to The Retreat York) not improved. She was examined before leaving and found to be in good physical health free from bruises but with skin picked over face, neck, forearms hands and legs. S.H.P.

Discharged.

Mrs Burgoyne (from 164)

Feb. 06 Her room avoiding all human intercourse. She persistently maintains that she is ill & equally persistently refuses to see any of the assistant Medical officers. S.H.P.

from Gallipoli P.I. 8th May 27 Patient continues full of delusions as to her [illegible] keeps apart [illegible] intercourse with [illegible] S.H.P.

Aug. 31 [illegible] S.H.P.

Nov. 29 [illegible] dining hall [illegible] refuses all [illegible] maintains [illegible] the takes [illegible] S.H.P.

1908 Feb 29 [illegible] charge S.H.P.

May 11 [illegible] and talkes [illegible] delusions of [illegible] S.H.P.

Aug. 7 Left V.R. [illegible] and again [illegible] kill [illegible] refuses [illegible] officers S.H.P.

Dec 21 [illegible] her delusions [illegible] threatened [illegible] help at times during [illegible] complains of being depressed but goes to entertainments which she enjoys. M.S.B.

1909 Feb 9 Patient is very deluded. Violent at times. Believes that she is kept here by M.O.s, accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & excited. Takes her food well. M.S.B.

Continued page 90.

Discovered April 6. 1909.

To "The Courts"

My Lords. Lords

I ask "King Edward before he goes to France hear his people Relatives & Heirs & Release the English throne from further Responsibilities Annuities etc" Ask him to use his Royal prerogative & give the Reprieve already Granted to Rayner the condemned Criminal in the form of "Release" from all further Sufferings & to annul his Marriage with his wife Letitia Giving her & her children & hers a new name help & her the custody of her children so that with God's help & man's they may begin a new life of happiness & Peace.

and sleepless at night (Sulph. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to give her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as
Feb. 2 Patient is somewhat
still requires a night
March 21 Patient Isabel asks for a
1st 10½ worries the nurses al
will have a nurse
to bed at her usual
observation dormitory
occasionally but
face a good deal. She
April 17 Patient continues as
May 01 Patient still asks constant
1st the nurses all day fearf
and sucks her face co
June 8 There is no change
Oct. 13 Patient was disc
to The Retreat. Y
was examined
found to be
free from bruises
Corset face, neck,
legs

S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 26 Her room avoiding all human intercourse. She persistently maintains that she is ill & equally persistently refuses to see any of the Assistant Medical officers S.H.P.

Mar. 27 Patient continues full of delusions as to her
kiel keeps apart
intercourse with
S.H.P.
thyroid change S.H.P.
and dining hall
members of the
Sr. She refuses all
staff, yet maintains
nurses. She takes
well. S.H.P.
ment change. S.H.P.
rose and pulled
her delusions of
S.H.P.
and acquie
ckel. Kill pressures
dical officers.
V. S.H.P.
her delusions
and is threatened to
herself at times
during the day. Complains of being depressed but goes to entertainments which she enjoys. M.S.B.

1909 Feb 9 Patient is very deluded. Violent at times. Believes that she is kept here by Dr. Orr accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

The Angel of Death as is fitting in such extraordinary circumstances shall be ordered by King Edward to release & clear all the Prisons Asylums & Moral dirt from the Kingdom so that when the new King comes in his old right to his own he will be able to cause reposing by giving a free pardon. Each left in Prisons or Asylums as a fitting in organisation of his future Reign of "Peace" without disturbing the peace of Europe.

He King Elizabeth Ellen Bird desires as her first Act that every one in Prison or Asylum shall be granted their "Heart's desire" if possible and desires expressed through the Judges that this shall be done without delay.

My Lords Kindly be Gracious enough to be late my dream

I wish to say that Orientalism cannot be Educated side by side with British wild flowers without injury to both. I refer to the Prince of Wales & the three Princesses of Wales who

and sleepless at night (Suppl. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to put her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note S.H.P.

Feb. 2 Patient is somewhat quieter and better occupies still requires a night hypnotic S.H.P.

March 21 Patient Ledell asks for a dose of poison and
1st 10½ worries the nurses all day as to whether she will have a nurse with her at night and go to bed at her usual hour (She sleeps in an observation dormitory) She does a little sewing occasionally but is still very restless, picks the face a good deal. She is now sleeping well. S.H.P.

April 17 Patient continues as described in last note S.H.P.

May 21 Patient still asks constantly for a dose of poison, worries
1st the nurses all day fearing they are all going to leave her and picks her face constantly. S.H.P.

June 8 There is no sign of physical change S.H.P.

Oct.r 13 Patient was discharged today (transferred to The Retreat York) not improved. She was examined before leaving and found to be in good physical health free from bruises but with skin picked about face, neck, forearms hands and legs. S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 96 Her room avoiding all human intercourse She persistently maintains that she is well & equally persistently refuses to see any of the Assistant Medical Officers S.H.P.

Nov. 26 to May 27 Patient continues full of delusions as to her [illegible] keeps apart [illegible] S.H.P.

Aug. 31 [illegible] S.H.P.

Nov. 29 [illegible] refuses all [illegible] S.H.P.

1908 Feb. 29 [illegible] S.H.P.

May 11 [illegible] S.H.P.

Aug. 7 [illegible]

Sept. VII [illegible]

Dec 21 [illegible] S.H.P.

1909 Feb 9 Patient is very deluded. Violent at times. Believes that she is kept here by Dr. Orr, accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

We at present being educated
the are murders three three
publicly in St Britani three
Trustees & three Healers
Recall them so that they
may be fitted for their future duties. This
must be done at once. When
they are grown up they can
come as visitors to take
finishing lessons of agreable
to both Crown
masters not to Mesalin in future years mend
The Income Tax Death duties
apply in future only to foreigners and acquire
Lets a "Passport" tax according
to requirements - Yrs faithfully
Elizabeth Ellen Burgoyne
Elizabeth Ellen B.A. LL
Britannia

and sleepless at night (Sulph. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to give her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note S.H.P.

Feb. 2 Patient is somewhat quieter and better occupied still requires a night hypnotic S.H.P.

March 21 Patient Isabel asks for a dose of poison and worries the nurses all day as to whether she will have a nurse with her at night and go to bed at her usual hour. She sleeps in an observation dormitory. She does a little needlework occasionally but is still very restless, picks the face a good deal. She is not sleeping well. S.H.P.

April 17 Patient continues as described in last note S.H.P.

May 21 Patient still asks constantly for a dose of poison, worries the nurses all day fearing they are all going to leave her and picks her face constantly. S.H.P.

June 8 There is no change in physical condition S.H.P.

Oct. 13 Patient was discharged today (transferred to The Retreat York) not improved. She was examined before leaving and found to be in good physical health free from bruises but with skin picked about face, neck, forearms hands and legs. S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 96 Her room avoiding all human intercourse. She persistently maintains that she is dead equally persistently refuses to see any of the Assistant Medical Officers S.H.P.

Nov. Jelly 97 May 27 Patient continues full of delusions as to her identity and continues to refuse all food except milk. She keeps apart from other patients and has no intercourse with them. S.H.P.

Aug. 31 Nov. 29 No change S.H.P.

1908 Feb 29 May 11 Dining hall refuses all food maintains delusions of identity. She takes food well. S.H.P.

Aug. 7 Left VIK No change. S.H.P. and refuses delusions of S.H.P.

Dec 21 No change. S.H.P. and acquiescent. Kildrefuses officers. S.H.P.

1909 Feb 9 Delusions of identity. Threatened violence at times. Complains of being depressed but goes to entertainments which she enjoys. M.S.B. Patient is very deluded. Violent at times. Believes that she is kept here by R.O.S. accuses them of ill treatment. She attacked another patient a short time ago without apparent cause. When remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

Saturday April 6th 1907

My Lords.

I enclose the nearest shades I have to Ecclesiastical Purple "Violet" being its common name. You will see the slight but perceptible difference between it & the Royal purple of Revd. I enclose the exact shade. also the remainder. Symbol

Sky blue azure, Patience or Peace
Trust or Emerald green
Red or rather Pink the Heavenly Paradise

Symbol of War.

all set in amber gold the color of the sunshine which is
Sur rounds the future destinies of Wales Ireland England & Scotland in their present Union
Neutral in shades not colors of White & tan no Black

and sleepless at night (Sulph. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to spare her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note. S.H.P.

Feb. 2 Patient is somewhat quieter still requires a night [illegible]

March 21 Patient [illegible] asks for a dose [illegible]
1st 10½ worries the nurses all day [illegible] will have a nurse with her to bed at her usual hour (9 p.m. observation dormitory) She [illegible] occasionally but is still very [illegible] face a good deal. She is now [illegible]

April 17 Patient continues as described
May 21 Patient still asks constantly for a [illegible]
1st the nurses all day fairly they [illegible] and sucks her face constantly.

June 8 There is no hospital or physical
Oct.r 15 Patient was discharged [illegible] to The Retreat York [illegible] was examined before [illegible] found to be in good [illegible] free from bruises [illegible] Corneal face, neck, forearms [illegible] legs

Discharged.

This note the correct emblems of Power Protestantism & Catholicism may be taken as a good foundation stone for future erection of "Home" in the true sense of the word to be raised from. These colors must be of the most delicate dyes to ensure absolute correctness & permanency of color. & no one has a right to wear "The Colors" without Royal Consent first being obtained they being Royal Colors in their form on a white ground.

The Badge of England being "The Gold Rose" blush pink
Ireland. The Shamrock
Wales The Leek
Scotland The Thistle.
all surrounded & surmounted by The Crown Emblem & Symbol of Power
The Great powerful & masterful power of Justice tempered as steel is from Royal medal by the Sympathy of the Queen Good & Mother hood in combination with the steel [illegible]

Ward Burgoyne (from 104)

Feb. 26 Her room avoiding all human intercourse. She persistently maintains that she is ill & equally persistently refuses to see any of the Assistant Medical Officers. S.H.P.

from Jail 27 May 27 Patient continues full of delusions as to her identity and importance. She still keeps apart [illegible] S.H.P.

[illegible] S.H.P.

[illegible] S.H.P.

[illegible] S.H.P.

[illegible] S.H.P.

[illegible] S.H.P.

[illegible] S.H.P.

1909 Feb 9 goes to entertainments which she enjoys. M.S.B. Patient is very deluded. Violent at times. Believes that she is kept here by R. Os, accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

and sleepless at night (Suppl. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the medical officers to give her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note S.H.P.

Feb. 2 Patient is somewhat quieter and better occupied still requires a night hypnotic S.H.P.

March 21 Patient to-day asks for a dose of poison and worries the nurses all day as to whether she will have a nurse with her at night and go to bed at her usual hour (She sleeps in an observation dormitory) She does a little sewing occasionally but is still very restless, picks the face a good deal. She is now sleeping well. S.H.P.

April 17 Patient continues as described in last note S.H.P.

May 21 Patient still asks constantly for a dose of poison, worries the nurses all day fearing they are all going to leave her and picks her face constantly. S.H.P.

June 8 There is no change in physical change S.H.P.

Oct. 13 Patient was discharged today (transferred to The Retreat York) not improved. She was examined before leaving and found to be in good physical health free from bruises but with skin picked about face, neck, forearms hands and legs. S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 96 Her room avoiding all human intercourse She persistently maintains that she is well & equally persistently refuses to see any of the assistant Medical officers S.H.P.

Nov. 26 to May 27 Patient continues full of delusions as to her [illegible] keeps apart [illegible] intercourse with [illegible] S.H.P.

Aug. 31 [illegible] medical charge S.H.P.

Nov. 29 [illegible] dining hall [illegible] members of the [illegible] refuses all [illegible] yet maintains [illegible] she takes [illegible] S.H.P.

1908 Feb 29 [illegible] charge S.H.P.

May 11 [illegible] and talkes [illegible] delusions of [illegible] S.H.P.

Aug. 7 [illegible] and became [illegible] talkes, refuses [illegible] medical officers S.H.P.

Left VIth

Dec 21 [illegible] her delusions [illegible] ill treatment &c [illegible] self at times during [illegible] complains of being depressed but goes to entertainments which she enjoys. M.S.B.

1909 Feb 9 Patient is very deluded. Violent at times, Believes that she is kept here by Dr. Oxy accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

If the male side here for all
Corporal in all things all
professions all trades all
deceivers male & female
fighting the Battle of Life
together side by side Morally
physically & in all religious
When needful & the only
thing required to suitable
which being interpreted means
"Britis they must be Not
Naturalised & therefore to be
trusted to keep up the
Natural Reputation of
Honour & Truth of Britain
Signed Yours sincerely
Britannia Elizabeth Ellen Boyd

and sleepless at night (Suppl. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to give her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note S.H.P.

Feb. 2 Patient is somewhat quieter and better occupied still requires a night hypnotic S.H.P.

March 21 Patient Isabel asks for a dose of poison and
1st 10½ worries the nurses all day as to whether she will have a nurse with her at night and go to bed at her usual hour (She sleeps in an observation dormitory) She does a little sewing occasionally but is still very restless, picks the face a good deal. She is now sleeping well. S.H.P.

April 17 Patient continues as described in last note S.H.P.

May 21 Patient still asks constantly for a dose of poison, worries
1st the nurses all day fearing they are all going to leave her and picks her face constantly. S.H.P.

June 8 There is no change in physical change S.H.P.

Oct. 13 Patient was discharged today (transferred to The Retreat York) not improved. She was examined before leaving and found to be in good physical health free from bruises but with skin picked about face, neck, forearms hands and legs. S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 96 Her room avoiding all human intercourse. She persistently maintains that she is ill & equally persistently refuses to see any of the assistant Medical officers S.H.P.

Nov. 26 Dec. 27 May 27 Patient continues full of delusions as to her [illegible] keeps apart [illegible] S.H.P.

St Annes Heath 23rd June -
" Windermere Rot.

Dear Dr Keene.

I feel sure you cannot be aware of the fact that Dr Smellie is suffering from Religious Mania in a most pronounced form & that Dr Ross for some time has been unable to support her head through weakness through the fatigue consequent on her arduous duties (Sole woman doctor at Hôpital in a foreign country & so at intervals unable to support her head While procuring sustenance at meal times by placing [illegible]

Aug. 31 Nov. 29 [illegible] S.H.P.

1908 Feb 29 May 11 [illegible] dining hall [illegible] refuses all [illegible] S.H.P.

Aug. 7 Left V.R. [illegible] change S.H.P. [illegible] and talking [illegible] delusions of S.H.P.

Dec 21 [illegible] and became [illegible] Hallucinations [illegible] Threatening like [illegible] help at times during [illegible] complains of being depressed but goes to entertainments which she enjoys. M.S.B.

1909 Feb 9 Patient is very deluded. Violent at times. Believes that she is kept here by Dr. Ross, accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

and sleepless at night (Sulph. gr. XX or Paraldehyde)
She is taking her food fairly well. S.H.P

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to give her poison. She is still very sleepless at night. S.H.P

Jan. 26 Patient continues as described
Feb. 2 Patient is somewhat quieter
still requires a night hypn
March 21 Patient today asks for a dose of
1st 10½ worries the nurses all day
will have a nurse with h
to bed at her usual hour (She
observation dormitory) She do
occasionally but is still very
face a good deal. She is now
April 17 Patient continues as described
May 21 Patient still asks constantly for a d
1st the nurses all day fearing they a
and sucks her face constantly.
June 8 There is no change to physi
Oct. 15 Patient was discharged
to The Retreat York
was examined before
found to be in good
free from bruises
Corset face, neck, forearms
legs

S.H.P

Discharged.

1909 Feb 9

Mrs Burgoyne (from 104)

Feb. 26 Her room avoiding all human intercourse. She persistently maintains that she is ill & equally persistently refuses to see any of the assistant Medical officers

S.H.P

from Jelly F.J. Mar 27 Patient continues full of delusions as to her

elbows in an upright position. One arm not being strong enough for the heavy task, & then resting the chin for leverage to ease the strain on her spine. I regret to say, that there "Great personality" detected both Screens last evening their disease communicated visibly to a patient at Miss Ross's table. So I hasten to draw your attention to this fact.

fearing that I myself being in "weak" State of health (or should be!) may fall a prey to their disease. I am writing my guardians to ask for my removal on these grounds. Dr Smith's

Dr Smith's attitude with clasped hands his face religiously enfolded in them but elbows placed correctly to enable him to do.

So matters rue day he is. Suffering from Melancholia in a mild

during [illegible] complains of being depressed but goes to entertainments which she enjoys. M.S.B.

Patient is very deluded. Violent at times. Believes that she is kept here by Dr. Oxley accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

and sleepless at night (Suppl. gr. XX or Paraldyde)
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless constantly asking the nurses not to leave her and asking the Medical officers to give her poison. She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note S.H.P.

Feb. 2 Patient is somewhat quieter and better occupied still requires a night hypnotic S.H.P.

March 21 Patient today asks for a dose of poison and worries the nurses all day as to whether she will have a nurse with her at night and go to bed at her usual hour. She sleeps in an observation dormitory. She does a little sewing occasionally but is still very restless, picks the face a good deal. She is now sleeping well. S.H.P.

April 17 Patient continues as described in last note S.H.P.

May 21 Patient still asks constantly for a dose of poison, worries the nurses all day fearing they are all going to leave her and picks her face constantly. S.H.P.

June 8 There is no change in physical condition S.H.P.

Oct. 13 Patient was discharged today (transferred to The Retreat York) not improved. She was examined before leaving and found to be in good physical health free from bruises but with skin picked about face, neck, forearms hands and legs. S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 06 Her room avoiding all human intercourse. She persistently maintains that she is of very good family and persistently refuses to see any of the assistant Medical officers S.H.P.

Nov. 26 to Dec. 27 Feb. 27 to May 27 Patient continues full of delusions as to her identity and importance. She still keeps apart from intercourse with other patients S.H.P.

Aug. 31 Nov. 29 No change S.H.P.

1908 Feb. 29 May 11 No change. Dining Hall

Aug. 7 Left V.R. Refuses all food, yet maintains she is well nourished. She takes food when pressed but refuses at times. Delusions of persecution S.H.P.

Dec 21 Delusions as before. Occasional threatening attitude. Needs help at times. Depressed but goes to entertainments which she enjoys. M.S.B.

1909 Feb 9 Patient is very deluded. Violent at times. Believes that she is kept here by Dr. Oxley accuses them of ill treatment. She attacked another patient a short time ago without apparent cause, when remonstrated with became very noisy & violent. Takes her food well. M.S.B.

Continued page 90.

at intervals he places material
food or matter in his mouth.

Yrs sincerely,
Elizabeth Ellen Bond.
Known here as
Elizabeth Ellen Burgoyne

and sleepless at night (Suppl. gr. XX or Bradley
She is taking her food fairly well. S.H.P.

Jan. 19. Patient continues very depressed and restless
constantly asking the nurses not to leave her
and asking the Medical officers to give her poison
She is still very sleepless at night. S.H.P.

Jan. 26 Patient continues as described in last note S.H.P.
Feb. 2 Patient is somewhat quieter and better occupied
still requires a nightly hypnotic S.H.P.

March 21 Patient Medical asks for a dose of poison and
1st 10½ worries the nurses all day as to whether she
will have a nurse with her at night and
to bed at her usual hour (She sleeps in an
observation dormitory) She does a little sewing
occasionally but is still very restless, picks her
face a good deal. She is now sleeping well. S.H.P.

April 17 Patient continues as described in last note S.H.P.
May 01 Patient still asks constantly for a dose of poison worries
1st the nurses all day fearing they are all going to leave
and picks her face constantly. S.H.P.

June 8 There is no mental or physical change S.H.P.
Oct.r 15 Patient was discharged today (transferred
to the Retreat York) not improved. She
was examined before leaving and
found to be in good physical health
free from bruises (but with skin picked
over face, neck, forearms hands and
legs S.H.P.

Discharged.

Mrs Burgoyne (from 104)

Feb. 26 Her room avoiding all human intercourse
She persistently maintains that she is dead & equally
persistently refuses to see any of the assistant Medical
Officers S.H.P.

Nov. 26 to Dec. 1st Feb. 27 Patient continues full of delusions as to her
identity and importance She still keeps apart
from the others and avoids any intercourse with
the medical staff. S.H.P.

Aug. 31 There is no mental or physical change S.H.P.
Nov. 29 Patient now dines in the second dining hall
that she may not see certain members of the
staff who are repugnant to her. She refuses all
intercourse with the medical staff, yet maintains
at times that she is dying. Sometimes she takes
her food well and sleeps well. S.H.P.

1908 Feb 29 There is no mental or physical change. S.H.P.
May 11 Patient is somewhat calmer and quieter
with the Medical Staff but persists in her delusions of
personal identity. S.H.P.

Aug. 7 Less morose and sullen and again
Back VIK dining in first dining hall. Still refuses
to speak to assistant medical officers
delusions of identity persist. S.H.P.

Dec 21 Patient gives no expression to her delusions
gives account of her husband's illness fairly sociable and occupies herself at times
during day. Complains of being depressed but
goes to entertainments which she enjoys. M.S.B.

1909 Feb 9 Patient is very deluded. Violent at times.
Believes that she is kept here by Drs, accuses them
of ill treatment. She attacked another patient a short
time ago without apparent cause, when remonstrated
with became very morose & sullen. Takes her food well. M.S.B.

Continued page 90.

2118

Josephine Henrietta Wright.

Ad. Jan 6 1906
P.O Jan 6 1906

56, married, nil, Ch. of Eng. P.A. Ansley Surrey Farnham. Surrey. Two previous attacks at ages of 30 and 53 Treated at H.S Dec to Jan 1902-3- Recent attack has lasted a few days Supposed cause. Several deaths of relations during the past years & other shocks & the heavy work she has given herself this past Xmas Rel. C. of S. D.

First certificate

During an interview of 20 minutes the said J.H.W talked almost incessantly in an excited manner entirely about religion & the Virginity of the Virgin Mary & the Gospels were changed She retorted immediately to it & on my attempting to leave signed my hand & continued talking till I forcibly withdrew.

(Signed) James Hussey
5 Jan. 1906 Farnham Surrey

Second cert.

corroborates
5. Jan 1906 Hugh L Eleard
Farnham Surrey

Rec. Visitor

See Casebook XV Page 93
Was patient here from Dec 30 - May 1903
Discharged recovered

Family Hist.

Two cousins insane
and son (recent of P.A. case) treated here
discharged recovered.

Condition on admission A. Physical

Pallor V
HH (passed per os to be taken)

Patient is a tall well developed well nourished woman with light grey hair, blue eyes good complexion mucous membranes good color, tongue clean teeth very fair.
Heart & Lungs present no physical signs of disease. Pulse 78 regular in rate & rhythm, vessel walls healthy, tension rather high.
No abnormalities to be noted in abdomen
Urine 1022 acid no abnormal constituents
Patient is extremely short sighted and has to peer closely before seeing anything. The pupils are equal regular & react slowly to L.A. Knee jerks are sluggish. Other reflexes could not be ascertained owing to patients restlessness.

B. Mental-

Patient is very restless, violent if annoyed striking anyone who comes in her way, throwing her food at the nurse's head if she does not omit it occasionally screaming loud. Her habits are most unclean.
Attention is very defficient and patient has no sense of time or place, thinking that she is at the North Pole that she is a queen a countess etc. etc. She has many delusions of identity.
She is very sleepless pacing her room for hours at night.

Jan. 13

Patient is now in a padded room violent if annoyed but takes her food. She is still full of delusions and is very sleepless pacing her room at night occasionally for hours in spite of hypnotics

Jan. 20

Patient continues much excited but is taking her food & sleeping better. S.H.R.

Jan 27 Patient now removed from a padded to a strong room, still rather restless with many delusions of identity but quiter on the whole and sleeping better. S.H.P.

Feb. 3. Impossible Patient is still very restless, spends the day walking round her room and retains all her delusions but is sleeping better. S.H.P.

March 21 Still 23 There is no mental change S.H.P.

April 17 Patient now goes out daily but still retains all her delusions of identity and is very restless constantly chattering to herself, occasionally dancing with great vigour. She is taking her food well & sleeping fairly well. S.H.P.

April 30 Since 5.30 p.m. on yesterday patient has had four short epileptic attacks - The commencing stage of the first three was not observed. When seen by the M.O. patient was semi-conscious, breathing stertorously, cyanosed, frothing at the mouth, pupils contracted not reacting to light, deep reflexes absent and she had passed urine involuntarily. She recovered very quickly and was very irritable for some time after each fit and was also sick after each attack. In the fourth fit (two this afternoon - one this morning) general convulsions were observed by the nurse. She is now getting Pot. Brom. gr. XX t.d.s. S.H.P.

May 21 There have been no further fits since last note and patient is in better physical health going out regularly and sleeping better. Mentally she is quiet, and talks excitedly but still retains all her delusions of identity. S.H.P.

June 8 Patient went to Hall II on the 6th June - is now quiet, well occupied, conversing sensibly and free from delusions of identity. S.H.P.

June 13 Patient went on trial today - was examined before leaving and found to be in good physical health free from marks and bruises

June 20 Patient was discharged recovered from S.H.P. trial today S.H.P.

Discharged

2919

Elizabeth Ellen Burgoyne

ad 15 Jan 1906 (transferred from The Priory, Rochampton)

P.O. 24 May 1905 42, married, Ch. of Eng. Second attack, age on first 41, not previously treated, duration 10 days. Not P.S.D.

First exam. She spoke in a wild excited manner & made most unreasonable suggestions to her husband to send telegrams to her relations in Liverpool requesting them to come at once. When suddenly changed her mind & wanted to be taken to them for no obvious reason. She is under the delusion that some accident has happened to her husband & that he is very concerned over her husband finding her out.

1905 - 1943 F. P. Palmer
19 Hanley St.

Second exam. corroborates

T. C. Wood M.D.
40. Margaret St.

Past History

Family History No history of insanity

Condition on admission A. Physical.

Pallor ++ Ht. 5ft 6½ Wt. 13st. 9

Patient is a tall well developed well nourished woman with dark hair & eyes. sallow complexion. Defective teeth (some artificial) the high palate. Tongue clean.

Heart lungs and abdominal organs present no physical signs of disease. Pulse 72 regular in rate & rhythm, Vessel wall Healthy. Tension low.

Patient was menstruating on admission and states that the catamenia are normal. She has Leucorrhoea had a retroflexed uterus some years ago. Urine 1022 acid, no abnormal constituents.

The pupils are equal & regular & react to L.A. skin stimulation & consensual. The superficial and organic reflexes are brisk and the deep reflexes are present not exaggerated.

B. Mental.

Patient attends well to dress & person. Her manner is restless and excitable and she is very emotional laughing and weeping alternately as she relates her past history.

Memory recent & remote is good also sense of time & place but patient mistakes the identity of those around her, saying she has seen them before. She accuses her husband most fiercely of wasting her money, bringing charges of immorality against her & finally 10 days he got so unbearable that she had to call in the police (this she did in May 1905)

Her conversation is very rambling and disconnected.

Her appetite is good & she sleeps well.

Jan. 22 Patient continues restless and voluble. Her conversation is emotional and incoherent and she has many delusions. Her physical health is good. S.H.P.

Jan. 29 Patient is less restless and excited less emotional and more coherent in conversation also better occupied. S.H.P.

Feb. 5, 13, 12 Patient continues as described in last note. S.H.P.

Feb. 12 Patient is still very emotional - tears start when as she thinks of her children and is very much incensed against her husband - at times she is very voluble and rather restless. S.H.P.

March 21 (Ext. 8) Patient is less emotional but is at times very voluble and grows almost incoherent when she talks of her husband, who is wasting her money she says. She has now apparently no delusions of identity. She takes her food well sleeps well. S.H.P.

April 17 Patient is improving is less voluble & emotional and better occupied. She is still very bitter against her husband. S.H.P.

May 21 Patient is still very emotional and does still retain vague delusions of identity - says she knows many of the people here (not the cook) and gets news of her children through them. She is in good physical health. S.H.P.

June 8 Patient now in Ward III still emotional and very easily excited but improving on the whole. S.H.P.

July 17 In annexed letter patient says she is of Blood royal but does not feel worthy of being Queen of G. Britain. S.H.P.

Nov. 10 Patient last month was very depressed maintaining she was dying, nothing could

save her. A change to another gallery and a tonic greatly improved matters. She is still emotional, easily excited and very unreasonable, getting furious when she S.H.P.

Dec. 8 [illegible] S.H.P.

July 17. 1906

Dear Sir.

In speaking to Miss Agnes Palfrey about many things I find she has not been believed in what she said. I regret to say from personal experience that what she says is unfortunately more than true, her sister was the cause of great grief to me in the days + in consequence of her "sneaky" ways my life was completely altered, she + Mrs Calhill are absolutely unlike I need not say more.

Mr. Burton

Dec. 22 Seriously ill. Caution

Dec. 26 Sc. removed

1907

Jan. 7 [illegible]

Jan 14 [illegible] refuses absolutely to have anything to do with the Assistant Medical officers as they are Scotch - will not let them examine or prescribe for her thinks she talks of being very ill - dying. She has lumbago sprinkled & take Cod Liver Oil and is taking that regularly. S.H.P.

Feb. 26 Patient continues very depressed - would, if allowed, spend all her time in bed or sit

96

Jan. 22 Patient continues restless and voluble. Her conversation is emotional and incoherent and she has many delusions. Her physical health is good. S.H.P.

Jan. 29 Patient is less restless and excited less emotional and more coherent in conversation also better occupied

Feb. 5. Patient continues as

Feb. 12 Patient is still very as she thinks of her concerned against her very voluble and sat

March 21 Patient is less emo
Bt. 8 voluble and grows
she talks of her husb
money she pays. She
delusions of identity
sleeps well

April 17 Patient is improving
and better occupied
her husband.

May 21 Patient is still very emo
vague delusions of iden
of the people here (not
of her children thro
physical health.

June 8 Patient now in fair
and very easily excited but improving on
the whole. S.H.P.

July 17 In annexed letter patient says she is of
Blood royal but does not feel worthy of being
Queen of Gt. Britain. S.H.P.

Nov. 10 Patient last month was very depressed
maintaining she was dying, nothing could

same her. A change to another galley and a tonic greatly improved matters, She is still emotional, easily excited and very unreasonable, getting furious when she speaks of her husband. S.H.P.

Dec. 8 Patient has been violent and abusive to all in asylum against the rules of Lunacy Commissioners and to end her life is convinced that she will succeed unless medicine is administered by hand. S.H.P.

Feb. 26 Patient continues very depressed - would, if allowed, spend all her time in bed or sit

96

& regret to say these remarks apply to other members of her family - & I should have no hesitation in speaking plainly of what I refer to if needed for this Little Pilgrim's happiness. I personally have gained considerably in the matter by marrying Mr. John Wm. Burgoyne instead of my first Scotchman Mr. Arthur James Preston. There is no secret about the matter) & the reason is that in marrying Mr Burgoyne I married my equal in blood. The Burgoynes being of Norman Royal blood & highly descended & I felt this for the first time when first before sailing for Hong Kong to be married to the late Town Clerk of Liverpool explained to me who I was & I have never referred to this to Mr Burgoyne my husband matter, as in my opinion I am not worthy of being Queen of Great Britain & also holding such high rank as do with the Arrangement Medical officers as they are Scotch - will not let them examine or prescribe for her thinks she talks of being very ill - dying - She has Lemonade Sweetened & Vanilla Cod Liver Oil and is taking that regularly. S.H.P.

Jan. 22 Patient continues restless and voluble. Her conversation is emotional and incoherent and she has many delusions. Her physical health is good. S.H.P.

Jan. 29 Patient is less restless and seated less emotional and more coherent in conversation also better occupied. S.H.P.

Feb. 5 Patient continues as described on last note. S.H.P.

Feb. 12 Patient is still very emotional - cries apart weeping as she thinks of her children and is very much incensed against her husband - at times she is very voluble and rather restless. S.H.P.

March 21 Patient is less emotional but is at times very voluble and grows almost incoherent when she talks of her husband, who is wasting her money she says. She has now apparently no delusions of identity. She takes her food well & sleeps well. S.H.P.

April 17 Patient is improving is less voluble & emotional and better occupied. She is still very bitter against her husband. S.H.P.

May 21 Patient is still very emotional and does still retain vague delusions of identity - says she knows many of the people here (not the case) and gets news of her children through them. She is in good physical health. S.H.P.

June 8 Patient now in Hall II still emotional and very easily excited but improving on the whole. S.H.P.

July 17 In annexed letter patient says she is of Blood Royal but does not feel worthy of being Queen of G. Britain. S.H.P.

Nov. 10 Patient last month was very depressed maintaining she was dying, nothing could

save her. A change to another galley and a tonic greatly improved matters, She is still emotional, easily excited and very unreasonable, getting furious when she speaks of her husband. S.H.P.

Dec. 8 Patient has been violent and abusive to all

Stray views on Morality & religion. Consider unsuitable, were I even obliged to hold that position. I should more than insist by words and Should have happiness & prosperity round me and I Should never allow any pressure. I hate dirt in any shape or form & Hope the children remember that for their dear sakes I shall remain here willingly & die here I will not have my

Dec. 22 Suicidal caution

Dec. 24 Sc. removed

Jan. 7 NOT

Jan 14

Medical officers as they are Scotch - will not let them examine or prescribe for her though she talks of being very ill - dying. She has commenced to take Cod Liver Oil and is taking that regularly. S.H.P.

Feb. 26 Patient continues very depressed - would, if allowed, spend all her time in bed or lie

Jan. 22 Patient continues restless and voluble. Her conversation is emotional and incoherent and she has many delusions. Her physical health is good. S.H.P.

Jan. 29 Patient is less restless and exalted less emotional and more coherent in conversation also better occupied. S.H.P.

Feb. 5, 13, 12 Patient continues as described on last note. S.H.P.

Feb. 12 Patient is still very emotional - cries apart weeps as she thinks of her children and is very much incensed against her husband - at times she is very voluble and rather restless. S.H.P.

March 21 / Apl 8 Patient is less emotional but is at times very voluble and grows almost incoherent when she talks of her husband who is wasting her money she says. She has now apparently no delusions of identity. Sl. takes her food well & sleeps well. S.H.P.

April 17 Patient is improving is less voluble & emotional and better occupied. She is still very bitter against her husband. S.H.P.

May 21 Patient is still very emotional and does still retain vague delusions of identity - says she knows many of the people here (not the cook) and gets news of her children through them. She is in good physical health. S.H.P.

June 8 Patient now in Hall II still emotional and very easily excited but improving in the whole. S.H.P.

July 17 In annexed letter patient says she is of Blood royal but does not feel worthy of being Queen of G. Britain. S.H.P.

Nov. 10 Patient last month was very depressed maintaining she was dying, nothing could

same her. A change to another gallery and a tonic greatly improved matters, She is still emotional, easily excited and very unreasonable, getting furious when she speaks of her husband. S.H.P.

Dec. 8 [illegible] S.H.P.

helpless little mer a prey to the fiesend appressed "mans bestiality" + so I defied them + took refuge here while the Hanoverian mederine Rule at Court.!!

Yrs sincerely.

Elizabeth Ellen Burgoyne

The Chairman St Anns Committee

Dec. 22 Suicidal caution

Dec. 26 Sc. removed

1907

Jan. 7

Jan 14

Feb. 26 Patient continues very depressed - would, if allowed, spend all her time in bed or in

Jan. 22 Patient continues restless and voluble. Her conversation is emotional and incoherent and she has many delusions. Her physical health is good. S.H.P.

Jan. 29 Patient is less restless and excited less emotional and more coherent in conversation also better occupied. S.H.P.

Feb. 5 Patient continues as described on last note. S.H.P.

Feb. 12 Patient is still very emotional - talks of her children as she thinks of her children and is very much concerned against her husband - at times she is very voluble and rather restless. S.H.P.

March 21 Patient is less emotional but is at times very voluble and grows almost incoherent when she talks of her husband, who is wasting her money she says. She has now apparently no delusions of identity. She takes her food well & sleeps well. S.H.P.

April 17 Patient is improving is less voluble & emotional and better occupied. She is still very bitter against her husband. S.H.P.

May 21 Patient is still very emotional and does still retain vague delusions of identity - says she knows many of the people here (not the cook) and gets news of her children through them. She is in good physical health. S.H.P.

June 8 Patient now in Hall II still emotional and very easily excited but improving on the whole. S.H.P.

July 17 In annexed letter patient says she is of Royal blood but does not feel worthy of being Queen of Gt. Britain." S.H.P.

Nov. 10 Patient last month was very depressed maintaining she was dying, nothing could

save her. A change to another galley and a tonic greatly improved matters, She is still emotional, easily excited and very unreasonable, getting furious when she speaks of her husband. S.H.P.

Dec. 8 Patient has been violent and abusive to all violent, she states because it is against the rules of this place to keep violent patients. She was sentenced abusive to the Lunacy Commission on the 1st Dec. She has threatened to end her life [illegible] convinced that

When men have learnt to sing
Rule "Britannia Britons never shall
be Slaves" to their passions &c then
it will be safe & fit and for women &
children in Britain & Utterly. Somewhere
there was an old Spy called "My Queen"
Who'd refused to wives & sweethearts
Betty Burgess.

[illegible] very excited and somewhat restless. S.H.P.

Jan. 14 Rose out of bed - still excited refuses absolutely to have anything to do with the Assistant Medical officers as they are Scotch - will not let them examine or prescribe for her thinks she talks of being very ill - dying - She has commenced to take Cod Liver Oil and is taking that regularly. S.H.P.

Feb. 26 Patient continues very depressed - would if allowed, spend all her time in bed or in

96

Jan. 22 Patient continues restless and voluble. Her conversation is emotional and incoherent and she has many delusions. Her physical health is good - S.H.P.

Jan. 29 Patient is less restless and excited less emotional and more coherent in conversation also better occupied / S.H.P.

Feb. 5 Patient continues as described in last note S.H.P.

Feb. 12 Patient is still very emotional - cries apart when as she thinks of her children and is very much incensed against her husband - at times she is very voluble and rather restless S.H.P.

March 21 Patient is less emotional but is at times very voluble and grows almost incoherent when she talks of her husband who is wasting her money she says. She has now apparently no delusions of identity. She takes her food well & sleeps well S.H.P.

April 17 Patient is improving is less voluble & emotional and better occupied. She is still very bitter against her husband. S.H.P.

May 21 Patient is still very emotional and does still retain vague delusions of identity - says she knows many of the people here (not the case) and gets news of her children through them. She is in good physical health. S.H.P.

June 8 Patient now in Hall II still emotional and very easily excited but improving on the whole. S.H.P.

July 17 In annexed letter patient says she is of Blood Royal but does not feel worthy of being Queen of G. Britain - S.H.P.

Nov. 10 Patient last month was very depressed maintaining she was dying, nothing could save her. A change to another gallery and a tonic greatly improved matters. She is still emotional, easily excited and very unreasonable, getting furious when she speaks of her husband. S.H.P.

Dec. 8 Patient has been violent and abusive today violent she states because it is against the rules of this place to keep violent patients. She was extremely abusive to the Lunacy Commissioners on the 1st Dec. She has threatened to end her life unless allowed to leave, is convinced that she is a widow and persists on wearing white or black clothes - She refuses medicine frequently refuses food to the detriment of her general health. S.H.P.

Dec. 22 Suicidal caution Patient who threatened to end her life in despair was sent to a padded room in V Ward S.H.P.

Dec. 26 Sc. removed Patient better controlled and cheered by receiving news of her children. Returned to III Ward. Suicidal caution removed - no attempt to harm herself has been made and patient promising to refrain from any attempts - S.H.P.

1907

Jan. 7 Patient in bed with mild attack of influenza very excited and somewhat resistive S.H.P.

Jan. 14 Now out of bed - still excited refuses absolutely to have anything to do with the Assistant Medical officers as they are Scotch - will not let them examine or prescribe for her though she talks of being very ill - dying - She has however consented to take Cod Liver Oil and is taking that regularly S.H.P.

Feb. 26 Patient continues very depressed - would, if allowed, spend all her time in bed or in

96

2921

Adm. Jan 22 1906

P.O

Una Sutherland Courtenay Burnam single, 28 has been hospital nurse, Chef by Profession address 47 Oxford Terrace Hyde Park. Second attack, age on first 26 Married Roll. Sam. Oct 28 1903. Present attack has lasted one month. Supposed cause Puerperal attack & mental strain — Not S.S.D

1st Certificate

She is in a state of mental excitement she is untidy & dirty. She confesses that she ran away from home & wandered about London: but is unable to give a coherent account of her actions & fails to see the unreasonableness She becomes excited at times & very violent & abusive in her language.

Previous history

See Casebook XV Page 355.
Adm. Oct 28 1903 — Was discharged recovered May 30 1904

Family History

No History of Insanity

Condition on admission — A. Physical

Patient is a slender girl fairly well developed & nourished. Her eyes are grey, hair light brown teeth very carious, many bad stumps, tongue furred & tooth indented, complexion pale healthy and mucous membranes a pair colour.

Heart & Lungs present no physical signs of disease. Pulse 72 regular in rate & rhythm, vessel walls healthy, tension low.

No abnormalities to be noted in abdomen Catamenia said to be regular.

Urine, 1022 acid no abnormal constituents Pupils are equal regular & react well to L.A. movements & skin stimulation. The deep reflexes of the upper extremities are present, not exaggerated — the knee jerks are brisk — superficial & organic reflexes healthy

Fully VI
VH
VA

B. Mental.

Patient has a restless excited manner, is very untidy & her person was much neglected on admission, though her habits are cleanly.

She is very mischievous, peering into everything asking questions about everything and suddenly in the middle of conversation pulling her interlocutor nose.

She states that her mother is a drunkard & a fury & that she ran away from home to get a husband but is generally very incoherent in her statements Memory is fairly good.

Patient was very restless at night, shouting and singing

Jan. 29

Patient is now in Hall V very excited and abusive but taking her food. She is getting a night hypnotic —

S.H.P

Feb. 5 Patient has required tube feeding for the last three days but is sleeping better. S.H.P.

Feb. 12 Patient has not been tube fed this week is sleeping without a hypnotic, but is very restless excited and destructive. S.H.P.

Feb. 19 There is no mental or physical change. S.H.P.

March 21 / 31st. Patient is still restless & destructive requires to be kept apart from the others She is now taking her food fairly well. occasionally requires spoon feeding - and sleeping better. S.H.P.

April 17 Patient continues as described in last note. S.H.P.

May 2 Patient is restless destructive and violent S.H.P.

June 8 There is no improvement in patients mental state. Physically she is in fair health. S.H.P.

Sept. 10 Patient was discharged today recovered leaving improved rapidly in the last two months. She was examined before leaving and found to be in good physical health free from marks and bruises - S.H.P.

Discharged.

1907

Miss Rumbridge 112

May 27 / Aug. 31 Wore a new dress to-piece the week before last. Patient silent unoccupied. given to crouching in corners with her skirt over her head - frequently destructive, full of delusions of mental and persecution, resistive and troublesome at times. food. S.H.P.

Nov. 29 Patient has shown considerable mental improvement lately - is now in Hall III. quiet mixing with the other patients - well occupied and fairly pleasant - has expressed no delusions of persecution Lake S.H.P.

By R. Marsh 38 Fir. d.

Dec. 12 Patient was discharged relieved today was examined before leaving and found to be in good physical health, free from marks and bruises - S.H.P.

No Single case.

Discharged.

2923

Rosa Annie Plumbridge

Ac/ 26 Jan 1906 — Single 40 no occupation Evangelical protestant
O.D. 26 Jan 1906 — P.A. Certificate "Mayfield Surrey First attack age 40 duration uncertain, S.c. hereditary mental trouble Not E.S.D."

First certificate — Patient tells me that the world is talking of her that she is in a state of siege that her house is a fort that she is surrounded by enemies

Communicated - patient ran out of doors in her nightdress thinking her enemies were going to take her life"

Signed. C. T. Brattenhouse
26 Jan. 1906 of Bromley Kent.

Second cert. — corroborates
Signed Thomas Elliot MD
26 Jan. 1906 of Tunbridge Wells

Rec. History

Family History — Father brother & two sisters insane
Cousin here as patient thrice

Condition on admission A Physical.

Pall. III
Wt. 5st 2½
Ht. 5st 7

Patient is a small thin woman with dark hair turning greyish, dark blue eyes sallow complexion, teeth defective & carious (but well kept) tongue rather furred, mucous membranes pale.

Head and Lungs present no physical signs of disease. Heart is regular in rate & rhythm medium tension

No abnormalities to be noted in abdomen. Catamenia stated by patient to be fairly regular.

The pupils are rather dilated, equal in size and regular, react slowly to L. more rapidly to L. on skin stimulation - react consensually All the deep reflexes are exaggerated. The superficial and organic reflexes are healthy. Urine 1030 acid. no sugar albumin &c. depositing of urates.

B. Mental-

Patient has a restless worn expression. Has evidently been attending little to dress or person

Her habits are cleanly, she takes her food fairly well and sleeps well

Her manner is resentful as she evidently feels by everyones hand against her. She states that the villagers have all been against her & that her house has been in a state of siege but will not give any reason for this.

She also told one of the medical officers that God wanted make him for keeping her here while to another she waved her right hand "& any question."

She will not admit hallucinations of sight or hearing, nor has there been any evidence of

of them but she stated that she "smelt death" to another patient.
Memory for recent & remote events is good, also sense of time & place fair.

Feb. 2 & 7 — Patient has not spoken a word since Wed 31st keeps her eyes tightly shut & stops her ears. She is only taking food fairly but sleeps well. She is getting excited much & somewhat out of hand.

Feb. 9 — Patient still maintains an obstinate silence with eyes shut & ears stopped. S.H.P.

Feb. 16 — Patient has broken her obstinate silence (sometimes freely) at intervals. She still maintains that Fate judgment will be meted out to those who keep her here and still feels that everyone is against her. She refuses medicine on principle (she believes in faith healing) and has to be obliged to take it. She is sleeping well. S.H.P.

Feb. 23 — Patient continues as described in last note. S.H.P.

March 21 (6 st. 11) — Patient is still at times obstinately silent & one speaks to the medical officers to ask for her help that she may go home. She is now well occupied and is gaining weight. S.H.P.

April 17 — Patient has been very deluded lately rushing out of her room at night because of some unspeakable evil in it and complaining much that everybody misrepresents her. She refused to leave her sister when visited & had to be removed forcibly. S.H.P.

May 21 — Patient thrust her hand through the window of her bedroom few days ago without injuring it. She was sent to Gall. I where she required tube feeding on three occasions. She is now quiet again and has returned to Gall. III. She still says nothing

but that she is grossly misrepresented and a great wrong being done to her. S.H.P.

June 13 — Patient has suffered from severe hemorrhoids lately. She was treated in bed and is now quite convalescent. Her delusions are most persistent she maintains that she is being poisoned, gassed, wronged etc. etc. refuses food, any medical treatment and is very restless at night, requiring hemalgine at night. S.H.P.

Sept. 29 — Patient is much better physical health takes her food fairly well and sleeps well. The delusions of poisoning are less active but she still believes that she is being grievously wronged persecuted etc. S.H.P.

Oct. 21 — Patient much excited repeating one sentence incessantly for hours "Oh! that I were with those out and out Christians from whom I got such spiritual blessing" could only sit a shawl, so she refuses to wear a nightdress refuses food (tube fed) for the last three days. S.H.P.

Nov. 13 — Patient has been very resistive in every way requiring tube feeding for the last two weeks. She repeats one phrase for hours at a time and is clothed only in a shawl. S.H.P.

1907 Feb. 26 — Patient is somewhat less resistive now taking food fairly well but refusing drugs. Sanatogen worked but sister desired patient to make trial of) and well occupied. She does not speak to the other patients and persists in her desire to be with missionaries or Christians refusing to say anything but this when addressed. She is sleeping much better. S.H.P.

Page 18

May 27 — Patient continues resistive and destructive

2924 Catherine Summers Brock

oc. 27 Jan 1906 single 27 no occupation. Ch. of Eng. P.A. 1 Waterbury Rd Bronderbury. Second attack age on first 24. Previous att Holl Lun Asylum Dec 1901. Duration of present attack 5 days supposed cause heartbreak cares, Dr F.S.D.

First certificate Patient constantly mutters on religious subjects perpetually walks about. Said that she could do anything except what I bid her to do declares that I am a lion. Deplores that up to the present time she has suffered from moral blindness but now her eyes are opened and she sees the extreme wickedness of everybody

Signed E.C. Kingsford
27 Jan. 1906 of Bronderbury.

Second cert.

corroborates Fred C.H. Horne.
30 Jan 1906 of Ilkam.

Previous history See Case book XIII page 51
Admitted acutely maniacal Aug 7. 1901
improved elated & was discharged
recovered Dec 29 1901

Family Hist. No history of insanity

Condition on admission A. Physical

Pallor VI
Hb. 6 N ½
D.T.

Patient is well developed and fairly nourished hair brown, eyes grey, complexion sallow mucous membranes somewhat pale, tongue furred, hard palate normal.
Head and lungs present no physical signs of disease. Pulse 87 regular in rate & rhythm, temperature normal
No abnormalities to be noted in abdomen
Catamenia said to be normal
Pupils equal and regular, react to L.A. show the K conjunctival. The deep reflexes were ascertained with difficulty as patient was restless but appeared not to be exaggerated
Organic reflexes healthy.
Urine specimen cannot be obtained
Some slight bruises on arms & legs.

B. Mental.

Patient is very restless, walks up & down the room singing the Te Deum from a prayer book occasionally kneeling down.
She evinced no interest in response to conversation addressed to her and was somewhat resistive during her physical examination.
She is very noisy at night shouting and singing. Takes her food fairly.
Her habits are cleanly and she attends little to other persons

Feb. 3. Patient continues wholly absorbed in the prayer book. has occasionally required tube feeding.

S.H.P.

Feb. 10 Patient has not been tube fed lately has slept for the last three nights without a hypnotic. She is still wholly absorbed in her delusions. S.H.P.

Feb. 17 Patient is said in V as she was so by orders She has not however been tube fed lately. She remains wholly absorbed in her delusions asking services from the prayer book all day. S.H.P.

Feb. 24 There is no mental change. S.H.P.

March 21 Patient had a short lucid interval one day during which she talked of patients & doctors who had been here during her previous stay of passing etc but since then she has been wholly absorbed in her delusions again occasionally requiring spoonfeeding. She is however sleeping well. S.H.P.

April 17 Patient is quieter with occasional lucid intervals when she talks pleasantly and helps in the gallery work. At other times she is absolutely silent either praying or reading her prayer book. She is taking her food fairly well & sleeping well. S.H.P.

May 21 Patient continues as described in last note. S.H.P.

June 13 Patient is less excited and better occupied but has occasional fits of crying but almost hopeless. She will not speak to the medical officers S.H.P.

July 28. Deluded excited & resistive : refusing food. Fed by tube. P.S.T.

" 29. Last night patient was very excited & attempted to bite her fingers & lacerated her mouth with her fingers saying that she must die. She continues to make determined attempts to do herself harm & was put in a long sleeved jacket. Appt. Hyos. 1/100 gr. kept for two hours. This morning she continues to attempt to bite her hands. She clings to her mouth so determinedly

Suicidal caution

that in removing her hands she pulled out two lower incisor teeth. P.S.T.

Oct. 26 Patient's parents visited her yesterday - after they left she was much excited saying that she was not her parents, that she was not Catherine Broch, but was a man etc etc - S.H.P.

1907 Jan. 28 Patient much less excited - well occupied and sleeping well. Has not expressed any delusions lately S.H.P.

Feb 26 Patient now on Full I free from excitement or manifest delusions well occupied - has been visited lately by her mother and took visit naturally S.H.P.

April 27 Patient has been complaining lately of colic - It is not related to food taking and on pressure she winced or presented by lying down. Nothing abnormal can be detected on the abdomen and there is no uterine trouble. Patient states that she has had this pain for two years and she thinks it is sent her "for a purpose" and she does not wish it to be cured. She is still very deluded says she is engaged to the Lord Jesus that she has frequently seen him here in various people - the Kennard's for example. She also states that she was crucified when she came here. S.H.P.

May 9 Patient went on trial today / still persists in delusions, but has promised not to speak of them to Lowe. Physically improved. S.H.P.

July 24 Patient was discharged today from trial recovered S.H.P.

Discharged

2926

Emily Cornish

Adf. 3 Feby 1906
RO. 3 Feby 1906

35 married, no occupation. Ch of E. P. A
1 Bromfield Gardens Richmond. First attack age on first 30 duration fwe years not previously treated Lot. E. Swindon. D.

First certificate

Incoherent talk, delusions about people trying to ruin her husband & sister in law. Also about men using indecent language to her & that almost every woman was trying to get possession of her husband

Signed. J. W. Williamson
2 Feby 1906 — Richmond

Second certificate corroborates

G. F. Shuttleworth

Previous history (from husband) — Patient has always been healthy woman began to have delusions of suspicion some five years ago. Has threatened lately to kill her husband and children

Family history — No history of insanity

Condition on admission A Physical.

Patient is a well developed, well nourished woman with rather sallow complexion, dark hair, blue eyes mucous membranes good colour tongue furred clean, teeth fair, good palate normal Head, lungs and abdominal organs present no signs of disease. Pulse 78 regular in rate & rhythm Peripheral wall healthy - tension medium
Urine S.g. 1030, acid No albumin or sugar
Catamenia — said to be regular
The pupils are equal & regular & react well to light accommodation & consensually -
There is no exaggeration of the deep reflexes - superficial and organic reflexes are healthy.

Felley V
Ht. 5 ft. 5 in
Wt. 12 st. 8

B. Mental —

Patient has a defiant manner and restless expression refused to rise unless she could have a bath in which no other person had been and is generally rather troublesome about rules and regulations stating that she only pleases herself absolutely -
Her personal habits are good.
She has many delusions of suspicion states that people are trying to "work hypnotism" on her through her husband and sister in-law. That she will guard her husband from these & all other evil influences which are practised on him - states also that he has been insane for months and is now persecuting her.
She has no elective hallucinations of sight or hearing, memory and orientation are good

Mental Condition (See Book Cards)

Feb. 10 Patient is somewhat less troublesome about rules but is quite unoccupied and states that she means to please herself about being here. She sleeps well S.H.P.

Feb 19 Patient is not in Ward V as she was quite unmanageable in the nursery on Sunday everything her own way. She is quite unoccupied & silent refusing to enter into conversation — S.H.P.

Feb 26 Patient continues most unmanageable, nursery on her own way in everything, sullen and morose when refused, taking very little - quite unoccupied She is most bitter against her husband S.H.P.

March 5 Since last month patient has required tube feeding on one occasion as she had refused food for two days - since then however she has taken food pretty well. She now maintains an obstinate silence is quite unoccupied. She sleeps well S.H.P.

April 17 Patient is still very obstinate quite unoccupied and occasionally refuses all food requiring tube feeding. She insists that she will do as she likes here as she did at home & cannot see any reason for her husband's cruel action in bringing her here She sleeps well. S.H.P.

May 21 Patient continues obstinately silent spending the day lying on a couch or taking exercise out of doors quite unoccupied. She is ill both physical health

June 8 Patient continues quite unoccupied silent usually but occasionally violent especially to one nurse whom she declares she hears constantly calling her a devil a dirty devil etc. Sometimes She does states that her conduct is being "influenced" here - how she will not state. S.H.P.

July 15 Patient is frequently very noisy shouting abusive

declaring that the other patients have no right to their things clothes etc. She frequently refuses one meal altogether and will not take food unless it is specially offered her. She has lost weight since admission - S.H.P.

Nov. 13 Patient is very abusive and so violent that she has to be kept apart from the other patients. She has absolutely refused to get up for the last three weeks S.H.P.

1907
Jan. 7 Patient convalescing from mild attack of influenza very deluded and always inclined to be violent S.H.P.

Feb 26 There is no mental change S.H.P.

May 27 Patient continues abusive and violent has many delusions of identity and frequently outbursts of laughing (tears learnt of abuse directed at her when there is absolute silence in her room etc etc) Her physical health is good but excitement keeps her thin S.H.P.

July 15 Patient was extremely violent today and yesterday tried to bite nurses fingers off - but her face body threw a tearing basin at a nurse then seized a bit of it and cut first and second toes of her own right foot (first stitches) Sent into seclusion for four hours — S.H.P.

July 16 Was Carried into seclusion, 6 hours for excitement S.H.P.

July 17 " " " " 7½ hours " " S.H.P.

July 18 " " " " 2½ hours " " S.H.P.

July 19 " " " " 3 hours " " S.H.P.

July 21 " " " " 4 hours " " S.H.P.

July 23 " " " " 3 hours " " S.H.P.

July 25 " " " " 1½ hours " " S.H.P.

July 26 " " " " 9 hours " " S.H.P.

July 27 " " " " 5 hours " " S.H.P.

July 28 " " " " 4 hours " " S.H.P.

July 29 " " " " 3 hours " " S.H.P.

July 31 " " " " 8 hours " " S.H.P.

Aug 1 " " " " 8 hours " " S.H.P.

Aug 2 " " " " 6 hours " " S.H.P.

1928

Margaret Beck

acf Feb. 7 1906
P.O 29 Nov 1905
(Transfer)

Single, school girl. Ch. of Eng. P.A
The Rectory, Carleton Road, Attleborough
Norfolk
First attack, duration about
3 months, not previously treated supposed
cause adolescence - Not G. & D.

First cert.

Maniacal excitement, incoherent. Yells
House is full of murderers - devils look
in at window, continually talking & swears
& jumping about the room - Threatened
hits the jug I saw patient 2 weeks ago
& She was then in the same condition

Signed Vincent Milner Hy
29 Nov. 1905 of Parkestone

Second cert.

corroborates

W. C. Hine
27 Nov. 1905 of Poole

Rec'd Asylum from Parkestone 30 Nov. 1905 (Dr. Tinkler)

Went to nursing home at Parkestone
last Feb. for depression - got better in 3 mos
and left. Returned there as certified patient
last Nov. in much the same condition as she
is now - excited - conversation nonsensical
occasionally destructive, refusing food. At first
she had to be tube fed - is now shown feeding
gets a Parael. dressed right & thoroughly tube
Patient's habits are cleanly but she requires
attention

Family History

Father - insane for a year when curate 20 yrs ago
Uncle insane.

Condition on admission. A. Physical. (and with explanation)

Wt. V
Ht. 5ft 5½
Wt. Oct. 9

Patient is a fairly well developed girl at present ill nourished. Her colour is good mucous membranes good colour teeth good & tongue clean hard palate normal — Eyes brown eyes &c

Heart and Lungs present no physical signs of disease - Pulse 72 regular in rate & rhythm, tension good Vessel wall healthy no abnormalities to be noted in abdomen.

Urine 1022 acid no abnormal constituents Catamenia stated to be normal.

There is a left sided dorsal scoliosis with accompanying heightening of the left shoulder &.

The pupils are equal regular & react to L. & accommodation and convergence well. The knee jerks are very active - the other deep reflexes are not exaggerated and there is no ankle clonus The superficial and organic reflexes are healthy

Condition on admission. B. Mental.

Patient is excited, her manners restless & jerky She grimaces constantly and is nervous & tearful.

Her habits are cleanly but she requires much attention - She takes her food well & spoon is fed - sleepless

She has hallucinations of sight & hearing talks of blood on her hands & on the bed clothes &c and hears voices frequently.

She has many delusions & ideas of reference - says she has seen M. & nurses often before and at once names them. (nurses) Her conversation is incoherent and rambling and attention sense of time and place are very defiant.

Feb. 4 Patient had yesterday an attack of Coma of convulsions with a condition when seen by nurse there were ones but eyes were deviated to one side —

Feb. 16 Patient is now in Hall VI quieter & more tears also beginning to occupy herself a little She is sleeping somewhat better. S.H.P.

Feb. 23 Patient continues to improve - is less moody & better occupied and sleeping fairly well without hypnotics - no longer reminisces crying She is now somewhat inclined to brood over her past - says she has been a most wicked girl has fibbed & done things of which she is ashamed does not see much hope for the future. She takes her food well - S.H.P.

March 2 Patient continues as described on last note S.H.P.

" 16 Blood count Hb 80 % WBC 8032 RBC 3.420 m

April 17 Patient is still very confused & incoherent, cannot form a coherent sentence, is very resistive fights & struggles over toilet operations and requires to be fed spoon fed. She occasionally attacks the other patients and is generally most troublesome. S.H.P.

June 13 Patient repeats one word or phrase for days together "convict" and will not say anything else. Is answers to questions. She is very resistive, fights over everything, being washed dressed, taken from one room to another - fed &c

Aug. 15 There is no essential change - S.H.P.

Aug. 29 Patient is now in Hall VI no longer resistive paying due attention to person, taking her food herself and beginning to occupy herself. Tries to show some coherence in conversation S.H.P.

Nov. 13 Patient maintains the improvement above noted - Her intellectual level is not high, but she now keeps conversation perfectly well. Reads, sews and is always well occupied joins in the Hospital amusements. She is in good physical health S.H.P.

1907 Jan. 28 Patient was discharged today recovered was examined before leaving and found to be in good physical health free from vermin and bruises. S.H.P.

Discharged

Lorna Marion Larkes

Adl. Feb 9 1906 — Sl single, Shetland worker & typist. Ch of Eng.
R.O Feb 9 1906 — P.A. Corbarrie, St Stephens Rd Hounslow
First attack ago on first 24 years, hereditary
treated. Present attack has lasted from 1st Feb
Ps. overwork & worry. Not S.S.D.-

First certificate — She asks questions about all kinds of matters
but cannot understand any explanation. She says
that things are all going wrong in Hounslow
that the Church magazine in particular is all
nonsense. She is sure that her father's business
is all going wrong & that it is her fault. She
wanted me to bring all her relatives up into the room.
(Signed) 8 Feb. 1906 — F.O.S. Gordon
Hounslow

Second cert. — corroborates
(Signed) — R. Percy Smith
7 Feb. 1906 — Eulan Arms &

Pred. history (from father & Dr. Linker) — For last four months has been depressed & mentally confused restless with delusions of self accusation. Her delusions are that she has been watched & had deceived her relations at home that she was the cause of trouble (which had no existence) at her office & that she had caused harm to another lady in the office by accepting an appointment when offered her.

Has been employed as a typist & Shetland worker for 4-5 yrs - her work is supposed to be cause of breakdown. She has always been healthy & strong intelligent & did her work well.

Family history — None of insanity &c in her.

Condition on admission A. Physical

Gall. VII
Wt. 4st 8½
Ht. 5ft. 6

Patient is a small girl fairly well developed and well nourished. Her hair is brown, eyes brown, complexion bright, mucous membranes good colour, teeth good, tongue fairly clean - hard palate normal -
Heart & lungs present no physical signs of disease
Pulse 72 regular in rate & rhythm, vessel wall healthy tension medium -
No abnormalities to be noted in abdomen.
Patient menstruating on admission - states this catamenia is normal.
The pupils are equal and regular, react to L.A. accom & skin stimulation. The knee jerks are exaggerated but the other deep reflexes are normal - also the superficial and organic reflexes
Urine 1026 acid deposit of urates, no albumin or other abnormal constituents.

B. Mental -

Patient attends well to dress and person and her habits are cleanly.
She takes her food well and sleeps well.
Her manner is very confused and she is most rambling in conversation - her memory for recent events is slightly impaired but sense of time & place are also somewhat deficient.
She states that newspaper - church magazine &c have been wrongly printed in Hounslow that she blames herself for her father's business going wrong (delusion) as she had omitted answering telephone messages &c -
She has auditory hallucinations as she hears the voices of three crying in the night outside

Suicidal caution

her room but apparently has no other hallucinations. He has threatened ~~S.H.R.~~ to throw herself out of a window because she felt unable

Feb. 16 Patient is still very confused, says she ought to wear uniform of Isle to be smaller here - has slight delusional of suspicion that people look strangely at her, refuses to speak to her &c &c

Feb. 23 Patient walked out of chapel on Sunday evening, as she alleged the service was not being properly conducted and she also felt the people around her to be very strange. She still has dreamy confused notions as to those around, but is beginning to occupy herself better and is now in No I

March

Feb. 2. Patient continues very confused - says that the people around her are all most peculiar & behave very strangely - occasionally refuses food for hours and has to be made to take some. She sleeps well. S.H.R.

March 9 Patient has been sent back to Valley VII as she kept wandering about in an aimless way in Hall I and strayed about the corridors. She is still very confused, believes that the people around her are changed in many ways - thinks she is prefect and has to be back at work and asks repeatedly daily if she may leave immediately. S.H.R.

April 9 After a fortnight's interval of improvement during which patient was quiet & well occupied & admits that she had been wrong in frequenting the church services improperly conducted, she is again restless & excited, declaring that some evil is about to happen to her people & relations at night S.H.R.

April 9 Suicidal caution Patient attempted to swallow a locket today and is very depressed & deluded, saying the heavy people being tortured. S.H.R.

April 16 Patient has refused food for two days & has been tube fed

April 28 Patient no longer excited and in Hall VIII S.H.R.

May 13 Patient again somewhat excited and now in Hall VI - Very confused and incoherent S.H.R.

June 13 Patient is improving is less anxious to leave at once and recognizes that she has been excited and had delusions. She is fairly well occupied and in good physical health S.H.R.

July 15 Patient continues very variable, at times excited and confused wishing to leave at once, very unreasonable and exacting but taking medicine (to ammenorrhoea) &c. Again quiet and fairly reasonable — S.H.R.

Suicidal caution removed Sept. 8 Patient now in Hall I, well controlled, well occupied and in better physical health S.H.R.

Sept. 13 Patient was discharged today improved.

Discharged. S.H.R.

2933

Adm. 24 Feb. 1906
R.O. 5 July 1905
(Bankes)

Hilda Lily Ridpath

34 single, has been Kindergarten teacher, Protestant
17, West Kensington Gardens. Third attack ago
on first 3/52 year - Not previously certified. Duration
of present attack six months, cause unknown
Not E.S.D.

1st certificate

She is excited and restless in her speech. Hears voices
and repeats what they are saying to her. Says she can
communicate - receives messages to her friends hears
their voices in reply. Previous to examination she has
told me repeatedly that she is the widow of a medical
man & has had a child who is dead. This delusion she
has had for weeks. On occasions very noisy & excited.

(Signed)
3 July 1905.

C. H. Fagan
of Woodlands, Surrey

2nd certificate

corroborates -

(Signed)
3 July 1905 -

E. Rouse Rouse
of Epsom, Surrey

Previous History

Patient has had three attacks of insanity - the 1st
in 1899 cause unknown, the next in 1904
the present in 05.

Patient is at present very excited, has hallucinations
of hearing, believes she is married and has children.
Her habits are cleanly and she is not destructive
or violent - suicidal? Before Xmas when
Resumption she attempted to throw herself downstairs
& also set the tail of her dressing gown on fire as she heard
voices telling her she must herself.

Family History

Grandmother insane.

Condition on admission. A. Physical.

Coll. V.
Th.
Ot.

Patient is a tall well developed well nourished woman
with dark hair, brown eyes, the prominent nose good colour
mucous membranes healthy colour, tongue furred, clean
and teeth good.

Heart and lungs present no physical signs of disease
pulse 72 regular in rate & rhythm, Vessel wall healthy
tension medium.

No abnormalities to be noted in abdomen
Catamenia -

Urine 1026 acid deposit of urates, no albumin & perhaps a trace of sugar.

The pupils are equal regular and react normally to
L.A. consensual and skin stimulation. The knee
jerks are very active the other deep reflexes not
exaggerated, skin & organic reflexes healthy.

B. Mental.

Patient has a restless excited manner and chatters
constantly in a loud monotonous tone. Her habits are
cleanly but she pays little attention to dress & person.

She is mildly excited, quiet not violent because
she is commanded by Sir John Williams to whom she says
she has been married for over six months, to cease work
constantly. Her conversation morbid - is all to the effect that she
must leave - is interlarded with his remarks "Hilda
my child you must go. I tell you so" etc. etc.

She has many delusions of persecutions says
that the doctors at P. practised electricity on her
& made her inhale evil gases etc & that she fears
this will happen here if she does not leave at once.

Auditory hallucinations are constant and of a varied character as she alleges
patient has also hallucinations of smell. She
she can taste poison in her food.
will not admit hallucinations of sight.

Her sleep is very disturbed - she occasionally scream

Suicidal Caution (See Previous History)

March 3 9st. 9½ — Patient continues very talkative, never sitting for a moment, chattering constantly to Sir D. Williams who tells her to leave at once. She has been very noisy all night and somewhat troublesome all day. S.H.P.

March 10 — Patient is somewhat quieter and less troublesome but is still in constant communication with Sir D. Williams. She is sleeping better at night. S.H.P.

March 17 — Patient is more excited & delusional. Says she thanks God for the police as she knows the doctors are going to torture her - She raves & talks of her children as well of her husband. She is at times noisy at night. S.H.P.

March 24 — Patient continues as described in last note S.H.P.

April 9 9st. 1 — Patient has slightly sprained her right left foot and is being kept in bed. She is still very noisy and her delusions and talkativeness are unchanged - S.H.P.

April 28 — Patient rose out of bed and very restless and noisy with constant auditory hallucinations. She has been very troublesome over food lately and was tube fed yesterday. Sleep is very deficient - S.H.P.

May 15 — There is no mental change - S.H.P.

June 13 — Patient continues resisting, very noisy continually answering voices carrying on a conversation between Sir John Williams and herself in which he tells her she must & at once, that her husband is dying etc. etc. — S.H.P.

Sept. 15 — There is no mental change. S.H.P.

Nov. 13 — Patient occasionally rose makes sudden attacks upon the nurses (probably unprovoked) talkativeness is very resistive and constantly holding a loud conversation. She takes her food badly, and

1907 Feb. 25 — sleeps fairly well (occasional hypnotic) S.H.P.

March 25 — [illegible] S.H.P.

May 2 — [illegible] improved [illegible] S.H.P.

7 Feb. 25 1907 Miss Roffey

Dear Dr. Moore

Let me leave at once. Send me a black coat & hat & pass. Also purse with £10. to go on with.

Yours

Lady D. Williams

March 3 9st. 9½ Patient continues very talkative, never sitting for a moment, chattering constantly to Sir J. Williams who tells her to leave off once. She has been very noisy all night and somewhat troublesome by day. S.H.P.

March 10 Patient is somewhat quieter and less loquacious but is still in constant communication with Sir J. Williams. She is sleeping better at night. S.H.P.

March 17 Patient is more excited & delusional. Calls clamours loudly for the police as she knows the doctors are going to torture her - She raves talks of her children as well of her husband She is at times noisy at night. S.H.P.

March 24 Patient continues as described in last note S.H.P.

April 9 9st. 1 Patient has slightly sprained her right left foot and is being kept in bed. She is still very noisy and her delusions and talkativeness are unchanged - S.H.P.

April 28 Patient rose out of bed but very restless and noisy with constant auditory hallucinations. She has been very troublesome over food lately and was tube fed yesterday. Sleep is very deficient - S.H.P.

May 15 There is no mental change - S.H.P.

June 13 Patient continues restless, very noisy constantly answering voices carrying on a conversation between Sir John Williams and herself in which he tells her she must go at once, that her husband is dying etc. etc. - S.H.P.

July 15 There is no mental change. S.H.P.

Nov. 13 Patient occasionally rises makes sudden attacks upon the nurses (probably unprovoked) talkative is very restless and constantly holding a loud conversation. She takes her food badly, but

sleeps fairly well (occasional hypnotic) S.H.P.

1907 Feb. 25 Patient continues very restless occasionally settled with constant auditory hallucinations. She declares that she is married to Sir John Williams, hears his voice telling her to go up to London continually and is always making efforts to rush through doors. Patient is very thin owing to her constant excitement and frequent elopements. See annual letter. S.H.P.

March 25 Patient's suicidal caution removed. S.H.P.

May 2 Patient was discharged today not improved going to Kingsdown House. She was examined before leaving but revealed pieces all the time thereby that the nurses meant to murder her. The thoracic organs were apparently healthy. There were two small bruises on behind the right knee and both feet were rather swollen (from much standing) S.H.P.

Discharged.

1907

Mrs. Carried from page 130

Aug. 3	Patient was in seclusion for 6 hours for excitement			S.H.R.
4	"	"	2 "	"
5	"	"	1 "	"
6	"	"	12 "	"
7	"	"	8 "	"
8	"	"	8 "	"
9	"	"	9 "	"
11	"	"	5 "	"
12	"	"	3 "	"
13	"	"	10 "	"
14	"	"	10 "	"
15	"	"	8 "	"
16	"	"	10 "	"
17	"	"	6 "	"
18	"	"	4 "	"
19	"	"	9 "	"
20	"	"	4 "	"
21	"	"	5 "	"
22	"	"	6 "	"
23	"	"	11 "	"
24	"	"	6 "	"
25	"	"	6 "	"
26	"	"	6 "	S.H.R.
27	"	"	6 "	S.H.R.
28	"	"	18 "	S.H.R.
29	"	"	6 "	S.H.R.
30	"	"	6 "	S.H.R.
31	"	"	6 "	S.H.R.
Sept. 1	"	"	11 "	S.H.R.
2	"	"	#4 "	S.H.R.
3	"	"	6 "	S.H.R.
4	"	"	7 "	S.H.R.
5	"	"	12 "	S.H.R.

Sept. 6	Patient was in seclusion for 11 hrs. for excitement	S.H.R.
7	" " 6 hrs " "	S.H.R.
8	" " 4 hrs " "	S.H.R.
9	" " 3 hrs " "	S.H.R.
10	" " 6 hrs " "	S.H.R.
11	" " 6 hrs " "	S.H.R.
12	" " 4 hrs " "	S.H.R.
13	" " 2 hrs " "	S.H.R.
14	" " 2 hrs " "	S.H.R.
15	" " 6 hrs " "	was most violent, pulled a nurse down and scratched her face constantly threatening to kill the nurses. S.H.R.
16	In seclusion for 9 hours for excitement	S.H.R.
18	" " " 6 " " "	S.H.R.
19	" " " 4 " " "	S.H.R.
20	" " " 11 " " "	S.H.R.
21	" " " 4 " " "	S.H.R.
~~22~~ 22	" " " 6 " " "	S.H.R.
23	" " " 6 " " "	S.H.R.
25	" " " 6 " " "	S.H.R.
26	" " " 8 " " "	S.H.R.
27	" " " 6 " " "	S.H.R.
28	" " " 6 " " "	S.H.R.
29	" " " 6 " " "	S.H.R.
Oct. 1	" " " 6 " " "	S.H.R.
Oct. 2	Patient was discharged today not improved. Sent to Cumberland House. She was examined before leaving and found to be free from marks and bruises. Heart and lungs healthy as far as could be ascertained for she was very restless during examination. S.H.R.	

Discharged

2934

Edith Mary Milner Palliser

Adl. 16 March 1906
U.D. 16 March 1906

22 single, no occupation, Ch. of Eng.
Homewood Addlestone. First attack, not previously treated, duration one week. Sc. history illness & possible heredity. Pat & S.D.

First certificate. She talked in a rambling manner passing from one subject to another without stopping. She brought accusations against her father, Pearson and others. They are imaginary. She told me I had come to drive her to Ascot to see a clergyman. This was not so. She would not allow that I could not take her.

Signed
D. L. A. Nepean
of Addlestone

Second. 16 March 1906

corroborates.
16 March 1906
F. H. Savage MD
3 Henrietta St

Previous history (from father) and Pearson

Patient has been a healthy girl went to Cheltenham & did well there. Thereafter three years in India. Lately she has been living at home, a healthy out-of-doors life. Her sisters illness & strange actions (she was governess at a school in Wales & while working there that she was quite happy, sent a telegram to Harrod stating that she was urgently needed home. This had a great effect on patient who began to accuse her father of madness in his treatment of them & to say he has been poisoning her food.

Family Hist. Her mothers sister insane. Her own sister hysterical. Now in asylum.

Condition on admission. A. Physical.

Fall. V
W. 5 H
W. 7 st

Patient is a tall well developed, well nourished girl with brown hair, hazel eyes, good complexion good teeth tongue & mucous membranes healthy.
The heart is not enlarged and there are no murmurs. Pulse 78 regular in rate & rhythm, medium tension. Vessel wall healthy.
The breath sounds are generally loud but the chest moves well and there is no dulness or pain. There are no abnormalities to be noted in abdomen. Catamenia said to be regular.
Urine light amber colour 1030 acid, no albumin sugar a trace of indican deposit of urates slight & mucus. The pupils are equal & regular & react well to light & slowly to A. [illegible] tendency to squint of left eye. No skin stimulation & conjunctivae. The superficial & organic reflexes are healthy – the deep reflexes very slight. No ankle clonus.
Patient is short sighted & has worn glasses for some years.

B. Mental.

Patient has an excited expression and an elated restless manner.
She attends to hair, well to dress & person and her habits are cleanly.
In conduct she is mildly excited pacing up & down the gallery & chatty – incessantly quite unoccupied & enters readily into conversation but dreamy when she is & says long she has been here & can talk fluently of her earlier life & years in India. But soon she speaks of her life at home just before coming here, & she becomes very excited, says her father is mad & should go to the asylum, that her sister ought to be here too, & had

she must have a race horse & go to Ascot
or will motor off with the family doctor
She talks much of the Vicar of Ascot when
she has been looking in at the window
here - also says that at home she was
tormented by hearing shots through the
windows and has heard them here too

She takes her food well and sleeps fairly
Wards to V. BC 7.15.2

March 23 Patient continues restless & excitable, continues asking that a "Public Inquiry" be made into her state and her entire and writing to that effect to D. Hope and the Vicar of Ascot. She is taking her food well and sleeps well. S.H.P.

March 30 Patient is less restless and is beginning to be fairly well occupied but still asks constantly for a public inquiry and insists on seeing the Vicar of Ascot. S.H.P.

April 6 Patient again in V as she was very noisy & interfering and inclined to be violent to the other patients. She is being kept in bed Wards, constantly for an "Public Inquiry." S.H.P.

April 13 Patient now out of bed but still noisy, strong & erupting and rather inclined to interfere with the other patients. She still asks constantly for a "Public Enquiry." S.H.P.

June 13 Patient is still noisy and inclined to be violent occasionally has to be kept in bed apart from other patients for a day. She still talks constantly of her desire to be a daughter of the Vicar of Ascot declares her father has wronged them all &c. &c. S.H.P.

July 13 Patient continues as described in last note S.H.P.
Aug. 29 Patient still has hallucinations of hearing the cuckoo &c. &c. S.H.P.
29 Sept. [illegible] weekly
[illegible] the nurse
[illegible] followed
[illegible] ups a
[illegible] ners talk
S.H.P.
Oct. 7 [illegible] Guelph
[illegible] of Christ
[illegible] read to her
S.H.P.
1907 Jan. 8 [illegible] ions seeming
[illegible] takedemics
[illegible] on the.
[illegible] and a
S.H.P.
Feb. 2 Sat. Feb
[illegible] accompanied
[illegible] [illegible] to Ascot
[illegible] ning for
S.H.P.
May 2 [illegible] and well
[illegible] Sat. week
[illegible] to home
[illegible] ly free
Dec.
S.H.P.
June 25 [illegible] discovered
Sept. 18 [illegible]
from trial -
Discharged.

THE DAY of OUR LADY. MONDAY.
DC was dusk when of

Miss E. Palliser.
40 Doctor G.D. Moore.
The Superintendent.
The Sanatorium
Saint Anne's Heath.
Virginia Water.
Surrey.

GOD'S VOICE from HEAVEN —
THE HOLY GHOST is a FEMALE.

I, Editha Palliser, Patricia, Defender of the FAITH, am the ambassadress of the HOLY GHOST, Queen of Heaven, WIFE of GOD, against WHOM you, Mildred Palliser, exalt yourself.
This message I write to you, Mildred Palliser.
GOD'S VOICE from HEAVEN —
I will cure her.
The DEVIL'S voice added —
Subject to human agency.

"Be not fainthearted, but believing!"
"HUMBLE yourself under the mighty HAND of GOD!"
you defied the CREATOR'S LADY'S!

she must have a race horse & go to Ascot
or will motor off with the family doctor.
She talks much of the Vicar of Ascot who
she has seen looking in at the window
here - also says that at home she was
tormented by hearing shots through the
windows and has heard them here too

She takes her food well and sleeps fairly
Removed to V. B.C. 7.15.2

March 23 Patient continues restless & excitable, continues asking that a "Public Inquiry" be made into her state and her sister and writing to that effect to Mr. Hope and the Vicar of Ascot. She is taking her food well and sleeps well. S.H.P.

March 30 Patient is less restless and is beginning to be fairly well occupied but still asks constantly for a public inquiry and writes on same to the Vicar of Ascot. S.H.P.

April 6 Patient again in V ward she was very noisy & interfering and inclined to be violent to the other patients. She is being kept in bed ward, constantly asking for a "Public Inquiry." S.H.P.

April 13 Patient now out of bed but still noisy, singing & singing and rather inclined to interfere with the other patients. She still asks constantly for a Public Enquiry." S.H.P.

June 13 Patient is still noisy and inclined to be violent occasionally has to be kept in bed apart from other patients for a day. She still talks constantly of her desire to be a daughter of the Vicar of Ascot declares her father has wronged them all &c. &c. S.H.P.

July 13 Patient continues as described in last note S.H.P.

Aug. 29 Patient still has hallucinations of hearing voices that her to do - prays for the Queen &c. &c. Her physical health is good. S.H.P.

2 Oct. 1907 Patient still has hallucinations of hearing voices that her to do - prays for the Queen &c. &c. Her physical health is good. S.H.P.

Miss E. Palliser.
c/o Doctor G.D. Moore.
The Superintendent.
The Sanatorium
Saint Anne's Heath.
Virginia Water.
Surrey.

GOD'S VOICE from HEAVEN —
THE HOLY GHOST is a FEMALE.

I, Edith Palliser, Patricia, Defender of the FAITH, and the ambassadress of the HOLY GHOST, Queen of Heaven, WIFE of GOD, against WHOM you, Mildred Palliser, exalt yourself.

This message I write to you, Mildred Palliser.

GOD'S VOICE from HEAVEN —
I will cure her.
The DEVIL'S voice added -
Subject to human agency.

"Be not faithless, but believing!"
"Humble yourself under the mighty HAND of GOD!"
you defied the CREATOR'S LAWS!

June 25 Patient went "on trial" to-day. S.H.P.

Sept. 18 Patient was discharged / To-day "recovered" from hallucinations and delusions since Dec. S.H.P.
from trial -
Discharged.

she must have a race horse & go to Ascot
or will motor off with the family doctor.
She talks much of the Vicar of Ascot who
she has seen looking in at the window
here - also says that at home she was
tormented by
windows and

She takes her
March 20 N. B.C. 7/15

March 23 Patient continu
asking that a
her state and he
effect to D. Hop
taking her food u

March 30 Patient is ass
be fairly well
for a public m
the Vicar of Asc

April 6 Patient again
& interfering
other patients
constantly for

April 13 Patient talked
& singing and
the 23rd patie
for a Public E

June 13 Patient is a
violent occasionally
apart from other patients for a day - She still
talks constantly of her desire to be a daughter
of the Vicar of Ascot declares her father has
wronged them all etc. etc. S.H.P.

July 15 Patient continues as described in last note S.H.P.
Aug. 29 Patient still has hallucinations of hearing
voices that tell her to do stupid & silly things
Her physical health is good. S.H.P.
29 Sept. Patient escaped today, while out washing
windows

Edith Pallister -

"Subject to Public Enquiry."

A member of
The English Protestant Church -
Militant here upon Earth -
THE BIBLE. Authorised version.
The Church Times -

Friday. July 13th 1906.

Mildred Pallister! You tried to commit suicide in
Mozadia, Sind, India, during the hot weather
of 1902, by rushing out to practise golf about
3 o'clock in the afternoon.

I, Edith Pallister, had a conversation with
the voice of the DEVIL, & voices of devils, about
you, Mildred Pallister.

You have homicidal, suicidal,
hydrophobic insanity.
Obey human agents for your welfare.

I, Edith Pallister, on March 12th, Monday,
prosecuted Harry George Pallister on several
charges -
Terrorism, Defamation of character.

Philip Richardson sent a Telegram in
reply, to Harry George Pallister -
"Public Enquiry".

Mildred Pallister! Fear GOD! Repent!
I, Edith Pallister, love & reverence GOD,
THE HOLY GHOST - WIFE of GOD -
Queen of Heavens -

June 25 Patient went "on trial" today.
Sept. 18 Patient was discharged today recovered
from trial -
Discharged.

she must have a racehorse & go to Ascot
& will motor off with the family dooks
She talks much of the Vicar of Ascot who
she has seen looking in at the window
here - also says that at home she was
tormented by hearing shots through the
windows and has heard them here too

She takes her food well and sleeps fairly
Sent to N. BC 7/15

March 23 Patient continues restless & excitable, continues asking that a 'Public Inquiry' be made into her shots and her ejection and writing to that effect to D. Hope and the Vicar of Ascot. She is taking her food well and sleeping well. S.H.P.

March 30 Patient is less restless and is beginning to be fairly well occupied but still asks constantly for a public inquiry and writes on same to the Vicar of Ascot. S.H.P.

April 6 Patient again in E as she was very noisy & interfering and inclined to be violent to the other patients. She is busy & often in bed talks constantly for an "Public Inquiry" S.H.P.

April 13 Patient kept out of bed last night still noisy, busy & erupting and rather inclined to interfere with the other patients. She still asks constantly for a "Public Enquiry" S.H.P.

June 13 Patient is still noisy and inclined to be violent occasionally has to be kept in bed apart from other patients for a day. She still talks constantly of her desire to be a daughter to the Vicar of Ascot declares her father has wronged them all etc. etc. S.H.P.

July 15 Patient continues as described in last note S.H.P.

Aug. 29 Patient still has hallucinations of hearing voices tell her to do injury to the eyes etc. etc. Her physical health is good. S.H.P.

2nd Sept. Patient keeps much to herself, writing letters to the Vicar of Ascot & others, asking for a public inquiry into the matter of her ejection from her home. S.H.P.

Oct. 17

1907 Jan 28

Feb. 26

May 27

from vaccinations and removed since Dec.

June 25 Patient went "on trial" today S.H.P.

Sept. 18 Patient was discharged today recovered from trial.

Discharged.

she must have a racehorse & go to Ascot
& will motor off with the family docks.
She talks much of the Vicar of Ascot whom
she has seen looking in at the window
here - also says that at home she was
tormented by hearing shots through the
[illegible]

March 23

March 30

April 6

April 13

June 13

DC was dusk when
CHRIST appeared

CHRIST'S EYES were brown as sea-weed
HIS FACE was tense with pain
THE COLOUR heightened by Suffering
CHRIST'S FORM was slender, held upright

During COMMUNION - say THE ANGELS -
SINS are lulled
THE DEW of HEAVEN descends

During BAPTISM - put SC. MARK xvi. 16.
THE GRACE of BELIEF is given

THE HOLY GHOST
Put SC. MARK xvi. 16.
xii. 29, 30, 31.

Therefore the SON of man is LORD
also of the sabbath.

for a Public Enquiry."

Patient is still noisy and inclined to be violent occasionally has to be kept in bed apart from other patients for a day. She still talks constantly of her desire to be a daughter of the Vicar of Ascot declares her father has wronged them all etc. etc.

July 13 Patient continues as described in last note.

Aug. 29 Patient still has hallucinations of hearing voices feel her to do unpaid for the rest of the Her physical health is good.

29 Sept. Patient escaped today while out walking with a nurse and party of patients. The nurse [illegible] and followed [illegible] a [illegible] Guelph [illegible] Holy Ghost [illegible] ations seeing [illegible] months. [illegible] a [illegible] Sat Feb [illegible] and confused [illegible] M.P. Obsessions [illegible] died to [illegible] warning for [illegible] of [illegible] and well [illegible] and Lord was [illegible]

Oct. 17

1907 Jan 28

Feb. 26

May 27

(Monday - Wed) and is anxious to go home for good now. She has been apparently free from hallucinations and delusions since Dec.

June 25 Patient went "on trial" today.

Sept. 18 Patient was discharged today recovered from trial.

Discharged.

THE DAY of OUR LADY. MONDAY.

I, Ena Guelph am the Ambassadress of
THE HOLY GHOST -
SHE is THE QUEEN of HEAVEN
GOD'S VOICE
My child
I reply - FATHER of HEAVEN -
THE HOLY GHOST'S VOICE
Viper! My child
I reply - MOTHER of HEAVEN.

THE HOLY GHOST appeared unto me -
SHE is THE PROMISE of THE FATHER
HER EYES were blue as the SEA
HER HAIR was silver, and streamed
in tresses to HER SHOULDERS
HER FACE was flushed and marred by
sorrow and anger towards me -
afterwards there came ineffable love and
gentleness, and disappointment.
I beheld my LADY, THE HOLY GHOST,
yet again, then I was behind HER.
I all as a marble column, and clothed in
a gown of cream-colour - SHE stood
motionless.
HER HAIR was like burnished gold -
HER FORM was pure and noble.

she must have a race horse & go to Ascot
& will motor off with the family doctor
She talks much of the Vicar of Ascot whom
she has seen looking in at the window
here - also says that at home she was
tormented by hearing Shots through the
windows and has heard them here too

Holmwood.
Addlestone -
Surrey -
Tuesday March 13th 1906.
I Edith Mary Palliser — age 28 June 29th
Palliser — Instant -
In the Name of Edward VII
King of England, Emperor of
our Empire of India, by the
Grace of GOD -
1) I call for a Public Enquiry into all my life, & the life of all members of my family

March 23
March 30
April 6
April 13
June 13

Patient is still noisy and inclined to be violent occasionally. Lies in bed apart from other patients for a day - She still talks constantly of her desire to be a daughter of the Vicar of Ascot declares her father has wronged them all etc. etc.

I was helped by ANGELS'
VOICES from
HEAVEN

FALL FROM A CLIFF.

SURREY LADY KILLED.

A sad accident occurred on Sunday afternoon at Sandy Bay, Coombemartin, near Ilfracombe, resulting in the death of Miss Edith Milner Palliser, aged 26, of Holmwood, Addlestone, Surrey. It appears that the unfortunate lady, who was spending a holiday with two lady friends at The Nest, Coombemartin, went for a walk on the cliffs. How the accident occurred is unknown, but the body of Miss Palliser was found lying on the sand at the foot of the rocks, she having apparently fallen from the summit of the cliffs, a distance of over 100ft.

Mr. George Henry Palliser, father of the lady, has been travelling for the benefit of his health, and is recently been residing in Clapham-road, London. The first news he received was on Sunday evening, when a telegram came to hand acquainting him of the accident, but giving no address. A further message yesterday morning brought the sad news that his daughter had died.

Aug. 29
Sept. 2nd
Oct. 17
1907 Jan 28
Feb. 26
May 27
June 25
Sept. 18

she must have a face lotion & go to Ascot
or will motor off with the family doctor
She talks much of the Vicar of Ascot who
she has seen looking in at the window
here - also says that at home she was
tormented by hearing shots through the
walls

March 23

March 30

April 6

April 13

June 13

Patient is still noisy and inclined to be
violent occasionally has to be kept in bed
apart from other patients for a day. She still
talks constantly of her desire to be a daughter
of the Vicar of Ascot declares her father has
wronged them all etc. etc.

S.M.P.

THE early DAWN blending with
THE NIGHT
showed to me a
MIST enshrouding sky, air, earth
THIS seemed as THE CLOTHING of
JESU.

THE FOLIAGE gathered the gracious
MOISTURE,
changing IT to drops of water
which pattered from leaf to leaf,
thence to the land

A noise from the left side, approaching
nearer, then a yellow glare through the
trees.
accompanied by glinting clanks and a
train goes on to its destined goal.

July 13 Patient continues as described in last note S.M.P.

Aug. 29 Patient still has hallucinations of hearing
voices that her to do prayer for the Empress &c.
Her physical health is good. S.M.P.

29 Sept. Patient escaped locks while out working
with [illegible] at Ascot. She makes
[illegible] follows
[illegible] a
[illegible] S.M.P.

Oct. 17 Pa[illegible]
[illegible] Guelph
[illegible] Holy Ghost

1907 Jan 28 Pa[illegible]
[illegible] hallucinations seeming
[illegible] talked demons
[illegible] on the.
She [illegible] heard a
[illegible] S.M.P.

Feb. 26 Pa[illegible] left Sat Feb
16 [illegible] and complained
She [illegible] M.D. Observation died co
[illegible] coming for
[illegible] S.M.P.
[illegible] from there

May 27 Pa[illegible] and well
controlled. She was home for [illegible] Xmas last week
(Monday - Wed) and is anxious to go home
for good now. She has been apparently free
from hallucinations and delusions since Dec.

June 25 Patient went "on trial" today S.M.P.

Sept. 18 Patient was discharged today "recovered
from trial".
Discharged.

On THE LORD'S DAY
THE HEAVENS appeared as
if they were opened
It seemed as it were that
THE SHINING of the SUN
might be GOD - THE VEIL
of CLOUDS
THE BRIDE

THE DEW
of HEAVEN

she must have a race horse & go to Ascot
or will motor off with the family docks
She talks much of the Vicar of Ascot who
she has seen looking in at the window
here - also says that at home she was
tormented by hearing shots through the
windows and has heard them recently

She takes her food well and sleeps fairly
March 20 V. BC 7.15

March 23 Patient continues restless & excitable, continues asking that a "Public Inquiry" be made into her state and her exclusion and writing to that effect to D. Hope and the Vicar of Ascot. She is taking her food well and sleeping well. S.H.P.

March 30 Patient is very restless and is beginning to be fairly well occupied but still asks constantly for a public inquiry and writes on seeing the Vicar of Ascot. S.H.P.

April 6 Patient again in V as she was very noisy & interfering and inclined to be violent to the other patients. She is being kept in bed Wards, constantly for an "Public Inquiry." S.H.P.

April 13 Patient rose out of bed last still noisy, loud & carping and rather inclined to interfere with the other patients. She still asks constantly for a Public Enquiry. S.H.P.

June 13 Patient is still noisy and inclined to be violent occasionally has to be kept in bed apart from other patients for a day. She still talks constantly of her desire to be a daughter to the Vicar of Ascot declares her father has wronged them all etc. etc. S.H.P.

July 13 Patient continues as described in last note S.H.P.

Aug. 29 Patient still has hallucinations of hearing voices tell her to do - pupil to the Eye of the Her physical health is good. S.H.P.

2nd Sept. Patient escaped today while out working with a nurse and party of patients. The nurse being in charge of patients could not follow her and patient who was found up a tree was brought back by a labourer later on Hour later. S.H.P.

Oct. 17 Patient who calls herself "Evan Guelph" seeing visions of Christ and the Holy Ghost and hearing their voices - See annexed letter S.H.P.

1907 Jan 28 Patient is improving, hallucinations seem in abeyance and patient absolutely denies having heard voices for some months. She was always slightly excited about a week after period as ones S.H.P.

Feb. 26 Patient has been home on trial Sat Feb 16 to 18th and returned quiet and composed M.P. Otherwise She is slightly excited this week died to on Pot Broke Qr. Ext. night & morning for a week. The excitement takes form of S.H.P. demonstrative affection - patient hugging the medical officers and talkativeness.

May 27 Patient is now in Ward I quiet and well controlled. She was home for 4 Bank Holiday week (Monday - Wed) and is anxious to go home for good now. She has been apparently free from hallucinations and delusions since Dec.

June 25 Patient went "on trial" today S.H.P.

Sept. 18 Patient was discharged today recovered from trial - S.H.P.

Discharged.

2935 Ida Hargrave Hargrave
adt 17 March 1906 ♀ 42 married Ch. of England. P.A. Woodford
R.O. 16 March 1906 Bridegman Rd Bournemouth to First attack
not previously, Present attack has lasted 4 months
Supposed cause, approaching climacteric period
& nervous strain — Not P. S.D —

First cert. Vacant expression She will not reply to any question, when much pressed she says she feels dazed & cannot think of anything that she does not know why she does not get up, but that she feels an impulse to remain in bed when tries to get her out of bed that she does not wish to take food because she feels she cannot deal with it. That she does not possess any clothes

Signed Harold Simmons
Second cert. 16 March 1906 corroborates Allyne Bournemouth

Percy Duncan M.R.
16 March 1906 Hargrave - Bournemouth

Previous History from husband Patient was a healthy member of a healthy family. She married in 82 & fifteen years after when her husband was in S. America she suffered several bereavements & lost all her hair, also eyebrows & eyelashes. She then suffered from depression & on his return her husband found her in bed very depressed but she recovered with change & exercise. In Oct. 1903 patient's husband was operated on for appendicitis & made a slow recovery. This was a cause of great anxiety to patient. She had been slightly peculiar in her mind & she became very excited. Change had no effect & in Feb. she took to bed & refused to rise

Family History No history of insanity

Condition on admission A. Physical

Gall. VII Patient is a well developed & well nourished woman
Wt 9st 2½ with scanty grey hair 5-4 in. long. dull blue eyes
Ht. 9st 1½ a muddy complexion, vacant expressionless face almost no wrinkles. Tongue much fissured, teeth very defective. many incisors wanting & one very loose in front - (Hutchinson's notches) mucous membrane rather pale

Heart & Lungs present no physical signs of disease - Tubes 7½ sq. in. rate & rhythm normal Radials tortuous

Patient is said to have been constipated all her life. Colon rather loaded on admission
Ear examination said to be normal
Urine 1020 light acid, deposit of urates, no albumen sugar etc no indoxyl
Patient will go for 15 hours without passing urine occasionally
Pupils equal & regular react normally to L.A.
Skin examination & consecutively. The superficial & organic reflexes are healthy. Tendon & knee jerks sluggish. No ankle clonus —
Some slight bruises on forearms and on right shoulder on admission — On the right side of back the scars of former stupid suppurating chilblains

B. Mental

Patient lies in bed quite unoccupied, mimicry no interest in anything.
Her expression is dull & vacant and when she does speak after much pressing her voice is not raised above a whisper and the words come slowly and disjointedly
She says she has no will and that it is this want of will which makes her lie in bed and take no interest in anything

Her memory for recent & past events seems good and she realises fully that she has left home & is here for treatment by—
She states that she does not take food because she believes too much is returned & that she must only have a very little. Although her stomach full of clothes are in her room she says she has none.
Hallucinations are not admitted, nor is there any evidence of them.
Patient refuses food and has to be spoon fed, will not leave her bed unless compelled to do so by four nurses & wash & dress
She sleeps well and her habits are cleanly, though on admission she refused to pass urine for many hours.

March 24 Patient is very resistive, has to be taken out of bed & dressed by four nurses, spoon fed, needs very much going down stairs, but when down goes out quietly and comes up again quite peaceful. She is now complaining of hearing strange noises & sights, crackling sounds as of fire, and more of them not ordinary hearing but of having electrified feeling S.H.Q.

March 31 Patient is increasingly resistive over being dressed & going downstairs. It requires six nurses to wash & dress her & take her out all the time she is struggling, kicking, biting, tearing caps & aprons off. Once out she is quiet & walks upstairs peaceably and is quiet for the rest of the day, going to bed without trouble & taking her food fairly well. She has the delusion that if she

walks her clothes will slip off S.H.Q.

April 9 Patient now spends the day in V as she had fiercely attacked her special nurse when alone with her. She is still very resistive in the morning, stated she believed she was to be tortured. The hallucinations of hearing are very active— S.H.Q.

April 18 Patient was discharged 'not improved' going home. She was examined before leaving and found to be in better physical condition than on admission, heart and lungs showing no signs of physical disease, but with superficial bruises on front of chest, shoulders, arms, thighs and legs owing to her constant struggling. S.H.Q.

Discharged.

2951 Ida Margaret Hargrave
Ad 21 April 1906 f 3, married Ch. of Eng. Broomfield, Bournemouth
D 21 April 1906 First attack. (43 on 15th inst.) Res. Bucked Holloway
Sanatorium 17 March – 10th April 1906 – P.A. has lived
4-5 months. Sc. Nervous state and Climacteric 44
First cert. She is depressed, feels wrong in every way but can't say what it is. She refuses to leave her bed though admits she is able to do so, admits that if forcibly removed struggles & fights to return, says she is filled with horror at the thought of getting up, because her brain is gone, is commencing to decline food to some extent, says she has no suitable clothes, the nurse she can have every thing necessary, people around stare at her if she were dressed amongst them
20 April 1906 P.J. Duncan
Bournemouth
Second cert. corroborates
20 April 1906. Harold Simmons

Personal family history

as given

Since going home patient has been very resistive refusing to leave bed, declining food & shrieking for nurses

Condition on admission A. Physical

Patient appears in better physical condition on her return. Heart presents no physical signs of disease. Lungs & the sounds are rather feeble. Pulse 76 regular in rate & rhythm, tension medium vessel wall healthy.

The lungs and abdominal organs healthy.

No change in deep or superficial reflexes.

Urine

B. Mental.

Patient is less resistive than a fortnight ago but still objects to leave her bed because she has "no clothes" on only about because her clothes will "slip off" if she moves as she has worked to a larger size. She says she endures torture here & is terrified of impending evil, hears strange voices at night and cannot sleep.

Her habits are cleanly & she is taking her food fairly well, thinks strawberries about it—

April 28 Patient is less resistive on the whole but still troublesome requiring to be dragged to her bath & but taking her food pretty well. She maintains that she is terrified but that some evil will befall her. S.H.P.

May 5 Patient continues fairly quiet and tractable, is taking her food & sleeping fairly. She is beginning to lose the delusion that her clothes are slipping off. S.H.P.

May 12 Patient continues to improve, is out in Hall. I taking her food well, going out freely and

sleeping better. She has lost delusions of torture and impending evil and is no longer resistive or violent. S.H.P.

May 19 Patient is still resistive at times in the morning declaring that she has a pass & open spaces and will not leave her room. This wears off during the day and she is fairly amenable and pleasant going out tidily and dining in Hall etc. S.H.P.

Occupation Capuners

June 13 Patient is frequently resistive in the morning and over quiet. Her habits are occasionally filthy. She throws faeces in the fire out of the window etc. etc. — and is addicted to masturbation. She has not menstruated since admission. S.H.P.

June 29 Patient was discharged "relieved" yesterday (She has since improved much mentally since last note.) going home. She was examined before leaving and found to be in good physical condition free from marks and abrasions. S.H.P.

Discharged

2939 Amelia Jane Kempleman

Adm. 26 March 1906 60 single, of no occupation Ch of Eng. P.A
M.O. 16 Dec. 1905 Wennington, Essex. Not first attack - age on first
Adm, Previously treated at Camberwell House from
Nov. 10 1904 – Dec. 7 1904. Cause not known
Not E. suicidal. not D.

First certificate Incoherence Hearing voices that did not exist
constantly repeating 'something is wrong' Was
somebody dies'
(Signed) Jas. Dunlop.
15th Dec. 1905 Anerley Surgeon

Second certificate corroborates and adds that her brother
stated patient had put her fingers in the fire
Signed H. Stanley Robinson
9th Dec - 1905. 78 Peckham Rd.

Previous history (D. Tuke) For 10 years patient has had chronic middle ear disease with exacerbation. She is depressed melancholic

Patient has had 4–5 previous mental attacks 1st 16 years ago & thrice previously been under certificates at Camberwell House. The present is the most violent attack she has had. Few years ago she attempted to cut her throat & again attempted this 4–5 years ago. She hears voices & talks to herself. Has delusions of persecution and following. She is very difficult to deal with and dislikes being thwarted in any way.

Family History

Patient has kept house for a brother for many years and is said to be a capable woman. She has enjoyed good bodily health.
One brother has suffered from epilepsy.
A cousin was epileptical.

Condition on admission. A. Physical.

Suicidal caution

Full. III
Ht. 5 ft 4 in
Wt. 9 st 6½

Patient is a tall, well developed woman, at present rather ill nourished, with greyish white hair, very sallow complexion, blue eyes – Her tongue was furred, furrowed & rather tremulous. She wears upper artificial denture & lower plate. The mucous membranes were pale
The Heart presented no physical signs of disease
The pulse was 74 regular – in rate & rhythm, vessel wall slightly thickened. Venous sound.
The breath sounds were somewhat harsh generally but as patient talked all the time she was being examined auscultation was difficult
Urine 1022 acid light straw colour deposit of urates. no albumen or sugar
No abnormalities to be detected in abdomen
The pupils were rather contracted, equal in size and regular, reacted normally to L. A
Skin sluggish. Patient resisted strongly any examination of her reflexes. The Knee jerks seemed present but very slight. There was no ankle clonus and the superficial reflexes were healthy. On the neck there is an old scar, the result of an attempt some years ago to cut her throat.
D. Mental.
Patient has an anxious worried expression and her manner is restless and uneasy. She is evidently objected to physical examination and is troublesome over food.
Patient is constantly muttering to herself evidently in answer to subjective voices – What she says is quite incoherent – 'something is wrong' is very frequently repeated but patient will not say what. She has vague ideas of unpleasness and

appears to have some delusions of identity
Hallucinations of hearing are very common
and patient is always answering imaginary
voices
She is sleeping fairly well and takes her
food well S.H.P.

April 2 Patient is very restless and depressed quite incomp
constantly muttering incoherently She is taking
her food fairly well & sleeping well S.H.P.

April 9 Patient is slightly less restless & depressed
but varies much from day to day, sometimes
quiet and occupied, again pacing the room
asking to go to "them" where "they" are etc
(She will not say whom) S.H.P.

April 16 Patient still restless & depressed - violent
at times if not allowed togo out etc. as to
pleases - She struck a nurse with her slipper
the other day, behind her back unfolding a days
evil. She constantly asks "where are they"
cannot be induced to say anything else S.H.P.

April 23 Patient continues as described on last note S.H.P.

May 29 Patient had this morning an epileptic fit. When
seen by the nurse at 7 am she was lying in bed
with both hands (arms) flexed, knees drawn up head
turned to the left. The tongue was not bitten no
had there been any involuntary evacuations seen
a few minutes later by the A.H.O. The hands and
arms were still slightly convulsed, the twitchings
above had patient was beginning to recover consciou
The day before she had been very irritable and violen
She had also recovered by the afternoon and is now
getting Pot. Brom. gr. xxx t.i.d. S.H.P.

June 13 Patient still excited & noisy, declaring she must

go to "them" - No return of fits S.H.P.

Aug 18 There is no mental improvement. Patient's
98. physical health is fair (the occasional
complaints of sickness) and there has been
no return of fits S.H.P.

7 Aug. Discharged. Not improved, on the authority
of the Petitioner S.H.P.

294 D

Ad. 27 March 1906
D. 26 March 1906

Emma Sara Williamson
50 widowed Lowerbeeches Ch of England
Whiteways, Brockham, Surrey, First attack
duration five days, not previously treated
supposed cause mental worry Not G.S. Path
No Violent attacks

First certificate

She is violent to her attendants and soon afterwards wants to fondle them: she keeps on talking without ceasing. She says she has been crucified for thirty years. She is extremely restless and sleepless, says she is a clergyman.

(Signed) D. H. Kane
26 March 1906 of Brocklands Dorking

Second certificate

corroborates.

(Signed) W. L. Bateson
26 March 1906 The High Street Dorking

Previous History (from son & D. Kane)

Patient who had been a healthy girl married at twenty three. There was a slight mental attack during her first puerperium from which she quickly recovered & went out to India with her husband. She has had two sons both of whom are healthy. Her husband died of heart disease. For a number of years she has been engaged in literary and journalistic work and been much in society. For the last four or five years she has worked very hard indeed having also interested herself in a society. Later last autumn she had a great deal of financial worry in connection with this society and first began to have mental symptoms in Dec. (D. Kane) I first saw her professionally

at end of Dec. 1905 when she complained of feeling much out of sorts and being very tired. She said she was impossible (on account of her business) for her to take any rest. A month later however she was persuaded to go to Plymouth for a month to her son who was stationed there in the R.N. On her return she was no better & consulted Dr. Bygrave who advised her coming to her cottage in this village for a fortnight's rest & indeed as her pulse was very rapid & she had a slightly dilated heart. When she arrived she was excited & all along she has been very restless and sleepless appetite very good, emotional. These symptoms have not improved and five days ago she became maniacal talking incessantly and at times becoming violent & very difficult to be restrained."

Family History

No history of insanity or phthisis on either side
Father intemperate – sister drinks. Mother drinks

Condition on admission A. Physical

Pale & ill & will could not be ascertained

Patient resisted examination violently and yelled all the time. She is a stout well developed woman with long grey hair blue eyes light coloured complexion tongue furred & trembled & very defective.

The head is slightly dilated and the sounds feeble but there are no murmurs. Pulse is regular in rate & rhythm, vessel wall feeble & tension good.

The lungs present no physical signs of disease. The abdomen is very prominent & the colon loaded. Catamenia – Has missed one period today – menstruating on admission.

The pupils were equal & regular & reacted to L. A.

The condition of the reflexes could not be ascertained owing to patient's restlessness.

Urine light coloured 1028 acid, Deposit of urates no other abnormal constituents

B. Mental Acute mania

Patient is acutely excited, tearing off her cloths, not attending to the calls of nature and absolutely refusing all food.
She talks incessantly & incoherently, damning her lawyers, thinking that she is starved for 9 days occasionally screaming or groaning. She does not realise where she is and cannot fix her attention.
She is very sleepless.

April 3 Patient has been tube fed since admission is in a padded room in T as she is acutely excited removing her clothes, shouting & groaning alternately. She requires almost nightly hypnotic. S.H.P.

April 10 Patient is no longer tube fed and is less excited and no longer destructive but still chatters incessantly and incoherently and usually requires a hypnotic. S.H.P.

April 17 Patient is quieter but very confused and her habits are still dirty. She is now taking her food well & sleeping pretty well S.H.P.

April 24 Patient is now out of bed and out of doors for some hours daily, but is still very noisy shouting singing & swearing freely and wasting in conversation. S.H.P.

May 15 Patient still quite incoherent, shouting singing and swearing. S.H.P.

June 13 There is no mental change. Patient required tube feeding for three days the beginning of the month. S.H.P.

July 15 Patient continues acutely excited crying down all day, refusing to wear a nightdress and covering herself with a blanket. She is frequently very noisy, yells furiously, angry and is violent when worked, etc. She is full of delusions of denial and her conversation is quite incoherent. Her habits are frequently dirty. S.H.P.

Sept. 27 There is no mental improvement S.H.P.

Dec. 31 Patient continues acutely excited - very abusive violent, destructive noisy - frequently naked filthy in habits - full of delusions of indentity, persecution etc. S.H.P.

97 Feb 26 Patient is taking her food somewhat better but is acutely excited still - skipping naked destructive, violent and filthy in habits S.H.P.

May 27 There is little mental change. Patient is occasionally able to be up (in dressing gown) but frequently strips all clothing wears a rubber chamber over her head and is very dirty in habits. She takes her food well, but frequently smears the walls and floor with it. She is often noisy at night. S.H.P.

Aug 31 Patient is now out daily but keeps apart from the other patients is dishevelled in appearance and foul in language frequently violent abusive - still occasionally dirty in habits. She takes her food well. S.H.P.

Oct. 8 Patient was discharged to-day not improved going to Fittingdon House. She was examined before leaving and found to be free from marks and bruises. There is a systolic murmur present in the mitral area. The condition of the lungs could not be accurately ascertained owing to patient's constant shouting. S.H.P.

Discharged.

Urine Light coloured 1028 acid, heavy deposit of urates no other abnormal constituents

B. Mental Acute mania

Patient is acutely excited tearing off her cloth, not attending to the calls of nature and absolutely refusing all food.
She talks incessantly & incoherently damning her lawyers, shouting that she cannot pay for it etc. occasionally screaming or groaning. She does not realise where she is and cannot fix her attention.
She is very sleepless.

April 3 Patient has been tube fed since admission is in a padded room in T as she is acutely excited removing her clothes, shouting or groaning alternately. She requires almost nightly hypnotic. S.H.P.

April 10 Patient is no longer tube fed and is less excited and no longer destructive but still chatters incessantly and incoherently and usually requires a hypnotic. S.H.P.

April 17 Patient is quieter and very confused and her habits are still dirty. She is now taking her food well & sleeping pretty well S.H.P.

April 24 Patient is now out of bed and out of doors for some hours daily, but is still very noisy shouting singing & swearing freely and incoherent in conversation. S.H.P.

May 15 Patient still quite incoherent, shouting singing and swearing. S.H.P.

June 13 There is no mental change. Patient requires tube feeding for three days the beginning of the

July 15 Patient continues acutely excited lying down all day refusing to wear a nightdress but covering herself with a blanket. She is frequently very noisy, gets furious & angry and is violent when worked, etc. She is full of delusions of wealth and her conversation is quite incoherent. Her habits are frequently dirty. S.H.P.

Sept. 27 Dec. 31 There is no mental improvement S.H.P.
Patient continues acutely excited very abusive violent destructive noisy - frequently naked filthy in habits - full of delusions of wealth, persecution etc. S.H.P.

1907 Feb. 26 Patient is taking her food somewhat better but is acutely excited still - skipping naked destructive, violent and filthy in habits S.H.P.

May 27 There is little mental change. Patient is occasionally able to be up (in dressing gown) but frequently tears all clothing wears a rubber chamber on her head and is very dirty in habits. She takes her food well, but frequently smears the walls and floor with it. She is often noisy at night. S.H.P.

Aug 31 Patient is much the same daily but keeps apart from the other patients is dishevelled in appearance and foul in language - frequently violent abusive - still occasionally dirty in habits. She takes her food well. S.H.P.

Oct. 8 Patient was discharged to day not improved going to Fittingdon House. She was examined before leaving and found to be free from marks and bruises. There is a systolic murmur present in the mitral area. The condition of the lungs could not be accurately ascertained owing to patients constant shouting. S.H.P.

Discharged.

Miss Florence Mary Venner.
continued from page 182.

1917. Feb. 12. More excited of late, violent & noisy at times. Very demented, speech incoherent. General health good. (E.M.J.)

June 28th Demented, unoccupied, unsociable. Excited sometimes & requires occasional sedatives. On physical examination there were no signs of disease of heart or lungs. Nothing abnormal was discovered in the abdomen. Reflexes active. (E.M.J.)

Oct. 1st 9th.

Oct. 24th Has been excited, noisy & violent the last few weeks, frequently requiring sedatives, General health good. (E.M.J.)

1918. Jan. 14th Violent & excited, speech incoherent, noisy at times, General health good. (E.M.J.)

April 9th Excited, often requiring sulphonal, Speech incoherent, is noisy & violent. General health good. (E.M.J.)

Sept. 25th Violent, seldom able to be with others, General health good. (E.M.J.)

Continued in Book Suppl. B, page 19.

2941
Adt. 2 April 1906
R.O. 1 April 1906

Isabella Rosa Bowman
64 married no occupation Ch. of Eng. P.A. The Lodge, Berkley, Glouc. Glos. Third attack-age on first 61. Previously treated at Holloway Sanatorium Apl. 3 - 1903 for three months - St Andrews Northampton Oct. 20 1904 " " Present attack has lasted 9 ~~months~~ days, supposed cause. Prolonged spell of depressing weather. Not T.S.D.-

First certificate

The patient is an extremely depressed state of mind imagining that she is absolutely wicked & has done unutterably wicked acts, says she ought not & ought not to have done it, owing to her wickedness
(Signed) John M. Rogers M.B. Lond.
2 March 1906. of Chalford.

Second certificate

corroborates.
(Signed) G. S. Cooke.
1 April 1906. of Stroud (Glos)

Previous History (Dr. Tuke.)

One attack at Northampton 3 mos. in 1904. Never very normal 6-8 weeks depression, then normal, then excited 4-6 weeks, then normal again very energetic when well.
This attack about 2 mos. gradually coming on. Delusions of wickedness about 10 days. Has had no responsibility of any kind, Daughter lives with her & has done everything. This morning she wanted to jump out of the window. Not taking her food well now. Sleeping fairly well. Never very good sleeper.

Family History

None of insanity

Condition on admission A. Physical

Gall. III
Ht. 5 ft 5 in
Wt. 9 st. 10 lbs

Patient is a well nourished, well developed woman with brown hair turning grey, brown eyes, sallow complexion, mucous membranes rather pale, tongue furred

To Dr Moore.

It is difficult to tell you what you desire to know but you must attend to what I say. Things are utterly different to what you think - and you must find out about it - Dr Rogers will tell you. Mrs Cook speaks highly. I am afraid the enquiry has been put in advance - but could tell I gave such a cheaper verdict - You are more than bankrupt - and all the trouble will come on others - I expect you will hear in a day or two - but oh how I should welcome a change & be suffering for what I deserve - Nobody nothing could be bad enough. I am only too sorry I have brought all this trouble upon all - who have not done wrong any thing but good to me. Those awful words all is - as I type can tell - How can I ever speak of my Child & She will ask Pardon - Oh She must - How ~~poor~~ child can never be better - it is only Providence in ~~this~~ & You must believe me - If I could only ~~believe~~ die at all - but that can never be - I could only & would ask my dearest ones - But She has herself - & thought I should [illegible] [illegible]

She will not [illegible] any hallucinations [illegible] there any evidence of them.
She takes her food badly but is sleeping fairly well.

2941
Adm. 2 April 1906
D.O. 7 April 1906

Isabella Rosa Bowman
64 married no occupation Ch. of Eng. P.A. The Lodge, Birley, Shrewsbury. Third attack - age on first 61. Previous treated at Holloway Sanatorium

First certificate

Second certificate

Previous Visits (Dr. Tuke)

Sleeping fairly well. Never very good sleeper.

Family History None of insanity

Dear Dr. Bowman

You will think because this is so badly written I do know what I am saying - but believe me I do. What I have done for this poor woman is on conviction.

I hardly know what my Child's address is now - Will you kindly write by first post to my Sister

Mrs Bowman

but no it should not be there - perhaps - but I can live this hideous life no longer - tho' I am doing still worse - if such could be, by going all this on you.

I have said enough, but you cannot believe it is my fault, as you & all here believe - but it is all true - I am only too sane - which makes it a million times worse - You think you have heard so many of this I am sure - before - but I have been led up step by step for so long - which makes you think I am well -

Signed
I. M. Bowman

I know how wrong it has been that brought all this trouble on you.

And God help me to speak to Him & you as I do not know - what I am thought by

Condition on admission A. Physical

Fall. III
Pat. is a well nourished, well developed woman
Wt. 9st 5lbs
Ht. 5ft 5in
with brown hair turning grey, brown eyes, sallow
Dif. 9st 10lbs
complexion, mucous membranes rather pale, tongue furred

She indeed not admit any hallucinations nor is there any evidence of them.
She takes her food badly but is sleeping fairly well.

2941
Adt. 2 April 1906.
R.O. 1 April 1906

Isabella Rosa Bowman
64 married no occupation Ch. of Eng. P.A. The Lodge, Berkley, Shroms. Eng. Third attack-age on first 61. Previously treated at Holloway Sanatorium Apl. 3 -1903 for three months - St Andrew's Northampton Oct. 20 1904 " " Present attack has lasted 9 months days, [illegible] spell of depression

First certificate

The patient is an exhaus[illegible] imagining that she is a[illegible] undertaker, wicked acts [illegible] ought not to have done [illegible]
(Signed)
31 March 1906.

Second certificate

corroborates.
(Signed)
1 April. 1906.

Previous History (Dr. Tuke.)

One attack at Northa[illegible] Never very normal [illegible] normal, then cracked [illegible] very energetic when well [illegible] This attack about Jan[illegible] Delusions of wickedness [illegible] has had no responsibility of any kind, always lived with her & has done everything. This morning she wanted to jump out of the window. Not taking her food well now. Sleeping fairly well. Never very good sleeper.

Family History

None of insanity

Condition on admission A. Physical

Pale III
Wt. 5 st 5 lbs
Ht. 5 st. 10 lbs

Patient is a well nourished, well developed woman with brown hair turning grey, brown eyes, sallow complexion, mucous membranes rather pale, tongue furred & fissured, teeth defective (plate) No heart pneumb no physical signs of disease. The pulse [illegible] well, vessel walls healthy, tension [illegible] prolonged expiration [illegible] there signs are not [illegible] years ago. [illegible] no abnormal conditions [illegible] in abdomen. [illegible] and normally to L.A. [illegible] All the deep reflexes are [illegible] ankle clonus and [illegible] healthy.

[illegible] expression, keeps to herself [illegible] nervous force and is [illegible] [illegible] arrow and her habits [illegible] [illegible] that she is unattended & that she can and [illegible] that she is more [illegible] to forget. She knows bankruptcy and can never be better. She admits that she has been depressed & recovered before but says it is quite impossible this time. She indeed not admit any hallucinations nor is there any evidence of them. She takes her food badly but is sleeping fairly well.

To
Dr. Mercier.

2941

Adm 2 April 1906.
R.O. 1 April 1906

Esabella Rosa Bowman
64 married no occupation Church of Eng. P.A. The Lodge, Birley, Stroud. Glos. Third attack age on first 61. Previously treated at Holloway Sanatorium Apl. 3 - 1903 for three months - St Andrews Northampton Oct. 20 1904 " " Present attack has lasted 9 months days, supposed cause. Prolonged spell of depressing weather. Not T.S.D.

First certificate

The patient is an extremely depressed state of mind imagining that she is absolutely wicked & has done unutterably wicked acts, says she stopped last night but ought not to have done so owing to her wickedness

(Signed) John M. Rogers Watson
3rd March 1906. of Chalford.

Second certificate

corroborates.

(Signed) G. S. Cooke.
1 April 1906. of Stroud (Glos)

Previous History (E. Tucker)

One attack at Northampton 3 mos. in 1904. Never very normal 6-8 weeks depression, then normal, then excited 4-6 weeks, then normal again very energetic when well.
This attack about 2 mos. gradually coming on. Delusions of wickedness about 10 days. Has had no responsibility of any kind. Daughter lives with her & has done everything.
This morning she wanted to jump out of the window. Not taking her food well now. Sleeping fairly well. Never very good sleeper.

Family History

None of insanity

Condition on admission A. Physical

Gall. III
Wt. 5ft 5in
Ht. 9st. 10lb

Patient is a well nourished, well developed woman with brown hair turning grey, brown eyes, sallow complexion, mucous membranes rather pale, tongue furred & fissured, teeth defective (plate)
No heart pneumo or physical signs of disease. The pulse is 70 regular in rate & rhythm, vessel wall healthy, tension low.
The breathing auscultatorily shows prolonged expiration and is rather harsh - posteriorly these signs are not marked.
Menopause occurred many years ago.
Urine 1021 acid, dark brown. No abnormal conditions.
No abnormalities to be noted in abdomen.
The pupils are equal & regular & react normally to L. & accn. stimulation & consensually. All the deep reflexes are much exaggerated there is no ankle clonus and the superficial reflexes are healthy.

B. Mental

Patient has an anxious worn expression, keeps her head bent, speaks in a low tremulous voice and is restless and unoccupied.
She attends well to dress & person and her habits are cleanly.
She is very much depressed, says that she is unutterably wicked that her life is hideous that she is more than wicked, no longer human and can never be better. She admits that she has been depressed & recovered before but says it is quite impossible this time.
She did not admit any hallucinations nor is there any evidence of them.
She takes her food badly but is sleeping fairly well.

Suicidal caution

She has threatened to commit suicide by jumping out of the window.

April 9 Patient continues very depressed, quite unoccupied, utterly constant & to be removed to a cheaper place as she is so poor. She is sleeping fairly well S.H.P.

April 16 Patient has been in bed for four days past very temperature slightly raised 99.4° F and signs of slight congestion of the base of the right lung. The temperature has been normal for the last two days. She is still very depressed moaning over her wickedness - S.H.P.

April 23 Patient is now out of bed but still very depressed requiring to be watched dressed - quite unoccupied & full of her own misery - She is sleeping somewhat better - S.H.P.

April 30 Patient still very depressed with delusions of wickedness & poverty - S.H.P.

May 27 Patient being fed as she declares she is choked up and there is no room for food Still very depressed with delusions of wickedness and poverty. S.H.P.

June 12 Patient again taking food naturally and beginning to occupy herself - sleeping better. S.H.P.

July 15 Patient now in Gallery III improving steadily taking her food well and sleeping well. S.H.P.

Oct 4 Patient was today discharged recovered She was examined before leaving and found to be in good physical health, free from marks and bruises. S.H.P.

Discharged.

3743 Caroline Stone Spencer.

Adf. April 10/06 34 single teachers in High School. Ch of Eng.
P.O 9 April 06 11 Belvidere Cottages Wimbledon First admission
a fortnight. cause not known Not epileptic
probably not suicidal Not dangerous
Not E. suicidal. not D.

First certificate That she believed a mental female nurse was a man who wished to assault her. Later on she told me that she feared she had been assaulted & was afraid she was going to have a baby
P. Frederic Darby MB
9 April. 1906 Wimbledon

Second cert. corroborates
(Signed) Jas. Chambers MD
9 April 1906 8 Mansfield St.

Previous history (by sister to Dr Lush) Patient has been school teacher for 8 or 9 years - she was educated at Newtown where she did well in mathematics and science. Since childhood has been a suspicious nature - Was a healthy girl fond of games, hockey, bicycling etc -
Delusions of suspicion & persecution began to be prominent last summer, but she has hitherto been able to mask them. She thinks her sisters are dead & she does not see them constantly says that the nurse had a razor to cut her (the nurse's) throat, thought there was a plot against her at the school, thought that the nurse was a man dressed in woman's clothes & on looking out of window said it would not be fair to drop.
Catamenia said to be regular, some dysmenorrhea
Eats well - sleeps badly.

Family History Paternal aunt was insane.
No history of phthisis.

Condition on admission. A. Physical

Pall III Patient is a tall, well developed, well nourished
HH 3/4 S woman, with brown hair and eyes, rather muddy
Dent 8 at 4 lks complexion. The mucous membranes are a good colour, the teeth defective (incisors upper artificial plate) the tongue fairly clean.
Heart and lungs present no physical signs of disease. Pulse 75 regular in rate & rhythm, vessel wall healthy, tension rather high.
No abnormalities to be noted in abdomen.
Urine. 1026 light brown acid, no alb. nor blood sugar. Trace deposit of urates
Catamenia said to be regular.
The pupils are equal & regular, & react normally to A. skin eliminations commencing. The knee jerks & supinator jerks are very active, the knee jerks exaggerated and there is ankle clonus in both legs. The superficial reflexes are healthy.
There is a slight erythematous eczema behind ears.

B. Mental

Patient has rather a restless expression, but her conduct is quiet and she is fairly well-occupied attends well to dress and person.
Suicidal caution
She states that she has been possessed for some weeks of the idea that a grave evil threatened someone she loved and that this so filled her mind that she could do nothing but think of it. She also fears that evil threatens her relatives and was so unhappy over this fact that she said she would like to die if her misery were to be prolonged & thought of precipitation. She now states that she

1943 Caroline Stone Spencer.

Adj. April 10/06 34 single mistress in High School. C of Eng.
P.O 9 April/06 11 Belvidere Cottages Wimbledon First attack of mania
a fortnight. cause not known. Not epileptic
probably not suicidal. Not dangerous
Not P. suicidal. not D.

First certificate That she believed a mental female nurse was
a man who wished to assault her. Later on she told
me that she feared she had been assaulted & was
afraid she was going to have a baby
P. Frederic Darby M.D.
9 April. 1906 Wimbledon

Second cert. corroborates.
(Signed) Jas. Chambers M.D.
9 April 1906 8 Mansfield St.

Previous history (by sister to Dr Darby) Patient has been school teacher for 8 or 9 years - she was educated at Newtown where she did well in mathematics and science. Since childhood has been a suspicious nature - Was a healthy girl, fond of games, hockey, bicycling etc -
Delusions of suspicion & persecution began to be prominent last summer, but she has hitherto been able to mask them. She thinks her sisters are dead & she does not see them constantly says that the nurse tried a razor to cut her (the nurse's) throat, thought there was a plot against her at the school, thought that the nurse was a man dressed in woman's clothes & looking out of window said it would not be far to drop.
Catamenia said to be regular, some dysmenorrhea
Eats well - sleeps badly.

Family History Paternal aunt was insane.
No history of phthisis.

Condition on admission. A. Physical

Tall III Patient is a tall, well developed, well nourished
HH 9/11 8 woman, with brown hair and eyes, rather muddy
Wt. 9st 4lbs. complexion. The mucous membranes are a good colour, the teeth defective (incisors upper artificial plate) the tongue fairly clean.
Heart and lungs present no physical signs of disease. Pulse 75 regular in rate & rhythm, vessel wall healthy, tension rather high.
No abnormalities to be noted in abdomen.
Urine. 1026 light brown acid, no alb. nor blood corpuscles. Very deposit of urates
Catamenia said to be regular.
The pupils are equal & regular, & react normally to light & accommodation & convergence. The knee jerks & supinator jerks are very active, the knee jerks exaggerated and there is ankle clonus in both legs. The superficial reflexes are healthy.
There is a slight erythematous eczema behind ears.

B. Mental

Patient has rather a restless expression, but her conduct is quiet and she is fairly well occupied attends well to dress and person.
She states that she has been possessed for some weeks of the idea that a grave evil threatened someone she loved and that this so filled her mind that she could do nothing but think of it. She also fears that evil threatens her relatives and was so unhappy over this fact that she said she would like to die if her misery were to be prolonged & thought of precipitation. She now states that she

Suicidal caution

is most cowardly and that she vowed never attempt it.
Patient admits having heard voices but has no hallucinations of sight.
She takes her food well but sleeps badly

April 17 Patient is quiet & well occupied, appears less depressed & haunted by the fear of coming evil. Emulsum & Bromide She attended the patients dance last night & is out for the greater part of the day & sleeps well S.M.R.

April 24 Patient is still rather restless and her expression is one of apprehensive anxiety. She still fears evil coming upon those dear to her. She is sleeping fairly well. S.M.R.

May 1 Patient is improving slightly but says she feels very confused and still fears impending evil S.M.R.

May 8 Patient continues as described in last note S.M.R.

June 13 Patient complains of vague abdominal pains for which no definite cause can be found except constipation which has been treated since admission. She looks dejected and miserable and is restless and fidgety. S.M.R.

July 15 Oct. 5½ Patient continues restless and morose – is still very confused and apprehensive of evil befalling those she loves. She is restless at night S.M.R.

Nov. 13 Patient has been exercised & routine tasks Feb. 11 requiring to be dressed and carried downstairs. Delusions of persecution are more active – she considers that she has been injured by food medicine here – She declared recently that she must be rid from a throne – She takes her food fairly well and sleeps fairly. S.M.R.

1907 Feb. 28 Patient continues restless and irritable believing firmly that her health has been injured since

coming here by drugs given to her. She has evident auditory hallucinations. Last night spent the night looking out of the window and twice rang the alarm bell S.M.R.

May 24 Patient shows no marked improvement. Her physical health is poor. S.M.R.

June 24 Patient was discharged today "Not improved" She was examined before leaving and found to be in good physical health free from marks and bruises. S.M.R.

Discharged

2942
Adm April 10. 1906
D.D 18 April 1906

Reid Emma Bradley Cooke.
26 Single no occupation. Ch of England, P.A
Barnsmere The Goffs, Eastbourne. First attack
26 Not previously treated. Present attack has
lasted one month. Supposed cause love affair
Not E. suicidal Not dangerous.

First certificate She told me matches were put about the house to tempt her to set light to the house & burn her mother and sisters. She asked me together a pistol to blow her brains out with; she asked me if I liked the powers she had given me to control the wind.
10 April 1906 G. F. Poock
Eastbourne

Second cert. corroborates.
11 April 1906 J. H. Savage MD
3 Henrietta St

Previous history (from Dr Hoock to Dr Tuke.)
Symptoms of about one months duration, previously suffered much from headache, eyes were examined & astigmatism found (which probably did not account for all the headache). Was connected Lady J Tucker, was broke in care she went through treatment which appears to have been of hypnotic character. She went to a nursing home & has been at home with two nurses for last fortnight. She has impulses to do things, apparel & through subjective voices and has asked for revolver to shoot herself with. Says that she has brought ruin on people &c
Patient has always been spoilt by her mother. The supposed cause of this attack of a love affair a married man having more love to her. There is a history of former masturbation. Patient sleeps badly - has had Bromidia & Veronal.

Family History Father died 10 yrs ago was neurotic - no other history of any none of phthisis

Condition on admission Physical

Tall. VII
Wt 5st 8½
Wt 10st 3

Patient is a tall well developed well nourished girl with

Patient has

requires supe

to her conduc

She will stop

Forces" or de

cases are bei

Her conversatio

statements that

out of her to her

that being blo

dog has shown her that she ought

1. MR. LEWIS WALLER AS HOTSPUR, In Shakespeare's "Henry IV.," at the Lyric Theatre.
2. MISS GLADYS DESMOND, Who was recently in "Our Miss Gibbs," at the Gaiety Theatre.
3. MISS COMMANDE, The classical dancer, who recently appeared at the Empire Theatre.
4. SIGNOR E. CARAMA, Who appeared successfully at Paris in the Grand Guignol Sketches, at Covent Garden.
5. MISS COMMANDE.
6. MR. LEWIS WALLER AS PHILIPPE D'ESTREES, In "The Prisoner of the Bastille," at the Lyceum Theatre.

June 1909.

2942
Adm April 10 1906
D.D 18 April 1906

Paid Counsel Bradley Cooke.
26 Single no occupation. Ch of England, P.A Barnsmere, The Toffs, Eastbourne. First attack 26. Not previously treated. Present attack has lasted one month. Supposed cause love affair. Not E. suicidal Not dangerous.

First certificate She told me matches were put about the house to tempt her to set light to the house & burn her mother and sisters. She asked me together a pistol to blow her brains out with; she asked me if I C[illegible] the powers she had given me to control th[illegible]
10 April 1906

Second cert. corroborates.
11 April

Previous history (from Dr Hooke to Dr Tuke.)

Symptom[illegible] suffered [illegible] 7½ days asleep [illegible] for all th[illegible] to leave [illegible] nurses [illegible] to take [illegible] apparently through subjective voices and has asked for revolver to shoot herself with. Says that she has brought ruin on people etc
Patient has always been spoilt by her mother. The supposed cause of this attack of a love affair a married man having made love to her. There is a history of former masturbation. Patient stays [illegible] - has had Bromidia & Veronal—

Family History Father died 10 yrs ago was neurotic - No other history of any none of the children

Condition on admission Physical

Tall VII
Wt 10st 3
Patient is a tall well developed well nourished girl with wavy brown hair, large eyes, dark complexion & good[illegible]
The mucous membranes are a good colour, the tongue clean the hard palate normal.
The heart presents no physical signs of disease - Pulse 68, regular in rate & rhythm, Vessel wall hard & tension high.
The breath sounds posteriorly are very faint but the chest wall is thick.

[illegible] seem normal till [illegible] as)
[illegible] albumin but blood [illegible] sales—
[illegible] equal & regular and [illegible] & concentric [illegible] ato jerks are [illegible] Knee jerks are slight [illegible]. The superficial [illegible]

[illegible] in abdomen.
[illegible] distinct)

[illegible] ed expression & [illegible] ers of dress & person & to her conduct is much influenced & hallucinated & she will stop what she is doing & listen to Forces' or declare that she can not move as gases are being blown into her.
Her conversation is rambling & interlarded by statements that magnetic influence is passing out of her to her questioner, that gases are even then being blown into her - or that a passing dog has shown her that she ought to creep with

1. "THE PRISONER OF THE BASTILLE," AT THE LYCEUM THEATRE.
Philippe (Mr. Matheson Lang) escaping from the Bastille disguised as Louis IV.

2. MR. LEWIS WALLER AS HOTSPUR,
In Shakespeare's "Henry IV.," at the Lyric Theatre.

3. MISS GLADYS DESMOND,
Who was recently in "Our Miss Gibbs," at the Gaiety Theatre.

4. SIGNOR F. CARASA,
Who appeared on the London stage very successfully as Turridu in "Cavalleria Rusticana," at Covent Garden.

5. MISS CORISANDE,
The classical dancer, who recently appeared at the Palace Hall.

June 1909.

2942

Adm. April 10 1906
D.D. 18 April 1906

Paid Commr Bradley Cooke.
26 single no occupation Ch of England, P.A Baronemere, The Goffs, Eastbourne. First attack 26. Not previously treated. Present attack has lasted one month. Supposed cause love affair Not E. uncertain Not dangerous.

First certificate

She told me matches were put about the house to tempt her to set light to the house & burn her mother and sisters. She asked me to get her a pistol to blow her brains out with; she asked me if I liked the power she had given me to control the wind.
10 April 1906 (J S Poock
Eastbourne

Second cert.

corroborates.
11 April 1906 J. H. Savage MD
3 Henrietta St

Previous history (from D. Hoock to D. Tuke)

Symptoms of about one month duration, previously suffered much from headache, eyes were examined 7½ D astigmatism found (which probably did not account for all the headache) then consulted Lloyd Tuckey, under whose care she went through treatment which appears to have been of hypnotic character. She went to a nursing home & has been at home with two nurses for last fortnight. She has impulses to do things, apparently through subjective voices and has asked for revolver to shoot herself with. Says that she has brought ruin on people etc.
Patient has always been spoilt by her mother. The supposed cause of this attack is a love affair - a married man having made love to her. There is a history of former masturbation. Patient sleeps badly - has had Bromidia & Veronal.

Family History

Father died 10 yrs ago was neurotic - No other history of any none of sp. diseases

Condition on admission A Physical

Tall VII
Wt 10st 3
Ht 5ft 8½

Patient is a tall well developed well nourished girl with wavy brown hair, large eyes, dark complexion & good skin. The mucous membranes are a good colour, the tongue clean the hard palate normal.
The least presence of physical signs of disease -
Pulse 68, regular in rate & rhythm, vessel wall healthy tension light.
The breath sounds posteriorly are very faint but the chest wall is thick.
Catamenia said to have been normal till quite lately (a little irregular)
Urine 1028, pale amber acid, no albumin but blood sugar indicyl. deposit of urates —
The pupils are rather dilated, equal & regular and react normally to L.A. skin distribution & consensual
The Triceps Reeps and Supinator jerks are present not exaggerated - the Knee jerks are slightly exaggerated - no ankle clonus; the superficial reflexes are healthy
No abnormalities to be noted in abdomen.
Wears astigmatic prisms rey (½ D astigmatism)

B Mental

Patient has a dreamy bewildered expression & requires supervision in matters of dress & person. Her conduct is much influenced by hallucinations & she will stop what she is doing to listen to 'Voices' or declare that she cannot move as gases are being blown into her.
Her conversation is rambling & interlarded by statements that magnetic influence is passing out of her to her questioner, that gases are even then being blown into her - or that a passing dog has shown her that she ought to sleep while

speaking.
She believes the place to be Windsor Castle (though she knows she came to V.H.) and recognises some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some weeks ago so paralysed her while in the nursing Home that she was unable to move & lost control of bladder & bowels.
She has also seen God appear to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant also those of smell - of sight less common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation. Last practised it in January.

April 17

Patient has passed from Gallery III through IV (two days) to V. where she now is. She has been very excited shouting singing pulling the other patients about. Her delusions as to acting also vary much. At present the most acute is that God is here in the form of a man named Irvine who is to marry her. S.M.P.

April 24

Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad". She is frequently noisy at night and sometimes requires to be undressed & dressed S.M.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that

From Sellers

She has had S.M.P.

Caution

Aug

Sept 26

Patient was discharged recovered. She was examined before leaving and found to be in good physical health free from marks and bruises. S.M.P.

Discharged.
Jan. 1907. Well.

Saturday.
Dear Dr. Moore.
I was told yesterday that you are in charge of this establishment. So in future I write to you -
Yesterday I wrote about how I heard a sing in facial expression to me. This morning I was given a chance to prove it, & I think I did so pretty successfully

speaking.
She believes the place to be Windsor Castle (though she knows she came to V.P.) and recognises some of the present inmates as having met them [illegible] other forms before.
She declares that electricity darts through her head & some weeks ago so paralysed her while in the Nursing Home that she was unable to move & lost control of bladder & bowels.
She has also seen God appear & speak to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant, also those of smell - of right & less common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation. Last practised it in January.

April 17

Patient has passed from Gallery III through IV (two days) to V. where she now is. She has been very excited, shouting, singing, pulling the other patients about. Her delusions are very active, also very varied. At present the most acute is that God is here in the form of a man named Erin who is to marry her. S.H.P.

April 24

Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad". She is frequently noisy at night and sometimes requires to be isolated & dressed. S.H.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight tonsilitis lately. S.H.P.

From Sessions 8.10 + 19

May 8

June 13

Caution removed June 13

Aug 15

Caution removed & Pt. out of bed for all day

Saturday.
Dear Dr Moore.
I was told yesterday that you are in charge of this establishment. So in future I write do you.
Yesterday I wrote about how I learnt to have a sing. facial expression like this mornin. I was given a chance to prove it. & I think I did so pretty successfully

Aug. 27

Sept. 26

She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.
Nov. 1907. Well.

speaking.
She believes this place to be Windsor Castle (though she knows she came to W.V.) and recognises some of the present inmates as having met them [illegible] other forms before.
She declares that [illegible]
her heart & some
her while in the
unable to move
She has also
the form of a
commands.
Hallucinations
there of smell-
has been God's
the clouds.
Suicidal caution — She has asked f
and talked
Patient takes her
She states that
been more or
last practised

April 17 — Patient has passed
(two days) to
been very excited
the other patients
very active also very varied. At present the most acute is that God is here in the form of a man named Jim who is to marry her. S.H.P.

April 24 — Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad". She is frequently noisy at night and sometimes requires to be watched & dressed S.H.P.

May 1 — Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight tonic fits lately - S.H.P.

From Sessions 8.10.+19

[illegible] very excited & noisy
[illegible] nesses &c.) S.H.P.
[illegible] slightly and is now
[illegible] of delusions of
[illegible] &c but not to any
[illegible] beginning to occupy
[illegible] letters at night. S.H.P.
[illegible] I have promised
[illegible] which are still acting
[illegible] as she was sure she
[illegible] ing here) She is very
[illegible] ache or eye strain if
[illegible] hours not allowed to do.
[illegible] asked for slight Lecorphora-
[illegible] tine tablets. S.H.P.
[illegible] & the former delusions
[illegible] nal hearing &c) still
[illegible] gestation of souls. She
[illegible] ught. Tr. Lecorphora
S.H.P.
[illegible] looky' recovered.
She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.
Jan. 1907. Well.

this morning I told Dr Ross what I had told you all mental viz. that bad smells make me violently sick & that the girl Miss Long bottom has the power to make me smell chloroform, & if she was jealous, when I went near Miss Ballisser I smelt the awful smell of a cat (dom) How someone make me smell that yesterday when I was in the garden in the morning & I was with Mrs Stapleton, but I resisted it & it passed off - I knew Miss Lawman was a genius the moment I heard her play & I had ample proof of it this morning, the lady she accompanied me when I went - because I did not follow the dog as it is written - but she told me she composed a march

speaking.
She believes this place to be Windsor Park (though she knows she came to V.H.) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some weeks ago so paralyzed her while in the Nursing Home that she was unable to move & lost control of bladder & bowels.
She has also seen God appear & speak to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant also those of smell - of sight less common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation last practised it in January -

April 17 Patient has passed from Gallery III through IV (two days) to V - where she now is. She has been very excited shouting, singing, pulling the other patients about. Her delusions are very active also very varied. At present the most acute is that God is here in the form of a man named Jim who is to marry her. S.M.P.

April 24 Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad". She is frequently noisy at night and sometimes requires to be undressed & dressed S.M.P.

May 1 Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight tonsilitis lately - S.M.P.

From Sessions 8.10.+19

May 8 Patient in Gall. V again very excited & noisy S.M.P.

June 13 [illegible] and is now [illegible]

Caution removed June 29

Aug 15 [illegible] to occupy [illegible] S.M.P.

Suicidal caution again & put on [illegible] as at first

I had a part of the bible wrote to Rachel composed mentally on the pillow, & forgotten the air that every thing I know & learned was God given while I was laying in bed undergoing the Weir Mitchell treatment. Now I know Jesus & the believers & he is helping me daily it is so short - you can ask Nurse Ross the reason I gave her. the Devil pelted me on my spine -

Aug. 27 [illegible] delusions [illegible] & &c.) Self [illegible] souls. She [illegible] leucorrhea S.M.P.

Sept. 26 [illegible] recovered. [illegible] and found to be in good physical health free from marks and bruises. S.M.P.

Discharged.
Nov. 1907. Well.

speaking.
She believes this place to be Windsor Park (though she knows she came to V.25) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her head & some weeks ago so paralyzed her while in the nursing Home that she was unable to move & lost control of bladder then.
She has also seen God appear to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant also those of smell - of right kind common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation. Last practised it in January.

April 17

Patient has passed from Valley III through IV (two days) to V. where she now is. She has been very excited shouting, singing, pulling the other patients about. Her delusions are very active also very varied. At present the most acute is that God is here in the form of a man named Erin who is to marry her. S.M.P.

April 24

Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad". She is frequently noisy at night and sometimes requires to be undressed & dressed S.M.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight tonsilitis lately - S.M.P.

From Sessions 8.10 to 19

May 8

Patient in Hall V again very excited & noisy S.M.P.

June 13

~~One of the people~~ Everybody looked at this morning from right across the room felt that spring down their backs, that I have told you at my daily. Yesterday when I first came to me & in the middle of an interesting conversation left me, I caricatured him to the nurses & they roared with laughter - I'll do it for you if

Caution removed June 29

Aug 15

Aug. 27

Sept. 26

found to be in good physical health free from marks and bruises. S.M.P.

Discharged.
Nov. 1907. Well.

speaking.
She believes this place to be Windsor Castle (though she knows she came to V.H.) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some nerves in her while in the nurse unable to move & [illegible]
She has also seen the form of a nurse commanding.
Hallucinations of hearing those of smell of sight has seen God's eye [illegible] the clouds.
Suicidal caution — She has asked for a [illegible] and talked about [illegible]
Patient takes her food [illegible]
She states that since [illegible] been more or less addicted [illegible] last practised it in Jan

April 17 — Patient has passed from [illegible] (two days) to V. before [illegible] been very excited about [illegible] the other patients about [illegible] very active also very varied. At present the most acute is that God is here in the form of a man named Irvin who is to marry her. S.H.P.

April 24 — Patient is still very excited & noisy and very unhappy at being detained here "where therefore is mad". She is frequently noisy at night and sometimes requires to be watched dressed S.H.P.

May 1 — Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight tonic to take. S.H.P.

From Sessions 8.10.+19

May 8 — Patient in Hall. V again very excited & noisy [illegible] S.H.P.

[illegible] and is now [illegible] delusions of [illegible] not to [illegible] [illegible] to occupy [illegible] S.H.P. [illegible] promised [illegible] are still active [illegible] she was sure she [illegible] She is very [illegible] eye strain [illegible] to do. [illegible] Incoherence [illegible] former delusions [illegible] &c) still [illegible] of souls. She [illegible] Incoherence S.H.P.

'recovered' [illegible] Clearing and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.
Jan. 1907. Well.

You like, because you have a [illegible] of humour. I could [illegible] it. [illegible] reading the papers & see there is a controversy raging re religion & know it is all caused through me - By the way a raging wind has got up as I write. I don't control the weather, God has the power, but I said it was not a girl's place & Dr Rock should regulate the hour & he would come & tried it twice. Then I heard God say do me call do him & tell him to stop it - & I called to him mentally to stop it. & the next day I asked if he heard me & he said [illegible] I must tell you - [illegible]

speaking.
She believes this place to be Windsor Castle (though she knows she came to W.R.) and recognises some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some weeks ago so paralysed her while in the Nursing Home that she was unable to move & lost control of bladder & bowel.
She has also seen God appear to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant, also those of smell - of sight less common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation. Last practised it in January.

April 17

Patient has passed from Gallery III through IV (two days) to V. where she now is. She has been very excited shouting, arguing, pulling the other patients about. Her delusions are very active also very varied. At present the most acute is that God is here in the form of a man named Linn who is to marry her. S.M.P.

April 24

Patient is still very excited & noisy and very unhappy at being detained here "where therefore is mad". She is frequently noisy at night and sometimes requires to be watched & dressed. S.M.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight tonsilitis lately - S.M.P.

From Sellers 8.10.+19

May 8

Patient in Gall. V again very excited & noisy full of delusions (see annexed tables) S.M.P.

June 13

Returned home & one night I said mentally that the churches ought to be left open so that people could go in sick & think - the next day the church was the OLD door was open & a crowd of poor people stood round & I walked in & knelt at the altar rail & talked to God till he answered me & as I was walking out, I caught sight of the Bible stood at a certain

Caution removed June 19

Aug 15

Pt. argumentative & excited at times

Aug. 27

Sept. 26

free from marked delusions.

Discharged.

Nov. 1907. Well.

speaking.
She believes this place to be Windsor Park (though she knows she came to V.S.) and recognises some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some weeks ago so paralysed her while in the nursing Home that she was unable to move & lost control of bladder & bowel.
She has also seen God appear & speak to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant, also those of smell. Of sight hers common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation last practised it in January.

April 17

Patient has passed from Valley III through IV (two days) to V. where she now is. She has been very excited shouting, singing, pulling the other patients about. Her ablutions are very active also very varied. At present the most acute idea is that God is here in the form of a man named Irvin who is to marry her. S.H.P.

April 24

Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad". She is frequently noisy at night and sometimes requires to be undressed & dressed S.H.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight hemiplegic fit. S.H.P.

From Sessions 8.10 + 14

May 8

Patient in Hall V again very excited & noisy

me to this night _ :) S.H.P.
I can see her now, and is now
n entally of course.
nothing do appear)
do the dress, lest
a clear whole soul
looking woman, bred-
with eyes like
Christ- big eyes (her eyes
that quite eyes -
She never utters
one word to me about
except to say "you
are not do utter
sound as they will
hear outside"
must also add that
not once did she
look at me & S said

June 13

Caution removed June 29

Aug 15

Aug. 27

Sept. 26

found to be in good physical health free from marks and bruises. S.H.P.

Discharged.
Nov. 1907. Well.

speaking.
She believes this place to be Windsor Castle (though she knows she came to V.R.) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity shoots through her heart & some weeks her while in the nursing unable to move & lost the
She has also seen God the form of a nurse who commands.
Hallucinations of hearing those of smell. of sight Has seen God's eye look the clouds.
Suicidal caution
She has asked for a re and talked about of Patient takes her food Sh She states that since he been more or less addic last practised it in Jan

April 17
Patient has passed from (two days) to V. where been very excited shouti the other patients about her actions also very varied. At present the most acute is that God is here in the form of a man named Linn who is to marry her. S.H.P.

April 24
Patient is still very excited & noisy and very unhappy at being detained here "where therefore is mad" She is frequently noisy at night and sometimes requires to be watched dressed &c S.H.P.

May 1
From Sessions 8.10.1904
Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight bronchitis lately - S.H.P.
Patient in Hall. V. became very excited & noisy S.H.P.
and is now
to occupy
S.H.P.
promised
are still asleep
was sure she
She is very
eye strain
would do.
S.H.P.
recurrence
S.H.P.
mes delusions
and &c) that
of souls. She
recurrence
S.H.P.
recovered
ning and
found to be in good physical health free from marks and bruises. S.H.P.

Discharged
Nov. 1907. Well.

mental "why does you look at me God" & the nurse was "you are not ready yet" her nurse's name was "Burgh Burgh" Burgh" well then I went off into a form of trance & left [illegible] all the time what I was doing - I was taught to sing the hymn "Abide with me" it took a long time getting through because I had to do it mentally & once I started to do it aloud I then she said the above remark to me "well do that hymn too. I had got words perfect I was taught rhythm the action of riding on horseback, mentally. mental is exhalation the senses movements of the dance, facial expression bodily expression began to discover a keyness movements & suddenly she jumps up & seized hold of my left arm & said "stop that Miss Cooke" She then gave me

speaking.
She believes this place to be Windsor Castle (though she knows she came to V.R.) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some weeks ago so paralysed her while in the nursing Home that she was unable to move & lost control of bladder & bowels.
She has also seen God appear to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant, also those of smell. Of sight less common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation. Last practised it in January.

April 17

Patient has passed from Gallery III through IV (two days) to V. where she now is. She has been very excited shouting, singing, pulling the other patients about. Her delusions are very active also very varied. At present the most acute is that God is here in the form of a man named Linn who is to marry her. S.H.P.

April 24

Patient is still very excited, noisy and very unhappy at being detained here "where everyone is mad." She is frequently noisy at night and sometimes requires to be watched. Dressed S.H.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight convulsion today - S.H.P.

From Sellers 8.10.+19

May 8

Patient in Gall. V again very excited & noisy full of delusions (see annexed letter) S.H.P.

June 13

and is now

Caution removed June 29

Aug 15

Aug. 27

a tumbler of boiling milk I told me mentally to drink it without stopping which I did. Of course it was agony but that was simple compared with. some of the sufferings I had to go through — By mortifying the flesh I was to get rid of bed & rest & be able to walk & speak & said, get the water of the Lord's trust salt, pour out a handful into the tumbler, take hold of

Sept. 26

free from marks and delusions.

Discharged.

Jan. 1907. Well.

speaking.
She believes this place to be Windsor Castle (though she knows she came to V.W.) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her head & some weeks ago so paralysed her while in the Nursing Home that she was unable to move & lost control of bladder & bowels.
She has also seen God appear to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant, also those of smell - of sight less common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation. Last practised it in January.

April 17

Patient has passed from Valley III through IV (two days) to V. where she now is. She has been very excited shouting, singing, pulling the other patients about. Her delusions are very active also very varied. At present the most acute is that God is here in the form of a man named Linn who is to marry her. S.H.P.

April 24

Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad." She is frequently noisy at night and sometimes requires to be watched & dressed. S.H.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight convulsive fit. S.H.P.

From Selkirk 8.10.19

May 5

[illegible] packed & noisy [illegible]) S.H.P.

June 13

[illegible] and is now [illegible] visions of [illegible] and to deny [illegible] to occupy [illegible] night. S.H.P.

Caution removed June 29

July 15

[illegible] promised [illegible] she still acting [illegible] was sure she [illegible] She is very [illegible] strained [illegible] ound to do. [illegible] of Leucorrhoea [illegible] S.H.P.

Aug. 27

[illegible] her delusions [illegible] not do.) still [illegible] souls. She [illegible] Leucorrhoea S.H.P.

Sept. 26

[illegible] recovered. She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.
Nov. 1917. Well.

The bottle of drinking water, dragged back to be a reminder of her numbers + drink this fizzy stuff at a draught.
Then read, don't [illegible] of [illegible] to the rest of the night.
Next day absolutely purged - last night thought it right mentally to do as Dinkel - however you read it all in black & white & I'll try & do it but of course I can't do the whole thing at one sitting.

speaking.
She believes this place to be Windsor Park (though she knows she came to W.S.) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some
her while in the
unable to move
She has also see
the form of a nur
commands.
Hallucinations of
those of smell. Of
has seen God's eye
the clouds.
Suicidal caution — She has asked for
and talked vagu
Patient takes her fo
She states that sui
been more or less
Last practised it

April 17 — Patient has passed
(two days) to W. ho
been very excited
the other patients
very active also very varied. At present the most acute is that God is here in the form of a man named Lin who is to marry her.

April 24 — Patient is still very excited & noisy and very unhappy at being detained here "where everyone is mad." She is frequently noisy at night and sometimes requires to be watched & dressed.

May 1 — Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight hemiplegia to Patel -

from Jellicoe 8.10.19

Patient is very excited & noisy (and talkative) and is said to have had delusions of [illegible] but not to have been attempting to escape. She has promised that she will not do so as she was sure she would be sent here. She is very sorry for her conduct & says she only strained her eyes & was not responsible for what she did. She has no further delusions of persecution. She is very excited & noisy & has had delusions of persecution. She is very excited & noisy & has had delusions of persecution. She is very excited & noisy & has had delusions of persecution.

Discharged.
Jan. 1907. Well.

I don't the E.O.'s for
2 nights, one night
it was after I had
from 11 do 5 minutes
what I told Dr Ross
first time here -
I hope perfectly
well that you all
know more or less
what I'm writing.
I'm tired now so
will stop -
Please give me
hypnotic sleep
again tonight but
otherwise don't hold
me else I feel scalped
as I have - I must
resist to spell

I feel very sorry
for myself - honestly
I do -
What began the
whole thing was
first influenza
then what is scient-
ifically called
Psycho-Therapeutics
= the influence of
the mind over the
body -
and what I get
is called "the Devil
afflates" - (that is spelt
wrong, but I hear
new) brilliant

speaking.
She believes this place to be Windsor Park (though she knows she came to W.S.) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her heart & some weeks ago so paralysed her while in the nursing home that she was unable to move & lost control of bladder & bowels.
She has also seen God appear to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant also those of smell - of sight less common but she has seen God's eye looking at her through the clouds.

Suicidal caution

She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation last practised it in January -

April 17

Patient has passed from Gallery VII through IV (two days) to V where she now is. She has been very excited shouting angrily pulling the other patients about. Her delusions are very active also very varied. At present the most acute is that God is here in the form of a man named Jim who is to marry her. S.H.P.

April 24

Patient is still very excited & noisy and very unhappy at being detained here "there therefore is mad". She is frequently noisy at night and sometimes requires to be undressed & dressed S.H.P.

May 1

Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight hemiplegia lately - S.H.P.

From Sessions 8.10.+19

May 8

June 13

Caution removed June 29

Aug 15

Aug. 27

Sept 26

I'll write home
me to do the thing
really & thoroughly
you will give me
a book to write in,
a nib that will
write, & some blotting
paper. I like a
thick nib -
I have a most extraordinary mixture
I can be very bad at
for a minute
& go through all the
moods till I arrive
at a brilliant intellectual &c) state
which I have
got. Yours truly
E. Bradley Cooke

recovered.
She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.
Jan. 1907. Well.

speaking.
She believes this place to be Windsor Park (though she knows she came to V.25) and recognizes some of the present inmates as having met them in other forms before.
She declares that electricity darts through her head & some weeks ago so paralyzed her while in the Nursing Home that she was unable to move & lost control of bladder & bowels.
She has also seen God appear to her in the form of a nurse who gave her various commands.
Hallucinations of hearing are constant also those of smell. Of sight less common but she has seen God's eye looking at her through the clouds.
Suicidal caution
She has asked for a revolver to shoot herself and talked vaguely of suicide repeatedly.
Patient takes her food well but sleeps badly.
She states that since her 16th year she has been more or less addicted to masturbation last practised it in January.

April 17 Patient has passed from Gallery VII through VI (two days) to V. where she now is. She has been very excited shouting angrily pulling the other patients about. Her delusions are very active also very varied. At present the most acute is that God is here in the form of a man named Jim who is to marry her. S.H.P.

April 24 Patient is still very excited & noisy and very unhappy at being detained here "there evermore is mad". She is frequently noisy at night and sometimes requires to be undressed dressed S.H.P.

May 1 Patient continues excited and noisy - believes that one of the other patients exercises a hypnotic influence upon her - also upon the doctors - She believes that electricity is played upon her &c. She has had a slight hemiplegia today - S.H.P.
From Sessions 8.10 + 19

May 8 Patient in Gall. V again very excited & noisy full of delusions (see annexed tables) S.H.P.

June 13 Patient has improved slightly and is now in Gall. VII still full of delusions of electricity hypnotism &c but not so many of them so freely and beginning to occupy herself. She is very restless at night. S.H.P.
Caution removed June 29

Aug 15 Patient is now in Gall. I having promised not to back after delusions which are still active (asked recently to be examined as she was sure she had been silenced before coming here) She is very hypochondriacal, pleads headache or eye strain if asked to do anything she does not want to do. She is at present being stocked for slight leucorrhoea which she has had before admission. S.H.P.
Pt. discharged from Hospital by order of Sir Edward Troup

Aug. 27 Patient has lost many of the former delusions (unseen influence criminal assault &c) still holds some to the transmigration of souls. She is frequently restless at night. The leucorrhoea has completely gone. S.H.P.

Sept. 26 Patient was discharged today "recovered". She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.
Jan. 1907. Well.

Adm. Jan. 1907. Miss Adelaide Pyddoke, aged 41.
Continued from page 204.

1914, Feb. 2nd. Physical health good, Rather quieter of late. Demented, dirty in habits, has been inclined to smash glass etc. Delusions as to her engagement to the Archbishop are unchanged. E.m.j.

May 31st. Destructive, deluded, quite unoccupied, often violent. General health good. E.m.j

Aug. 31st. Demented, dirty, unoccupied, often violent, General health good. E.m.j.

Nov. 24th. Demented + dirty, is sociable with one or two other demented patients, with whom she walks about the court, but her delusions preclude any ordinary conversation. Physical health good, weight increased. E.m.j.

1915. Feb. 27th. Unoccupied, has been quiet at night of late,
Weight March 10 st. 2½ lb. but is restless + sometimes violent, tearing off nurses caps + striking them.

May 31st. Rather quieter of late, sleeping well, unoccupied, except with walking about with some other old demented patients. Has taken to a trick of licking her finger + then touching people. Is cheerful + in good physical health, E.m.j.

Aug. 14th. There is no mental or physical change, E.m.j.

Dec. 13th. Is now seldom violent, is helpful to one or
Weight 9 st. 11 lb. two old patients, but unsociable as a rule + unoccupied, General health Excellent, E.m.j.

1916. Feb. 17th. Demented, unoccupied, interferes with other
Weight 9 st. 9½ lb. patients + throws any garments or other possessions of theirs, which she can get, over the wall. General health good, E.m.j.

April 30th. Owing to the occurence of a case of typhoid in the Hospital, patients blood was tested at the Lister Institute for Widal's reaction, but gave a negative result. E.m.j.

May 25th. Fairly quiet of late, has no occupation, except leading about some old demented patients, Interferes with others, touching + annoying them. General health good, E.m.j.

Aug. 1st. Dirty, destructive, irritates other patients + throws their coats, hats, etc, over the wall. Physical health good, E.m.j.

Nov. 3rd. Demented, deluded, dirty, licks her finger + touches other patients or nurses. General health good. E.m.j.

17. Feb. 12. Demented, dirty, annoys other patients by touching them, as above, violent at times, General health good, E.m.j.

June 28th. Demented, dirty, unoccupied. Physically, except that the heart sounds are a little weak, nothing abnormal was discovered on examination. General health good, Is dirty, deluded and unoccupied, interferes with other patients, E.m.j.

Oct. 24th. There is no mental or physical change, E.m.j.

8. Jan. 14th. Has been violent, smashing windows, + con-
April 9th. trolled by auditory hallucinations of hearing. General health good, E.m.j.

Sept. 23rd. Deluded, excited, violent + dirty in habits. General health quite good. E.m.j.

Continued in Book Suppl. B. page 13.

Adm. Jan. 1907. Miss Adelaide Pyddoke, aged 41.
Continued from page 204.

1914. Feb. 2nd. Physical health good, Rather quieter of late. Demented, dirty in habits, has been inclined to smash glass etc. Delusions as to her engagement to the Archbishop are unchanged. E.m.)

May 31st. Destructive, deluded, quite unoccupied, often violent. General health good. E.m.)

Aug. 31st. Demented, dirty, unoccupied, often violent, General health good. E.m.)

Nov. 24th. Demented & dirty, is sociable with one or two other demented patients, with whom she walks about the court, but her delusions preclude any ordinary conversation. Physical health good, weight increased. E.m.

1915. Feb. 27th. Weight March 10 st. 2½ lb. unoccupied, has been quiet at night, of late, but is restless & sometimes violent, tearing off nurses caps & striking them.

May 31st. Rather quieter of late, sleeping well, unoccupied except with walking about with some other old demented patients. Has taken to a trick licking her finger & then touching people. Is cheerful & in good physical health, E.m.

Aug. 14th. There is no mental or physical change. E.m.)

Dec. 13th. Weight 9 st. 11 lb. Is now seldom violent, is helpful to one two old patients, but unsociable as a r & unoccupied, General health excellent. E.

1916. Feb. 17th. Weight 9 st. 9½ lb. Demented, unoccupied, interferes with other patients & throws any garments or other pro of theirs, which she can get, over the wall. General health good, E.m.)

April 30th. Owing to the occurrence of a case of typhoi

in the Hospital, patients blood was tested at the Lister Institute for Widal's reaction, but gave a negative result. E.m.)

May 25th. Fairly quiet of late, has no occupation, except leaving about some old demented patients, interferes with others, touching & annoying them. General health good, E.m.)

Aug. 1st. Dirty, destructive, irritates other patients & throws their coats, hats, etc. over the wall. Physical health good, E.m.)

Nov. 3rd. Demented, deluded, dirty, licks her finger & touches other patients or nurses. General health good. E.m.)

1917. Feb. 12. Demented, dirty, annoys other patients by touching them, as above, violent at times, General health good, E.m.)

June 28th. Demented, dirty, unoccupied. Physically, except that the heart sounds are a little weak, nothing abnormal was discovered on examination. General health good, Is dirty, deluded and unoccupied, interferes with other patients, E.m.)

Oct. 24th.

1918. Jan. 14th. There is no mental or physical change. E.m.)

April 9th. Has been violent, smashing windows, & controlled by auditory hallucinations of hearing. General health good. E.m.)

Sept. 23rd. Deluded, excited, violent & dirty in habits. General health quite good. E.m.)

Continued in Book Suppl. B. page 13

2975
adm 2 April 1906
D/C 15 March 1906

Mary Evans Montefiore
56 married
56 single Re-occupation, Ch of England, Baroness
Res Cliff Harbourne - First attack, not previously known
duration on & off three months, supposed cause
change of life Rd. S. Sd -

First certificate

Very depressed with ideas that she knows
of plots & conspiracies & that she was bound
to die at once. She was incoherent & very
restless
9 March. 1906 — E. W. Savage M.D.
3 Kenwetta St

Second certificate

corroborates
14 March. 1906 — E. W. McFarlane M.D.
29 Princes St

Previous history (from husband)

Patient has been married for 30 years was
healthy girl of healthy family -
She has had no children nor miscarriages
Two years ago patient's husband lost all his
money - patient had to leave her home & come
to a small flat in town - all this was a
cause of constant worry & anxiety to patient
Patient has been fretful & irritable since Xmas
and about Feb 12. began to express strong
delusions of a religious nature & of persecution
(every one in a conspiracy to kill her - wicked
women in the world)
She left home for visits - then was sent to
nursing home for five weeks / constipated, sick
stomach, refusing food, vomiting / vomiting
prostrated / where she did not improve
& the menopause occurred two years ago

Husband called 2nd 27

Patient as a young woman suffered from irregular
action of the heart. Has palpitation frequently

Condition on admission A. Physical -

Pulse 114
BP. 6½ 2
BT. 97. 1½

Patient is a small thin woman with dark hair
turning grey grey eyes, dark complexion. The mucous
membranes are rather pale, the tongue furred. The teeth
defective the molars being very carious, bad palate
The heart is not enlarged & there are no adventitious
sounds but its action is feeble. Pulse 75 regular in rate
and rhythm, Vessel wall healthy, tension rather high.
There are no physical signs of disease to be noted in
the abdomen.
The menopause occurred two years ago.
Urine, 1028 acid amber colored, heavy deposit of urates
no albumin sugar, blood, indican - bile —
The pupils are equal, regular & react slowly to light and
consensually, & to skin stimulation the deep reflexes
are present not exaggerated - the superficial reflexes
healthy - no ankle clonus - common sensation normal -
There was a large bruise on the right upper
arm

B. Mental

Patient has an anxious worried expression, is very
restless and quite unoccupied.
She refuses to work or dress (requires four or five
nurses) & thought her habits are cleanly will
not go to the lavatory for long hours at a time.
She believes that are there many plots
against her that she is to be burned - or killed
that everyone here is entertaining evil against
her and also thinks that she is the wickedest
woman in the world and has committed
great sins.
There are no evident hallucinations
Her sense of place & time is fairly good but

attention is poor. Memory for recent & remote events is good.
Patient has refused all food since admission & has been tube fed. She is very restless at night trying to get out of bed, as she has no right to be here.

April 19 Patient has been tube fed since admission. She gives no reason for refusing but explains her refusal to take the Cavaday by saying that if she eats it she will drink the bottle away. She is restless at night, jumping out of bed to go away. S.H.P.

April 26 Patient is more resistive - requires four nurses to dress her - is entirely tube fed - stands constantly and will not sit down. She is still very restless at night. S.H.P.

May 3 Patient is now in Gall V - very resistive (in addition) over-washing, refusing all clothing and most troublesome to tube feed. She still believes firmly that evil is coming upon her and is very sleepless requiring Paraldehyde 3ii - iii nightly. S.H.P.

May 10 Patient continues as described in last note. S.H.P.

May 28 Patient is intensely resistive, has refused all clothing for the last two days, will not stay in her room, but rushes to the corridor door & is trying to get through it. Her feet are much swollen through her constant standing & she is most difficult to tube feed, requires 2 or 3 or seven nurses to hold her and shouts and struggles all through it declaring that she will not be fed. On the 25th inst. she had an attack of syncope while being fed (about 3 g. of food had been passed) from which she recovered

Holloway Sanatorium Hospital,
Virginia Water

6083

NOTICE OF DEATH

Date of Reception Order, the 15th day of March 1906.

I hereby give you Notice, That Mary Evans Monkhouse a Private Patient, received into this Hospital on the twelfth day of April 1906 1290, died therein on the fifteenth day of June 1906 129.

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

Dated the 16th day of June One Thousand nine hundred and six

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Mary Evans Monkhouse
Sex and age	female 49
Married, single, or widowed	married
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	Islip. Oxon
Apparent cause of death	Pneumonia
Whether or not ascertained by post-mortem examination	no.
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	2.45 p.m. no unusual circumstances no marks or injuries.
Duration of disease of which patient died	about ten days
Names and description of persons present at the death	Dr George W. Smith
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. B. Moore M.D.
Medical Officer.

Lunacy R. 21. 8797 O.B.—10/05. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

The Corp. P.M. returned by husband. 17 S.H.P.

April 19

April 2

May

attack of ... had been passed from ...

rapidly. A hypodermic injection of Strychnine & Digitalis was administered. She had had Liq. Morph. Pernic ... 3ss ... now increased to gr. 45 ℥ss for the last 18 days but is as troublesome as ever S.H.P.
The heart's action is somewhat irregular —

June 6 Patient still kept fed and very restless but sitting down a little more her feet continue being very swollen. The pulse is rapid (90) and feeble. Her habits are now becoming somewhat unclean owing to her delirious S.H.P.

June 8 Patient's temperature was 101·7 this morning & by breathing 24. She resisted examination pulse full but there appeared to be dulness and slight tubular breathing at the left base. S.H.P.

June 9 Patient somewhat better today temperature down and breathing varies — S.H.P.

June 12 Patient's temperature is 102° 7. this morning breathing 30 - pulse 100 — She complains of pain in the left axilla and there are physical signs of pleurisy over the left lower lobe of the left lung with dulness and tubular breathing over the left base. Patient is still tube fed (Brandy 1½ oz. daily) is wearing a pessary packed but is not keeping in bed well and last night was constantly trying to get out of her room. She has passed ... nights. The heart's action is ... S.H.P.

June 14 Patient's temperature rose to 103·8 on the evening of the 12th and she was according to a ... breathing is very embarrassed (rate 30 per minute) and patient still complains of pain in the left axilla upon ... Since the 13th she has taken from 1 — 1½ pints milk with 1½ oz. Brandy by mouth & tube feeding has been discontinued. Temperature ... S.H.P.

June 15 Patient died this afternoon — Sinking ... of the Lord. R.H. returned by husband S.H.P.

2947

Florence Mary Venner,

Adm 4 April 1906
D/C 4 April 1906

31 single no occupation Ch of England. P.A. Ardingly London Rd Reading. First attack started since January 1906. Sc. bodily weakness for 9 days

First certificate

Lies up in bed with hands clasped as if in prayer occasionally muttering & taking no notice of surroundings. Refuses to answer when spoken to - does perform simple actions (as e.g. to stick out tongue or turn head) when asked -

W. Bernard Secretary HB
Reading

12 April 1906

Second certificate

corroborates

H. Maurice.
Reading

13 April 1906

Rec. History (from mother)

Patient is one of a healthy family and has been healthy till now - This winter she began to show signs of being much run down. She & complained of abdominal pain she was sent to bed and informed that an operation for appendicitis might be necessary in January. She was a source of great anxiety to her and mental symptoms began soon after leaving this. She spent hours with the appearance of profuse perspiration & refused food, frequently refusing the calls of nature for days together. Since Feb 9 she has had two nurses March 18th 18th her temperature rose to 104°F from that date her pulse has been very rapid ranging from 110 — 120. Menstruation has been normal. She has been in bed since January.

Condition on admission. A. Physical

Pall. V
Ht & wt. could not be ascertained
28 April.
Ht 5 ft. 1
Wt. 8st. 2½

Patient is a well developed woman with dark hair & eyes, flushed dusky complexion, good health. mucous membranes healthy. tongue rather furred & breath heavy.

The heart's action is rapid but it is not disturbed nor are there any adventitious sounds. The pulse is 112 regular in rate & rhythm, vessel wall healthy tension low. There are no physical signs of disease in the lungs. There are no physical signs of disease in the abdomen, but patient is very constipated.

Catamenia is said to be normal

Urine 1038, dark amber, acid. heavy deposit of urates, no albumin, sugar, blood, bile &c —

The reflexes were ascertained with difficulty as patient resisted examination. The pupils are equal & regular & react to L. A. & Direct Accomb. The deep reflexes are not exaggerated & the superficial reflexes healthy. no ankle clonus.

Common sensation normal.

There were many small bruises on arms & legs on admission. She has been in bed since (courtesy of) (change of operation for appendicitis may not be required) March 9th arrived here in an ambulance —

B Medal.

Patient lies in bed with closed eyes muttering occasionally. Will do if & taking no notice of her surroundings. She is very cullen & obstinate refuses food (though she says she would take it if they left it) will not sometimes pass urine or faeces for hours -

She is very confused, says at one time she is in a chapel again in a lunatic asylum but knows how she travelled here & where she has been. She thinks her mother is here, just outside

hears the voices of children playing outside her room.
She has ideas of persecution that she is to be burned - that the house is on fire that devils are around her and evident hallucinations of hearing. She often says as if in answer to some one "I tell you I am pure"
She has refused almost all food since admission & regurgitates strongly when tube fed in spite of previous washing out of stomach etc.
She is rather sleepless but not noisy at night -

April 21 Patient was tube fed for two days after admission but is now taking her food ordy. (sometimes fed occasionally) and up most of the day & out of doors. She is still obstructive & refuses her ideas of persecution S.H.P.

April 28 Patient is now taking food fairly well with persuasion and sleeping better but assumes cataleptic attitudes and is morbidly silent She varies much if excited in morning is quiet and pleasant at night and vice versa S.H.P.

May 5 Patient continues as described in last note S.H.P.

May 12 Patient is improving slightly, takes her food well occasionally helps the Sailor work and has been promoted to an ordinary bedroom. She is still very silent refusing to answer any questions S.H.P.

Pd Harmon June 13 Patient continues as described in last note S.H.P. with occasional days when she is cataleptic lies like a log on the floor, does not wince when pinched can be rolled about and her limbs put into various attitudes which she retains - The reflexes

conjunctival etc being then absent. With these days alternate periods of restlessness with attempts at S.H.P.

July 16 [illegible] S.H.P.

[illegible] Sept 8 [illegible] Thyroid S. [illegible] clothes 8½ [illegible]

13th Sept [illegible] Thyroid gr xx [illegible]
5 . 30
6 . 45
7 . 60
8 60
9 60
10 60
11 75
12 "
13 "
Stopped

Nov 19 [illegible]

Feb 28 [illegible] is void frequently dirty occasionally smearing herself with faeces - At times she is as described above. Her physical health is good. S.H.P.

May 27 Patient noisy and destructive - frequently has to be kept apart from the other patients. She has many delusions of identity. S.H.P.

Aug. 31 Patient [illegible] S.H.P.

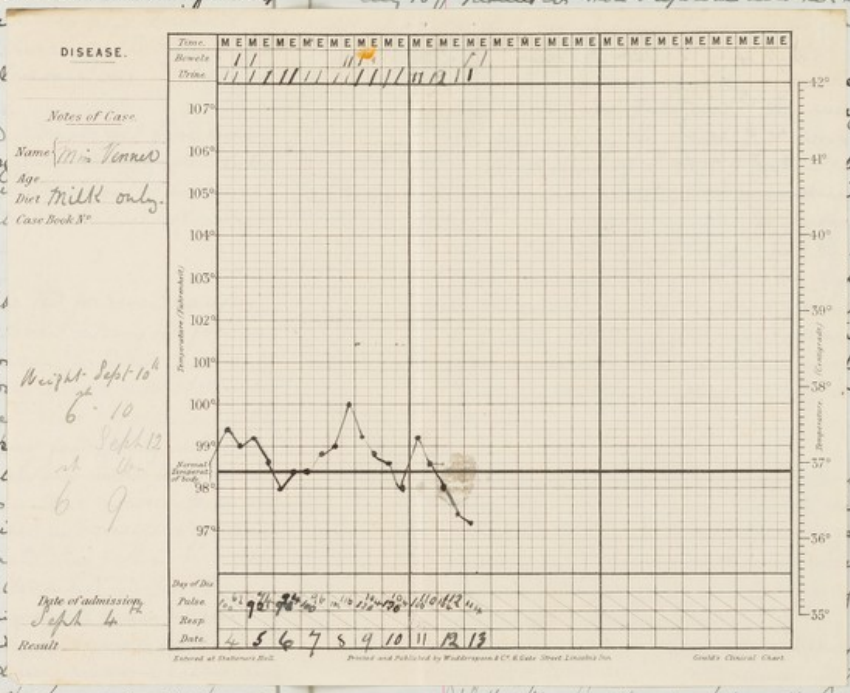
I hears the voices of children playing outside
her room.
She has ideas of persecution that she is to
be burned - that the house is on fire that
devils are arou
Hallucinations of
as if in answer t
Satan pure"
She has refused
admission & requi
in spite of previou
She is rather re
night -

April 21 Patient was dul
admission but is
between fits occasion
day & out of doo
suffers & refuses he

April 28 Patient is now ver
permanion and s
cataleptic attitudes
varies much if excit
pleasant at night a

May 5 Patient continues as
May 12 Patient is improvi
occasionally helps
promoted to an ad
very silent, returning to answers any questions
Patient continues as described in last note. Sh
with occasional days when she is cataleptic lies
a log on the floor, does not resist when pinch
can be rolled about and her limbs put into
various attitudes, which she retains - the reflex

Pt Parmon
June 13



conjunctival etc but them absent. With these days
alternate periods of excitement with intervals of
quiet and keepfulness —
S.H.P.

July 16 Patient is more stupurose and her habits are
S.H.P.

of thyroid -
clothes
8½
others) He
ied Crawford
take care to
keeps. He
ever required
is continued
habits
ions) occasion
the Bath
S.H.P.

of stupor
since when
ed etc and
the is
ps or talks
S.H.P.
She is said
herself with
Ufleth - Staffordshire she is as described above. Her
physical health is good.
S.H.P.

May 27 Patient noisy and destructive - fragments has to be
kept apart from the other patients. She has many
delusions of identity.
S.H.P.

Aug. 31 Patient grows more demented, she is noisier & more

I hears the voices of children playing outside her room.
She has ideas of persecution that she is to be burned - that the house is on fire that devils are around her and evident hallucinations [illegible] as if in answer "Satan pure"
She has refused admission & requires [illegible] in spite of persuasion
She will scarcely [illegible] night -

April 21 Patient was [illegible] admission but [illegible] occasionally [illegible] day & out of [illegible] suffers & refuses [illegible]

April 28 Patient is now [illegible] perseveration and [illegible] cataleptic attitudes [illegible] varies much, if [illegible] pleasant at night [illegible]

May 5 Patient continues [illegible]

May 12 Patient is improving [illegible] occasionally help [illegible] promoted to an [illegible] very silent, returns [illegible]

June 13 Patient continues as described at last note. Still with occasional days when she is cataleptic lies like a log on the floor, does not wince when pinched can be rolled about and her limbs put into various attitudes, which she retains. The reflex

Sept 4. 1 Tab. 3 times a day
" 5 " 2 " " " "
" 6 " 3 " " " "
" 7 " 4 " " " "

Sept 11th - (15) =

conjunctival etc being then absent. With these days alternate periods of excitement with intervals of quiet and tearfulness — S.H.P.

July 16 Patient is more stuporose and her habits are very dirty. She will lie for hours on the ground (shallow [illegible] S.H.P.

[illegible] of thyroid - [illegible] clothes [illegible] as 7st 8½ [illegible] clothes) The [illegible] treated throughout [illegible] take note to [illegible] the lungs. The [illegible] reported [illegible] continued [illegible] habits [illegible] occasionally [illegible] when the Bath [illegible] S.H.P.

[illegible] of stupor [illegible] worse when [illegible] fed etc and [illegible] when she is [illegible] or talks S.H.P.

[illegible]. She is now [illegible] herself with [illegible] about. Her [illegible] physical health is good. S.H.P.

May 27 Patient noisy and destructive - fragments has to be kept apart from the other patients. She has many delusions of identity. S.H.P.

Aug. 31 Patient grows more demented, she is noisy, frequently

I hears the voices of children playing outside her room.
She has ideas of persecution that she is to be burned - that the house is on fire that devils are around her and evident hallucinations of hearing. She often says as if in answer to some one "I tell you I am pure"
She has refused almost all food since admission & requisitates strongly when tube fed in spite of previous washing out of stomach etc - She is rather sleepless but not noisy at night -

April 21 Patient was tube fed for two days after admission but is now taking her food and (when fed occasionally) and up most of the day & out of doors. She is still obstructive resistant & retains her ideas of persecution S.H.P.

April 28 Patient is now taking food fairly well with persuasion and sleeping better but assumes cataleptic attitudes and is markedly silent S. Varies much if excited in morning is quiet and pleasant at night and vice versa S.H.P.

May 5 Patient continues as described in last note S.H.P.

May 12 Patient is improving slightly takes her food well occasionally helps in Tailor work and has been promoted to an ordinary bedroom. She is still very reticent refusing to answer any questions S.H.P.

G. Pearson June 13 Patient continues as described in last note. S.H.P. with occasional days when she is cataleptic lies like a log on the floor does not wince when pinched can be rolled about and her limbs put into various attitudes, which she retains - the reflex

conjunctival etc being then absent - With three days alternate periods of excitement with intervals of quiet and tearfulness — S.H.P.

July 16 Patient is more stuporose and her habits are very dirty. She will lie for hours on the ground (fallowed last spring a muscle — S.H.P.

4 Sept.r Patient was to-day put on a course of Thyroid - kept in bed - on milk diet. Her weight (in clothes) on beginning the treatment was 7st. 8½.

13th Sept.r on completion of it. 6 st. 9 (without clothes) The heart's action was well maintained throughout and was perfectly regular. The pulse rate rose to 120 on the 6th day of the course - the temp. the previous night being 100.2 (the highest recorded for the greater part of the time patient continued stuporose resisting at times, refusing habits

Sept.	Thyroid gr. XX	
5	.	30
6	.	45
7	.	60
8		60
9		60
10		60
11		75
12		"
13		"

(administered by tube on two occasions) occasionally at times talking incoherently - (of whom the Pathologist etc. etc.) S.H.P.

Stopped

Nov.r 19 Patient alternates between conditions of stupor when she lies like a log, does not wince when pinched, has to be washed, dressed, fed etc and conditions of extreme excitement - when she is destructive breaks glass and plants, cups & talks incessantly incoherently. S.H.P.

Feb. 28 Patient mental condition is deteriorating. She is now frequently dirty - occasionally smearing herself with filth - Otherwise she is as described above. Her physical health is good. S.H.P.

May 27 Patient noisy and destructive - frequently has to be kept apart from the other patients. She has many delusions of identity. S.H.P.

Aug. 31 Patient is now more demented, she is noisy & frequently

removes all clothing, is often dirty in habits, occasionally threatens the other patients - takes her food well. S.H.P.

Nov. 29 Patient was most violent on one occasion this month suddenly raging a chair breaking it and attacking two nurses with the bars. Her fits of violence are sudden and without provocation She occasionally has a slight course of Sulphonal. She takes her food well S.H.P.

1908 Feb 29 Patient is still liable to sudden fits of violence and at times very noisy - shouting and singing all night. She has many and varied delusions. S.H.P.

May 11 Patient continues excitable - occasionally violent throwing utensils at the nurses and frequently very noisy both by day and by night. Dr Pooley is attending the dentist - abscesses at the roots of the upper molars - S.H.P.

Aug. 4 Patient still more or less constantly excited & violent at menstrual periods - when she is violent and usually has to be kept in bed. She takes her food well - sleeps fairly but is frequently noisy for part of the night. The squint (left) appears more marked - S.H.P.

Dec 11 Patient is excited, at times violent & very noisy is at present in bed. Sleeps badly. M.S.B.

1909. Feb 9th Patient continues excitable with outbursts of violence, at times very noisy. Just now is in bed for excitement. Is on Sulphonal daily. Bodily health good. Cannot be weighed M.S.B.

May 10th Wt. 7st 7¼lb. Patient continues uncertain, at times, excitable violent, destructive, and noisy. Having to be kept apart from other patients during attacks. Just now is fairly quiet.

is in good physical health. M.S.B.

Aug. 21st Patient is still excitable at times very violent & then dangerous to nurse especially in the early morning. Is always much worse at her menstrual periods. Bodily health good - S.H.

Cannot be weighed.

Nov. 10th Wt. 8st 1½lb. Patient's mental condition is unchanged just now is excited troublesome & noisy - Physical health good. S.H.

1910 Feb. 10th Impossible to weigh Patient is at present very excitable violent when been kept in bed the last few days Sleeping badly - heavy covered catheter - Is on Sulphonal daily

May 25th Wt. 7st 8½ lbs (without clothes) Patient continues excited - at times violent - abusive. Continues to take sulphonal - Sleeps badly but eats fairly well. S.H.

Aug. 17th Wt. 7st 10. 13½lbs Patient continues excitable - otherwise violent & destructive throwing things at the nurses etc. very noisy She is still on sulphonal daily Sleeps not well but eats well. S.H.

Dec: 12th Wt: 8st 7½lbs Patient is uncertain, at times fairly quiet but frequently very excited violent & destructive Has to be fed occasionally for a few days. Is still taking sulphonal. Physical health good. S.H.

1911 March 16th Wt. Patient has been rather more violent lately - has to spend several days in bed - noisy abusive. Takes her food well sleeps fairly well. S.H.

June 12th Wt. 7st 5¾lbs Patient is fairly quiet at present but very uncertain - frequently very violent throwing articles in her room - Physical health fairly good. S.H.

Continued p. 182.

Mary Ellen Bignell.

Ob. April 17 1906
PO April

3 d. single, no occupation Plymouth Brother.
P.A. 42 Shuckburgh Rd. W Norwood S.E. First attack - Sc. want of occupation. Not previously treated Not S.S.D —

First certificate

Her aspect & speech are unduly excited & in her conversation she shows that her thoughts are entirely self-centred on imaginary ailments & ill treatment & Dr. Her evidence at this Examination she states that she has "Lost power alone" that prevents her from "stopping it too". Amongst her physical troubles she cites the fact that she has "worked to a skeleton in 7 days" & that at night time her hands exude large quantities of perspiration which is not water.

(Signed) F C H Horne.
17 April 1906 Egham.

Second certificate

corroborates
(Signed) J Hodgson
18 April 1900 Chertsey.

Past History. (from Doctor & Sister)

Said to be good training
Neurotic beginning in fingers to shoulder, then back 16 years ago. Followed by her Dad treatment for spinal curvature, gymnastics &c Always been light strung.
Father died 4 years ago & Patient has been much worse since & has always been given way to by her mother. Full of fads & fancies.
She has been under the care of Dr Turrell Rochester for a month (recently) who considers her a "borderline case"

Family Hist.

No history of insanity or phthisis
Marked neurasthenia

Condition on admission A. Physical

Full. L
HH 5¾ 8½
Int Ft. 8

Patient is a half-well developed girl with masses of light brown hair, grey eyes, pasty complexion, mucous membranes rather pale, teeth fair, tongue flabby.

The heart is not enlarged but the first sound in the apex is impure. Pulse 70 regular in rate & rhythm, vessel wall healthy, tension high.

The chest moves well and the breathing is regular but the breath-sounds posteriorly are feeble.

There are no irregularities to be noted in the abdomen. Catamenia said to be regular and normal.

Urine 1026 acid, no albumen, indoxyl &c abnormal constituents.

The pupils are equal & regular and react normally to L.A. skin stimulation & consensually. The deep reflexes are not exaggerated. The superficial reflexes healthy and common sensation is normal. There are scars on back of neck & round waist said to have been produced by electric belts.

B. Mental.

Patient is extremely hypochondriacal - walks about keeping with half-closed eyes to keep her head against any nurse she can find wondering if she will live or sleep the day. She is entirely unoccupied & thinks & speaks of nothing but her imaginary ailments. She states that she is such a martyr to nerves that she cannot even bear to be touched but if her attention is diverted she bears deep palpation without wincing. She also states that her perspiration is not normal - that it is black & stains the towel & that her skin is of a most unnatural colour. (Rather dark - negro!)

She says that she is a martyr to insomnia and never sleeps (which is not the case) & if awake she awakens the nurse sleeping in the same room to tell her how

if she is ? that she must telegraph at once (sa m) to say she can stand Lunatic asylum life so long ? she thinks nothing of going to another room & watching the occupants to listen to her woes.

She takes her food fairly well but requires supervision in matters of dress &c.

April 24 Patient is veiled, introverted, hypochondriacal, talks endlessly of illness and her ailments. S.P.P.

Mixt. Tonic alp.

May 1 Patient is a little brighter but still full of illness and her ailments - lazy and unoccupied. She is now sleeping in a dormitory - ward first under observation. S.P.P.

May 8 Patient continues as described in last note. S.P.P.

Iron Tonic

May 15 Patient is improving slightly goes out and walks about more and is beginning to occupy herself but is still very self absorbed and hypochondriacal. S.P.P.

June 13 Patient continues to improve. S.P.P.

July 15 Patient is still and probably always will be hypochondriacal, but is now better occupied, less self absorbed and sleeping better. S.P.P.

Sept. 6 Patient was discharged "relieved" today. S.P.P.

Discharged.

Florence Ivory Vanner cont. from p. 178

Sept. 12th Patient is at present excited violent & noisy frequently has to stay in bed for the day, cannot be kept apart from the other patients. She is always worse at the menstrual periods.

Wt. 6st. 8½lb.

Still fairly well but sleeps badly. E.B.

Dec. 16th. Patient is still very excited, noisy & cannot be kept for more than a few minutes together. Has very bad language & becomes dangerous & threatening towards her. Looks pale & unhealthy but eats & sleeps fairly well. E.B.

Wt. 7st. 0½lb.

Feb. 20th. Mental & physical condition unchanged. E.M.J.

June 29nd. Was taking food badly for a short time, but now eats & sleeps quite well, has outbursts of great excitement, when she is extremely homicidal & is liable to break out after a very short time with others, so she is generally in bed. E.M.J.

Sept. 30th. Patient has been fairly quiet of late, though the least interference or disturbance, such as having her bath, makes her excited. Her speech is quite incoherent & she is incapable of any conversation or occupation. Physical health improved. E.M.J.

Dec. 30th. General health fair, no mental change. E.M.J.

1913. March 15th. Patient is rather quieter on the whole, & is not taking any sedative. She is very easily upset, however, if she is with other people & is generally in bed. General health improves. E.M.J.

June 30th. Very variable, has short attacks of impulsive violence, hears voices, is demented, incoherent. Physical health fair. E.M.J.

Sept. 22nd. Very excited and violent of late, has impulsive outbreaks when in the least excited, so has been almost constantly in bed, away from other patients. Is thinner, but general health fair on the whole. Very demented & incoherent in speech. E.m.J.

Dec. 31st. Demented, incoherent, often resistive and violent when being bathed or dressed. Usually lies in bed fairly quietly, but is liable to outbreaks of excitement at any moment. Physical health fair. E.m.J.

1914. Feb. 1st. Rather more excited of late & is thinner & apt to become exhausted after struggling. Is to-day being given sulphonal, which she has done without for many months, except for a few doses at long intervals. E.m.J.

May 31st. Rather quieter & able to be out daily in court, but is liable to sudden attacks of extreme violence & noisiness & cannot be for long with other patients. The attacks are favourably influenced by sulphonal. General health good. E.m.J.

Aug. 31st. Not quite so violent as she used to be, is out daily & able to be dressed, but cannot stand being with other patients for long, as she becomes excited & violent. Very demented & incoherent. Physical health quite good. E.m.J.

Nov. 24th. Subject to very violent outbreaks, when she shouts, kicks & fights & after which she appears exhausted, but these occur more seldom than formerly & last a shorter time. Is extremely demented, incoherent, & unsociable, but has behaved well to her relations once or twice, when visited. Physical health fair, seldom

requires sedatives now. E.m.J.

1915. Feb. 27th. The improvement in pt's condition has been maintained. Though very demented, incoherent in speech & at times violent, she is able to be with others for a considerable part of the day without having an outbreak. Sleeps well without sedatives & is putting on weight. E.m.J.

Weight 1st. 6lb.

May 31st. There is no mental or physical change. E.m.J.

Aug. 14th. Demented, excited at times, speech incoherent, sleeps well & is in good general health. E.m.J.

Dec. 12th. Rather more excited of late & has been in bed a good deal, but her outbreaks are slight compared to what they were 2 or 3 years ago. Demented and unoccupied, General health good. E.m.J.

Weight 1st. 7lb.

1916. Feb. 17th. Demented, unoccupied, speech incoherent, often violent, General health good. E.m.J.

May 25th. Owing to the occurrence of a case of typhoid in the Hospital, patients blood was sent to the Lister Institute & gave a positive Widal's reaction. Patient is being isolated, till the urine and faeces have been examined. E.m.J.

Aug. 1st. The examination of urine & faeces referred to in last note, shewed no colonies of typhoid bacilli. General health has been good. Except for some menorrhagia. Patient resisted violently an attempt to examine her. She is demented, excited at times, unoccupied & unsociable, but now seldom requires sedatives. E.m.J.

Nov. 3rd. Somewhat excited of late, a few days ago dancing about, making dramatic gestures, singing etc. but less violent than formerly. Demented, speech incoherent. General health good. E.m.J.

(Continued on page 353.)

Sept. 22nd. Very excited and violent of late, has impu outbreaks when in the least excited, so has been almost constantly in bed, away from other patients. Is thinner, but general health fair on the whole. Very demented & incoherent in speech. E.m.j.

Dec. 31st. Demented, incoherent, often resistive and violent when being bathed or dressed. Usually lies in bed fairly quietly, but is liable to outbreaks of excitement at any moment. Physical health fair. E.m.j.

1914. Feb. 1st. Rather more excited of late & is thinner & apt to become exhausted after struggling. Is to-day being given sulphonal, which she has done without for many months except for a few doses at long intervals. E.m.j.

May 31st. Rather quieter & able to be out daily in court, but is liable to sudden attacks of extreme violence & noisiness & cannot be for long with other patients. The attacks are favourably influenced by sulphonal. General health good. E.m.j.

Aug. 31st. Not quite so violent as she used to be, is out daily & able to be dressed, but cannot stand being with other patients for long, as she becomes excited & violent. Very demented & incoherent. Physical health quite good. E.m.j.

Nov. 24th. Subject to very violent outbreaks, when she shouts, kicks & fights & after which she appears exhausted, but these occur more seldom than formerly & last a shorter time. Is extremely demented, incoherent, & unsociable, but has behaved well to her relations once or twice when visited. Physical health fair, seldom

requires sedatives now. E.m.j.

1915. Feb. 27th. The improvement in pt's condition has been maintained. Though very demented, incoherent in speech & at times violent, she is able to be with others for a considerable part of the day without having an outbreak, sleeps well without sedatives & is putting on weight. E.m.j.

Weight 6 st. 6 lb.

May 31st. There is no mental or physical change. E.m.j.

Aug. 14th. Demented, excited at times, speech incoherent, sleeps well & is in good general health. E.m.j.

Dec. 12th. Rather more excited of late & has been in bed a good deal, but her outbreaks are slight compared to what they were 2 or 3 years ago. Demented and unoccupied, General health good. E.m.j.

Jan. Weight 6 st. 7 lb.

1916 Feb. 17th. Demented, unoccupied, speech incoherent, often violent, General health good. E.m.j.

Weight 7 st. 2½ lb.

May 25th. Owing to the occurrence of a case of typhoid in the Hospital, patient's blood was sent to the Lister Institute & gave a positive Widal's reaction. Patient is being isolated, till the urine and faeces have been examined. E.m.j.

Aug. 1st. The examination of urine & faeces referred to in last note, shewed no colonies of typhoid bacilli. General health has been good. Except for some menorrhagia. Patient resisted violently an attempt to examine her. She is demented, excited at times, unoccupied & unsociable, but now seldom requires sedatives. E.m.j.

Nov. 3rd. Somewhat excited of late, a few days ago dancing about, making dramatic gestures, singing etc. but less violent than formerly. Demented, speech incoherent. General health good. E.m.j.

Continued on page 153.

2949

Ada Constance Allen.

Od 19 April 1906
R.O 20 April 1906

19 single no occupation Ch. of Eng. P.A. 13 Park avenue Willesden Lakes. First attack not previously treated duration one week causes unknown Not E. S. Shakes out blindly.

First certificate

Patient is talking incoherently constantly never keeps to one subject long says nurse is her brother ma mummie & rest says she is her sister. Says I am her father and mother

J B Allen
19 April 1906

W. B Stocker
Willesden

Second

corroborates
20 April 1906

W. S. Colman
Kimpton ST

Previous history (from mother to D. Lukes)

Has always been of an excitable temperament Was abroad for a year finishing her education While abroad & since her return home has spent much time in learning dancing & singing She been insufficiently controlled by her parents and has been leading a life too full of excitement and has not taken enough rest. She broke down at Bath a week ago when on a motor trip to Cornwall and has been in a state of mania since. An operation for adenoids was done a short time ago. She has been anaemic.

No history of insanity

Family History

Condition on admission. A. Physical

Gall. VI
4th.
Oct.

Patient is a slender well developed girl with dark hair hazel eyes & rosy complexion mucous membranes healthy tongue clean, teeth rather carious hard palate arched.

Heart and lungs present no physical signs of disease. Pulse 78 regular in rate & rhythm tension low, volume small Vessel wall healthy No signs of physical disease in the abdomen Catamenia said to be normal

Urine, light brown 1026 - acid no albumen sugar indican. Heavy deposit of urates.

The pupils are equal & regular & react normally to L.A. skin stimulation & consensually. The deep reflexes are not exaggerated superficial reflexes healthy and no abnormalities of common sensation

B. Mental.

Patient is in a state of acute excitement restless chattering constantly incoherently touching & pulling everything to pieces.

Her attention is poor and she has little sense of time & place saying she has been here for a week or a month, says this is an hotel & that she knows all the inmates - giving them names of friends, saying the doctor is her father etc.

She is destructive and has to wear a strong dress and to be kept apart from the other patients. Her habits so far are cleanly She is noisy at night shouting and singing

April 26 Patient is still noisy & destructive. and has to be kept apart from others. She addresses everyone as Father, Mother or Sister. She takes her food fairly well — S.H.P.

May 3 Sept Henri Poste Patient has had to be tube fed once since last note but is taking her food somewhat better, though she requires much supervision to ensure this. She goes out daily and is a little quieter. S.H.P.

May 10 Patient is somewhat less excited and mingles with the other patients but has still many delusions of identity and is rather destructive — S.H.P.

May 17 Patient continues as described in last note S.H.P.

June 13 Patient is improving slightly though still noisy and untidy. Is explained to be destructive. She declares she is here for pleasure and has numerous delusions of identity. S.H.P.

July 15 Patient is now in Hall W and improving slightly S.H.P.

Sept 29 97 Patient is now in Hall I apparently free from delusions, but still somewhat confused occasionally. Rest in bed at night. S.H.P.

Oct 9 17 13 st. Patient was discharged today "recovered" S.H.P.

Discharged

2953

Bertha Mary Peachey

Ad. 23 Ap. 1906
H.O. 27 Ap. 1906

34, single, occupation teaching & literary work. Ags. from House Church Shelton, Brid attack - has been in D. McClintock's Asylum at Church Shelton since February. Duration of present attack uncertain. Supposed cause worry & unsavoury surroundings. D.H. & S.D.

First cert.

She has delusions of persecution. She believes that people open her letters to annoy her, that they pass remarks about her & have accused her of drunkenness & immorality. She also believes that her food has been drugged at Church Shelton & that they systematically did this for the purpose of examining the patients

W. W. Hayes
Physician

23 April. 1906.

Second -

corroborates

T. H. Hodgson
Clerk in Holy Orders

23 April 1906

Rec. History (by D. Tuke)

Has been V. B. at Church Shelton for last five weeks. Has delusions that she is being watched & spied on and that her letters are opened. Has lived chiefly at home and has done some literary work and has also done a little teaching. Unable to live at home again as she cannot get on with her sister.

Duration about fifteen months. Depressed but no suicidal tendencies.

Family Hist.

No history of insanity - Phthisis

Condition on admission. A. Physical

Tall. Well
W. 5 ft 4½
Bst. 10 st. 2½

Patient is a well developed well nourished woman with clear complexion, mucous membs good colour, tongue clean, teeth fair.

Heart and lungs present no physical signs of disease. Pulse 80 regular in rate & rhythm, vessel wall healthy, tension medium. No abnormalities to be noted in abdominal organs.

Catamenia (began at 12 yrs.) has been very irregular - Patient has a retroflexed uterus that was replaced in Dec. 1905 since she has worn a pessary and catamenia has been regular & normal.

Urine 1025 acid no albumen or sugar. (VT)

The pupils are equal and regular & react normally to L. A. skin stimulation & consensually. The deep reflexes are present not exaggerated superficial organic reflexes are healthy.

B. Mental.

Patient has a placid rather vacant expression attends well to dress and person and is usually well occupied.

She takes her food well and sleeps well.

She states that she has been the subject of annoyance and persecution for 2 - 3 years. People are constantly passing remarks about her, they cough in a marked way when she enters the room - her letters have been systematically opened for months and she has even been accused of drunkenness and immorality - Since she has been at Church

Section her food has been drugged for some obscure reason. She cannot give any reason why she should be annoyed and persecuted in this way but states obstinately that the persecutions are rather increasing than diminishing.

April 30 Patient is quiet and well occupied and states that she has no annoyances of any kind here. She is taking her food well and sleeping well.

May 7 Patient continues free from persecutions here but believes they will recommence when she leaves. She is very lazy, likes sitting down all day but is constantly occupied with knitting or reading. She is in good physical health. S.H.P.

May 15 Patient continues as described in last note. S.H.P.

May 22 Patient is still very apathetic, apparently delighted with her life here, declaring there are no annoyances and that they await her. She has had rheumatic pain in left leg. S.H.P.

June 13 Patient is very apathetic is playing tennis and generally brightening up. She still believes firmly in her former persecutions. S.H.P.

July 15 Patient continues very apathetic. She still believes that persecutions await her outside. S.H.P.

Nov. 13. Patient continues apathetic and indolent. Admits that her letters are still opened and that her sister still spies upon her. The druggery delusions seem in abeyance. S.H.P.

1907 Jan. 21 Patient has a well developed attack of Herpes Zoster extending from the 11th & 12th dorsal spines to the mesial line anteriorly - about 3 in broad. The antecedent pain was felt for 3 days previous to the eruption. She is being kept in bed. S.H.P.

Feb. 28 Patient has now quite recovered from her attack of Herpes Zoster. A person (for identification) whom Patient had known for a year was removed two weeks ago and patient is doing well without one. Today she told the Medical Superintendent that a policeman she had heard patients and staff repeatedly since Xmas talking of a fortune which an aunt (who died April 1906) had left her and that she had reason to believe that her sister was keeping all knowledge of this from her - possibly having the money. S.H.P.

May 27 Patient continues lazy and apathetic - with delusions as detailed above. She is now in Ward I. in good physical health. S.H.P.

Aug. 21 There is no mental or physical change. S.H.P.

Nov. 29 Patient continues lazy and apathetic - silent unintersted - with persistent delusions regarding her sister keeping money from her. Her physical health is good. S.H.P.

Nov. 30 Patient was discharged today in good physical condition, free from marks and bruises - relieved. S.H.P.

Discharged.

2956 Anne Mary Murphy.

Ad. 30 April 1906 19 single no occupation Ch. of Eng. Buccleuch Lodge Green Road, East Finchley. Private Attack Duration one month. Supposed cause Exhaustion from excessive exercise at a time when women usually rest. Not V. S. D.

First certificate Her expression is usually vacant & self absorbed & her reaction to questions extremely slow. At times she cries depressed & sheds tears & at others bursts into a meaningless giggle She can give no explanation as to why she recently failed to return home one evening being found by the police at night in Regents Park. She says that she has been worried about religious matters that at times she has thought of suicide & that she is sometimes told by a voice to do things eg. to kneel down in the middle of a meal

27 April 1906 J. Percy Smith

Second

corroborates

28 April 1906 A. Ferris

Past History (from Mother)

I believe that my daughter Nancy collapsed mentally on Friday March 30th through exhaustion from over doing it in the morning at hockey & in the afternoon at gymnastic exercises at "Stampeli" staying in evening to a gymnastic display instead of returning home as she did to dinner. She had had very little relaxation. Her monthly period came on that day. She had had almost no sleep the night before which I slept with her and when she left the gymnasium at night she did not know what she was doing & took the turning from Albany

St. into Regents Park - or rather round it where she had been playing hockey in the morning & then wandered till she was found by the policeman

All this being the climax & eventual breakdown of a long troubled condition of mind through religious difficulties (the year before was at a convent school for 11 months in Belgium - nuns had put before her constant of Satan hell & eternal damnation if she did not become converted) & a body weakened & thoroughly the bad habit (masturbation) I believe has to be afraid of death."

Condition on admission. A. Physical

Fall. III N. St. 2 Bf. 8 st

Patient is a small slender girl with reddish curly hair, blue eyes pale complexion and freckly mouth. The mucous membranes are rather pale the teeth fair, molars defective - tongue clean. Hard palate very broad

Heart and lungs present no physical signs of disease. Pulse 80, regular in rate & rhythm, vessel wall healthy, tension low.

Patient winces on palpation over the ovaries though she says there is no pain - Pressure on the mammae causes no exacerbation of discomfort.

Last menstrual period one month ago.

Urine acid very light 1033 no alb. no sugar 167. The pupils are equal & regular & react slowly to L. A. Skin dry circulation & consensuall. Common sensation appears normal - The tendon reflexes are much exaggerated - there is no ankle clonus - superficial reflexes are healthy.

B. Medical.

Patient has a dazed vacant expression and seems quite incapable of directing her actions & requires to be led about by a nurse, washed, dressed &c.

Her reaction to questions is very slow and she constantly puts her hand to her head when talking as though the effort pained her. She states that she has been very much bewildered by the claims of R.C. & C of E. & Religions lately, that she has thinking about religion so much that she can think of nothing else and gets confused. She has heard voices telling her to pray &c. but has had no actual hallucinations. She states that she has said she would like to commit suicide but feels now it would be wrong to do so. She has masturbated more or less since her sixth year

Suicidal caution

April May 7 Patient who was sent to III the evening of admission as she was the superior for VII, returned there yesterday, as she is now able to attend to herself, and take her food. She is very quiet rather confused but is beginning to take an interest in readily &c. She has not masturbated since admission and is sleeping well. S.M.R.

Dig. Tessi Boile.

May 14 Patient sent to Pall V May 10 - very excited crying, praying, destructive, thirsty, athetoid

May 21 Patient is quieter again, very apathetic and quite unoccupied but sleeping better. S.M.R.

May 29 Patient is now in Pall III continuing reading sewing, playing, work but still confused and somewhat apathetic. She is taking her food well. S.M.R.

June 6 Patient again excited violent & destructive (menstrual period) and sent to Pall V. S.M.R.

July 15 Patient now apathetic, unoccupied except for a

29 Aug. [illegible] not sleeping S.M.R.

[illegible] part in [illegible] Annual

7th Nov. [illegible] mated. Though [illegible] — She was S.M.R.

17th Dec. [illegible] ound to be [illegible] marked and S.M.R.

[illegible] grows S.M.R.

1908 Feb. 19 [illegible] 228 the day of [illegible] restless [illegible] the nurse [illegible] temperature

Temperature keeps below 100° F. S.M.R.

May 11 Patient is now entirely in bed. Wheeled out on the verandah by day. Her temperature is very irregular - normal & sub normal for a week & then rises to 101° or 102° F. by night for another week. She has little resistance to infections and frequently vomits. The apical and lobar regions show gradual progress of the disease - increased dulness and bronchial breathing with bronchophony. S.M.R.

Buccleuch
Fortis Green Road
East Finchley
1.5.06

Dear Sir,

I enclose a P.O. for £10. on account of my daughter's fees and should feel much obliged if you could arrange to have the fees paid monthly in advance instead of quarterly as this would be for me a much more convenient arrangement. There is a little detail which I think you should know which gave rise I believe to the unfortunate impression that my daughter had Suicidal ideas. The facts are as follows. The regular mental nurse took her out for a walk on Parliament Hill and as her favourite walk was round the ponds where she was in the habit

B. Hospl.

Patient has a dazed vacant expression and seems quite incapable of directing her actions requiring to be led about by a nurse. Washed, dressed &c.

Her reaction to questions is very slow and she constantly [illegible] when talking as the [illegible] her. She thinks that [illegible] bewildered by the [illegible] Roman Religion [illegible] Catholic Religion so much that [illegible] else and gets confused [illegible] telling her to pray [illegible] Visual Hallucinations [illegible] said she would like [illegible] feels now it would [illegible] has masturbated more [illegible] years

Suicidal caution

April May 7 Patient who was [illegible] admission as she was [illegible] there yesterday, as she [illegible] Lorrel and take her [illegible] rather confused, but [illegible] in readily &c. She has [illegible] admission and is [illegible]

Dy Ferri Borle.

May 14 Patient sent to Hall [illegible] crying, praying, [illegible] Restless [illegible]

May 21 Patient is quieter again, very apathetic and quite unoccupied but sleeping better. S.H.R.

May 29 Patient is now in Hall II. Continues reading sewing, [illegible] worked but still confused and somewhat apathetic. She is taking her food well. S.H.R.

Poor Lucie on this point & the nurse made it quite clear that any daughter, I believe, of hers would be thought of suicide if she answered not have suffered from her keeper & [illegible] attached the slightest importance to her answer had it been [illegible] with the whole of the facts which unfortunately only came to my knowledge yesterday. She only [illegible] which [illegible] to be distorted [illegible] an [illegible] approval of suicide and when she was [illegible] an [illegible] opinion of those who [illegible] to escape the just punishment of their crimes [illegible] a [illegible] Suicide) when the [illegible] has a right to kill himself [illegible] what [illegible] to be an [illegible] of [illegible] [illegible] a paper 10 - they exceed

2

of frequently swimming for days [illegible] years ago, when we lived in the neighbourhood, the nurse complied very sensibly with her request to go there. Unfortunately her next walk was in the company of another nurse, the mental nurse being out, and when she expressed a similar wish to go round the ponds this nurse jumping to the conclusion that ponds meant Suicide foolishly told her there were no ponds & said she must not go in that direction. My daughter who knows every yard of this neighbourhood appears to have been irritated at being told what she knew to be a falsehood & refused a very natural wish & obstinately insisted that there were ponds & that she was entitled to go there & denying the path pointed to go the other way. This with the usual exaggerations was reported to Dr

June 6 Patient again excited violent & destructive (menstrual period) and sent to Hall V. S.H.R.

July 15 Patient now apathetic - unoccupied except for a little reading, smiling vacantly when addressed but not responding to any questions. She is not sleeping [illegible] S.H.R.

[illegible] taken part in [illegible] the Annual [illegible] nominated. Thought [illegible] question very [illegible] She was [illegible] found to be [illegible] room marked and [illegible] S.H.R.

[illegible] very [illegible] from [illegible] S.H.R.

228

[illegible] the day dep [illegible] restless [illegible] has the nurse [illegible] temperature [illegible] 98.6° 7.8 S.H.R.

[illegible] bed. Wheeled [illegible]

out on the verandah by the [illegible] - Her temperature is very irregular - normal & sub normal for a week & then rising to 101° & 102° & 103° for another week. She is [illegible] resisted - refuses medicine and frequently [illegible]. The apical and [illegible] lobar regions show [illegible] progress of the disease - increased dulness and bronchial breathing with bronchophony S.H.R.

B. Medical.

Patient has a dazed vacant expression and seems quite incapable of directing her actions & requires to be led about by a nurse. Well dressed &c.

Her reaction to questions is very slow and she constantly puts her hand to her head when talking as though the effort pained her. She states that she has been very much bewildered by the claims of R.C. & C of E. & Religions lately, that she has been thinking about religion so much that she can think of nothing else and gets confused. She has heard voices telling her to pray &c. but has had no visual hallucinations. She states that she has said she would like to commit suicide, but feels now it would be wrong to do so. She has masturbated more or less since her sixth year.

Suicidal caution

May 7 Patient who was sent to III the evening after admission as she was too stuporose for VII, returned there yesterday, as she is now able to attend to herself, and take her food. She is very quiet rather confused, but is beginning to take an interest in reading &c. She has not masturbated since admission and is sleeping well. S.M.R.

May 14 Patient sent to Hall V May 10 - very excited singing, praying, &c. Restless, attitudes.

May 21 Patient is quieter again, very apathetic and quite unoccupied but sleeping better. S.M.R.

May 29 Patient is now in Hall III - continues reading sewing, &c. worked but still confused and somewhat apathetic. She is taking her food well. S.M.R.

June 6 Patient again excited violent & destructive (menstrual period) and sent to Hall V. S.M.R.

July 15 Patient now apathetic - unoccupied except for a little reading, smiling vacantly when addressed but not responding to any questions. She is not sleeping well, frequently requiring a hypnotic — S.M.R.

29 Aug. Patient is [illegible] shows - takes part in [illegible] the Annual [illegible] marked. Though [illegible] question [illegible] S.M.R.

7th Nov. [illegible] — She was [illegible] found to be [illegible] marked and S.M.R.

17th Dec. [illegible] from S.M.R.

1908

Feb. 19 [illegible] 228 [illegible] the day left [illegible] restless [illegible] the nurse [illegible] temperature [illegible] 6° 7-S.M.R. [illegible] led. Wheeled [illegible]. Her temperature [illegible] sub normal for [illegible]

May 11 [illegible] a week & then rising to 101° or 102° & keeping for another week. She was kept in bed & fed on light diet & medicine and frequently sponged. The apices and [illegible] regions showed gradual progress of the disease - increased dulness and bronchial breathing with bronchophony. S.M.R.

certain that time is not the slightest foundation for it.

Yours faithfully,

S Murphy

B. Medical.

Patient has a dazed vacant expression and seems quite incapable of directing her actions requires to be led about by a nurse washed dressed &c.

Her reaction to questions is very slow and she constantly puts her hand to her head when talking as though the effort pained her - She states that she has been very much bewildered by the claims of R.C. & C of E. Suicidal caution

Sept Religions Lately, that she has thinking about religion so much that she can think of nothing else and gets confused. She has heard voices telling her to pray &c. but has had no visual hallucinations. She states that she has said she would like to commit suicide, but feels now it would be wrong to do so. She has masturbated more or less since her sixth year

April May 7 Patient who was sent to III the evening after admission as she was too suspicious for VIII, returned there yesterday, as she is now able to attend to herself and take her food. She is very quiet rather confused but is beginning to take notice in readily &c. She has not masturbated since admission and is sleeping well. S.H.R.

Dy Ferri Bovis. May 14 Patient sent to Hall V May 10 - very excited crying, praying, &c. restless, & talkative

May 21 Patient is quieter again, very apathetic and quite unoccupied but sleeping better. S.H.R

May 29 Patient is now in Hall III continues reading sewing, &c. orderly but still confused and somewhat apathetic. She is taking her food well. S.H.R

June 6 Patient again excited violent & destructive (menstrual period) and sent to Hall V. S.H.R

July 15 Patient now apathetic unoccupied except for a little reading, smiling vacantly when addressed but not responding to any questions. She is not sleeping well frequently requiring a hypnotic — S.H.R

29 Aug. Patient is listlessly slow - takes part in outdoor games - won a race at the Annual Sports and is generally more animated though still somewhat confused & demented. S.H.R

7th Nov. Patient went on trial to Hooley - She was examined before leaving and found to be in good physical health, free from marks and bruises. S.H.R

17th Dec. Patient was discharged today from trial recovered S.H.R

Discharged.

1908 Mrs Anne King 228

Feb. 19 The verandah for the rest of the day till the sun sets - She is still very restless frequently throws her food over & the nurse and refuses to work. Her temperature varies between 98·6° & 99·8° S.H.R

May 11 Patient is now entirely in bed wheeled out on the verandah daily - Her temperature is very irregular - normal or sub normal for a week then varies from 101° to 102° & so for another week. She is very restless refuses medicine and frequently soils. The apical and other signs show gradual progress of the disease - increased dulness and bronchial breathing with bronchophony S.H.R

Aug 7 There is no mental change: patient ~~still~~ very restless and dirty in her habits. Disease progressive - SMP

~~Sept~~ Sept 2 9 Patient's temperature varies considerably - for a week it will be practically normal, then run up to 103° at night for a week. She grows gradually more feeble. There is very marked supra-clavicular and infra-clavicular hollowing and the movement of the chest is very limited. Breathing is the apices is bronchial and there are coarse crepitations infra clavicularly and also at the base. SMP

Dec 1st Patient's temperature is remaining about SMP normal - occasional rises not so frequent and rarely goes above 101°. She is feeble but cough is not very troublesome. M.S.B.

1909 Feb 9th There is no change in mental or physical condition. Patient continues to live on normal temperature seldom rising above 101°. Is very feeble M.S.B.

May 10th Patient continues to live on the normal temperature is variable, but on the whole keeps fairly low at night. Cough continues and breathing is rapid & shallow. Patient takes nourishment fairly well. M.S.B.

Aug 21st Patient's temperature still variable but on the whole has been higher lately. Sacrum & the wrinkle in and day unique.

Lungs. Nearly all the left lung affected except extreme base - probably apex and dead effusion. Upper part of right lung diseased. also. Cough rather troublesome at night but little expectoration. S.B.

Nov 10th Patient's temperature has been keeping much lower lately in the whole. She is not coughing somuch. Still lies on the sacral day & night. Is very feeble & is taking very little. S.B.

Holloway Sanatorium Hospital,

Virginia Water

Copy

NOTICE OF DEATH

Date of Reception Order, the 13th day of June 1906.

I hereby give you Notice, That Anne King a Private Patient, received into this Hospital on the eighth day of June 1906, died therein on the sixteenth day of November 1909.

Signed L. D. M.
Medical Officer.

Dated the 17th day of November One Thousand nine hundred and nine

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Anne King
Sex and age	female 68.
Married, single, or widowed	married
Profession or occupation	none.
Place of abode immediately before being placed under care and treatment (if known)	Cobbet House, Pulborough, Sussex
Apparent cause of death	Extensive Phthisis Pulmonalis
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 p.m. No unusual circumstances No marks or bruises
Duration of disease of which patient died	uncertain
Names and description of persons present at the death	Mrs Bessie Rich, Nurse.
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 L. D. M.
Medical Officer.

Lunacy R. 21. (1797 O.S.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Aug

Sept

Sept 2

Dec

1909 Feb 9

May

Aug 21

Nov 10th

wife of Edmund Geo King J.P.

Nov 17th

Patient suddenly became very much worse yesterday midday. Nov 16th Her pulse became almost imperceptible & breathing very bad Stimulants were given but Patient did not rally much - sat beside in unconsciously & died at 9.30 p.m.

Died.

2962

Mary Ann Palmer.

Ad. 22 May. 1906
D.D. 18 May. 1906

W, single housekeeper, Ch. of England, 78 Years
From Stockwell Rawlins Hospital Pleurisy Attack
has lasted 15 days, cause not known Not S. D

First cert.

She was depressed, confused & apprehensive
She said that she was being watched & followed by
some people whom she did not know & that this
was due to her having wronged someone in some
way she could not explain She told me she had
burnt her corsets because she believed that some
people wanted to steal them & she thought that
if she burnt them the remaining contents of
her box would be safe.

J. Chambers
8 Hampstead St

14 May. 1906

Second.

corroborates
17 May 1906

W. Atkinson
Clapham Comm

Past History
(from nephew)

Patient has always been a strong woman and
has been a housekeeper for years. Lately
she has been living quite alone and has
suffered from a varicose ulcer which she would
have attended to. About three weeks ago
she began to have suspicions that she was
being followed etc

Family History

Patient's sister had "mental break down" at
menopause - quite recovered from.

Condition on admission. A. Bard Ryan

Coll III
HH.
Ht 5ft 10½

Patient is a fair old woman, in a state of
great emaciation. Her hair is brown, turning grey
complexion sallow, eyes brown with drooping lids
mucous membranes pale, tongue flabby, teeth very
defective

The heart's action is feeble, though there are no
adventitious sounds. Pulse 72, vessel wall much
thickened, tension high.

Expiration is prolonged generally all over the
chest.

The colon was loaded on admission.

Urine 1024 acid light amber no abnormal constituents
The pupils are equal & regular and react slowly
to L. A. consensually. The knee jerks are present
not exaggerated.

The superficial veins of both legs particularly
of the feet are varicose and there is an
ulcer about 2 sq in in diameter on the inner
side of the right leg about 2 in above the ankle
There was marked oedema of ankles and feet
on admission.

B. Mental.

Patient is a timid nervous old woman
starting if a door closes suddenly etc.

She is much confused does not certainly know
she is not Long Lane she has been here and
cannot narrate correctly how she has spent
the last few months, though she talks clearly
of her early life.

She was much neglected on admission & is
evidently has not been attending to her hair.

She has many delusions of suspicion

that people are following her for some evil purpose. These people she thinks believe she has wronged some one. She also says that lately any objects which she wishes to pick up or handle have a knack of moving away so that she cannot grasp them. She also thinks having burnt her cards that in some mysterious way the rest of her clothes might be affected.

May 29 Patient is being kept in bed that the varicose ulcer may be properly treated. She is taking her food well and sleeping well but is very nervous and suspicious. S.H.G.

Emmens & Wood

June 5 5st. 10½ Patient still very suspicious of the most simple remarks and actions. The delusions of having wronged some one persistent. The ulcer is in a healthier state. S.H.G.

June 12 5st. 12 Patient is gaining weight slowly and is less nervous and suspicious but no one wrongly "prying on" her but. and seems fairly contented. S.H.G.

June 19 5st 12.2 Patient is still very nervous and suspicious thinks the nurses cook "charged" and stands on the slightest ground. Nothing however makes away from her as it used to do. The ulcer is slowly healing. S.H.G.

July 15 6st. The varicose ulcer is now quite healed and patient is no longer in bed. She is still very nervous and suspicious and very troublesome but for which she thinks when given to her is not what the other patients get. S.H.G.

July 24 Patient has been sent to bed as there is some oedema of the legs and 1 per 1000 albumin in the urine. She is being given a diuretic and kept on milk diet. S.H.G.

Holloway Sanatorium Hospital,

Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 18th day of May 1906.

I hereby give you Notice, That Mary Ann Palmer a Private Patient, received into this Hospital on the twenty second day of May 1906, died therein on the twelfth day of December 1908.

Signed W. D. Wood M.D., *Medical Officer.*

Dated the 14th day of December One Thousand nine hundred and eight

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Mary Ann Palmer
Sex and age	female 74
Married, single, or widowed	single
Profession or occupation	Housekeeper
Place of abode immediately before being placed under care and treatment (if known)	75 Hulbert Grove Stockwell S.W.
Apparent cause of death	Chronic Interstitial Nephritis
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	7.30 a.m. No unusual circumstances No marks or bruises
Duration of disease of which patient died	uncertain many years
Names and description of persons present at the death	Nurse Frances M. Marks
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. Wood M.D., *Medical Officer.*

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

29 Aug. On the 25 Aug patient who was still in bed on meals did developed a measly like rash on face extremities and trunk. This increased for two days (temp. 101.8°) then faded and temperature has been normal for two days. On two occasions immediately prior to rash patient had Veronal gr. VIII at night as she has been much excited at night disturbing the other patients. There is albumin in the urine. Patient is quite incoherent, grimacing constantly and getting thin and weak. S.M.P.

Nov. 13 Patient lies now in bed VII. Has exacted out of bed all day - but full of delusions. The nurses says are X rays to burn her - doctors and nurses are in league because they have stolen her money etc. etc. She is somewhat troublesome over food but takes a fair quantity and sleeps pretty well at night. S.M.P.

1907
Jan. 7 Patient now convalescent from mild attack of influenza - still very deluded, with chronic nephritis and atheromatous arteries. S.M.P.

May 27 Patient again in Gal. III, as she had been violent in VIII. Threatening to kill one of the other patients. She continues very deluded. S.M.P.

Aug. 31 Patient quieter, no change in delusions. Physical health fair. S.M.P.

Nov. 29 Patient lies showing some nervous exertion. She is very much reduced in bed. She has gained some weight lately but her mental condition is unimproved. S.M.P.

1908 Feb. 29 Patient very deluded - has to wear a strong dress because she tears her own to pieces - believes her food is poisoned and frequently refuses it. Patient has chronic nephritis and a tendency to varicose ulcers. S.M.P.

May 11 Patient continues very deluded - believes the sun rays are X rays and melt her dress up all her clothes suddenly because the rays of her petticoats are cleared of. Her physical health is feeble - she has chronic intestinal nephritis and a tendency to varicose ulcers - S.H.P.

June 13 Patient being kept in bed as the circulation in the feet is very poor and one toe (right) somewhat inflamed. No mental change. S.H.P.

Aug. 7 Patient again out of bed. Toe cured - the circulation continues very poor and she has to keep her feet up most of the day. Still very deluded. S.H.P.

Oct. 7 Patient again in bed - feet considerably swollen she grows gradually feebler. S.H.P.

Dec 12th Patient got an attack of heart failure on sitting up in bed this morning - died almost immediately

Died.

Adelaide Ryddoke for p. 216

Nov. 7th Suicidal Caution Patient has not been so well lately - becomes noisy very badly - sickened the laundress at tea. Has made suicidal tendencies have reappeared - she secreted shreds of rag in her mouth tried to

Dec. 16th Wt. 11 st. 2½ lb Patient is quiet & amenable at present but hears voices & is very deluded. At present afraid that the idea that she is coming but on the 20th of April & that the Archbishop of York & the Lord Mayor & Aldermen will dine with her. Physical health very good. S.H.P.

Feb. 20th Patient is in state of chronic mania, runs about, sings at night, kisses other patients whenever she can. Requires hypnotics 2 or 3 times a week & can then sleeps & keeps up her weight. E.M.J.

June 22nd Physical health good, no mental change.

Sept. 30th Has been quieter of late, requiring sedatives very seldom. Will sometimes converse quite sensibly & pleasantly but spends a good deal of time on the window sill, shouting for the Archbishop. Eating & sleeping well. E.M.J.

Dec. 30th Patient has been rather more excited. Spends much time standing on a window sill talking to someone unseen, whom she states to be an old friend who stands on the railway embankment. Also addresses many remarks to the Archbishop of York (~~whose whereabouts~~ (in York) to whom she believes she is engaged. General health good. E.M.J.

1913. March 15th Mental condition about the same, physical health good. E.M.J.

June 30th Patient continues deluded, eccentric in behaviour & unoccupied, sleeps better & very seldom requires any hypnotic. E.M.J.

Sept. 22nd Rather more excited & has struck other patients. Has been & given Sulphonal in gr. xx doses, with some improvement. E.M.J.

October 8th Last night patient broke a glass in her room & cut her hand and foot, the latter in 3 places. She has been more excited of late. E.M.J.

Sept. 22nd. Cuts healed slowly, but pt. has been excited & kept in bed still. E.M.J.

Dec. 31st. Very dirty in habits, is often destructive & violent if with others, so has been in bed a good deal. E.M.J.

Continued on page 167

2964

Helena Adelaide Husband

Adm. 4 June. 1906
Pd. 15 Jan. 1906
(Transfer)

37 married no occupation Ch. of England P.A. 186 Hammersmith P.D. West. First attack - not previously treated. Duration four months. Supposed cause - change of life - ? Not P.G.D. (Dr. Wyllie)

First certificate

She hears voices and the devil whispers suggestions to cure filthy words. She says she knows her birthday when she (Mrs. H.) was on earth before but does not know her now. She has quite altered and is careless in her habits. She says that she charges to other people and that her husband is not himself but someone else

(Signed)
11 Jan. 1906

H. C. W. Jones
Acton V.

Second certificate corroborates.

D. Ferrier
34 Cavendish Sq.

Rem. History

Family History None of insanity known

Condition on admission A. Physical.

Coll. III
H4. injured
W4. 5 in 6 ch.

Patient is a well developed fairly well nourished woman with dark hair turning grey, blue eyes, sallow complexion, tongue furred and fissured, teeth defective, mucous plate -

Physical examination of chest was inadequate as patient absolutely refused it and kicked and struggled during it. Heart and lungs presented no physical signs of disease - Pulse 78 regular in rate & rhythm, vessel wall slightly thickened tension medium -

Catamenia said to be normal -

The pupils are equal and regular and react to light. The state of the deep reflexes could not be ascertained owing to patient's restlessness

Urine 1022 light straw acid, no abnormal constituents

B. Mental

Patient is somewhat untidy in dress, change in habits, very resistive over food (she is a vegetarian and prefers to live on veal and bread and butter) and various minor matters, such as taking off her hat indoors &c. &c. Refused physical examination. She is quite unoccupied and appears preoccupied, sitting with down bent head and absorbed manner. When addressed she says she must be left alone as her one wish is to recall the past which has quite gone from her memory, though she says she can recollect escaping from a prairie fire and being in a railway accident. She does not know anything about her husband, whether he is alive or dead, before she has been acting as companion to a doctor's wife (was in a nursing home) and has come here (Brown's Place) to act in a similar capacity

being" a pretty fair doctor Nurse/
She has heart and Skin frequently Lear voices
which sometimes make evil suggestions to her.
The morning after admission She told one of the
nurses that she had been up to heaven that
morning.
She sleeps well—

June 11 Patient is quite unoccupied, still straining to recall the spirit and very confused, but less restless and less troublesome by voices. S/P/P

June 18 There is no mental change. S/P/P

June 25 Patient continues morose, slightly restless unoccupied, with many delusions & frequent auditory hallucinations. S/P/P

Aug 2 Patient continues morose and unoccupied - irritable when addressed. She says that she is convinced all those belonging to her are dead. She is taking food slightly better and is sleeping well. S/P/P

29 Aug Patient still silent and unoccupied with many delusions of identity and hallucinations of hearing. S/P/P

Sept 27 Patient continues morose and unoccupied, but abusive at times, using filthy language. She has many delusions of identity, thinks the nurses steal and wears her clothes. Last week she tore up her best dress saying it was not fit to wear. S/P

Dec 31 There is no mental change. S/P/P

1907 Feb 28 Patient continues to alternate between moods of sullen moroseness when she will not speak & conditions of excitement when she sings & dances or is fiercely abusive accusing nurses and patients of stealing her things etc.
She has frequent auditory hallucinations S/P/P

May 27 Patient continues sullenly morose and abusive - absolutely refuses to wear any of the new clothes provided for her. has frequent auditory hallucinations S/P/P.

16 Aug. Removed, but improved to City of London Asylum Stone. [illegible]

page 210.

1916. May 25th

Aug. 18th

1917 Feb. 12.

July 4th

Oct. 24th

1918. Jan. 9th

April 9th Fair

Sept. 23rd

persecution against various people, General health good. E.M.
General health good - there is no mental change. E.M.

Continued in Book Suppl. B.

being" a pretty fair doctor Nurse"
She has heard and still frequently hears voices which sometimes make evil suggestions to her.
The morning after admission she told one of the nurses that she had been up to heaven that morning.
She sleeps well—

June 11 Patient is quite unoccupied, still straining to recall the spirit and very confused but less resistive and less troublesome. Voices. S/P/P

June 18 There is no mental change. S/P/P

June 25 Patient continues morose, slightly resistive unoccupied with many delusions & frequent auditory hallucinations. S/P/P

Aug 2 Patient continues morose and unoccupied - irritable when addressed. She says that she is convinced all those belonging to her are dead. She is taking food slightly better and is sleeping well. S/P/P

29 Aug. Patient still silent and unoccupied with many delusions of identity and hallucinations of hearing. S/P/P

Sept. 27 Patient continues morose and unoccupied, not abusive at times using filthy language. She has many delusions of identity. Strips the nurses off and wears her clothes. Last week she tore up her best dress saying it was not fit to wear. S/P

Dec. 31 There is no mental change S/P/P

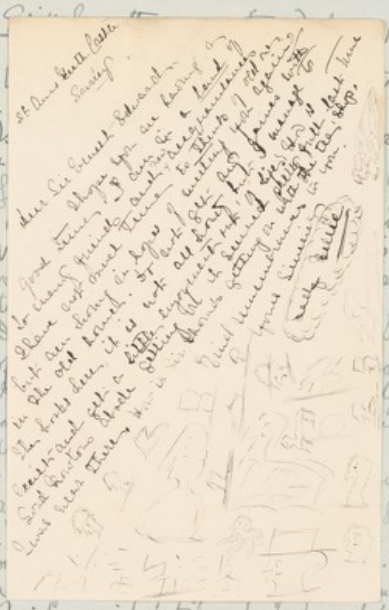
1907 Feb. 28 Patient continues to alternate between moods of sullen moroseness when she will not speak & conditions of excitement when she sings & dances or is fiercely abusive accusing nurses and patients of stealing her things etc.
She has frequent auditory hallucinations S/P/P

May 27 Patient continues sullen, morose and abusive - absolutely refuses to wear any of the new clothes provided for her. has frequent auditory hallucinations S/P/P

16 Aug. Removed, but not improved to City of London Asylum Stone

page 210.

1916. May 25th



Aug. 1st.

1917 Feb. 12.

July 4th

Oct. 24th

1918. Jan. 9th

April 9th Fairly quiet lately, but has delusions of persecution against various people, General health is good. E.m.

Sept. 23rd. General health good - there is no mental change. E.m.

Continued in Book Suppl. B.

being "a pretty fair doctor Lerner"
She has heart and thiel frequently hears voices
which sometimes make evil suggestions to her.
The morning after admission she told one of the
nurses that she had been up to heaven that
morning.
She sleeps well—

June 11 Patient is quite unor
recall the past and
resistive and less
June 18 There is no
June 25 Patient continues mor
unoccupied, with
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Aug 2 Patient continues more a
when addressed. She
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29 Aug. Patient still silent
many delusions of
of hearing.
Sept. 27 Patient continues
abusive at times, u
many delusions of pe
and wears red cloth
her best dress sayi
Dec 31 There is no
1907 Feb. 28 Patient continues to alternate between moods
sullen moroseness when she will not speak
conditions of excitement when she sings
dances or is fiercely abusive, accusing nurses
and patients of stealing her things etc.
She has frequent auditory hallucinations of

May 27 Patient continues sullen, morose and abusive, absolutely
refuses to wear any of the new clothes provided
for her. has frequent auditory hallucinations of
16 Aug. Removed, not improved to City of London
Asylum Stone

Edith Grantham continued from page 210.

rating herself
tion jewellery,
comes quarrelsome
ther patients.

headache and
th is good on the
violent at

fess from delusions
lth good. E.m.)
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was found in

ersecution + becomes
alth good. E.m.)
tion continue,
late. Decorates
n. E.m.)

April 9th fairly quiet lately, but has delusions of
persecution against various people, General
health is good. E.m.)
Sept. 23rd General health good - there is no mental
change. E.m.)
Continued in Book Suppl. B.

From Mr Husband
to
Mr E. E. Beggs,
Rowton House,
Hammersmith Rd
The Broadway

being "a pretty fair doctor Lerrey"
She has heard and still frequently hears voices which sometimes make evil suggestions to her.
The morning after admission she told one of the nurses that she had been up to heaven that morning.
She sleeps well—

June 11 Patient is quite unoccupied, still striving to recall the past and very confused, but less resistive and less frankly voices S.H.P.

June 18 There is no mental change S.H.P.

June 25 Patient continues morose, slightly resistive unoccupied, with many delusions & frequent auditory hallucinations S.H.P.

Aug 2 Patient continues morose and unoccupied - irritable when addressed. She says that she is connected with those belonging to her are dead. She is taking food slightly better and is sleeping well. S.H.P.

29 Aug. Patient still silent and unoccupied with many delusions of identity and hallucinations of hearing S.H.P.

Sept. 27 Patient continues morose and unoccupied, and abusive at times, using filthy language. She has many delusions of violence, strips the nurses' bed and wears her clothes. Last week she tore up her best dress saying it was not fit to wear. S.H.P.

Dec. 31 There is no mental change S.H.P.

1907 Feb. 28 Patient continues to alternate between moods of sullen moroseness when she will not speak & conditions of excitement when she jumps & dances or is fiercely abusive, accusing nurses and patients of stealing her things &c.
She has frequent auditory hallucinations S.H.P.

May 27 Patient continues sullen, morose and abusive, absolutely refuses to wear any of the new clothes provided for her. has frequent auditory hallucinations S.H.P.

16 Aug. Removed, not improved to City of London Asylum Stone. S.H.P.

page 210.

1916. May 25th ...ing herself ...jewellery, ...quarrelsome ...patients,

Aug. 1st ...dache and ...food on the ...ent at

1917 Feb. 12. ...from delusions ...good. E.M.J.

July 4th ...spread ...found in

Oct. 20th ...ution + becomes ...good, E.M.J.

1918. Jan. 9th ...continue. ...Decorates ...hersely, has no regular occupation. E.M.J.

April 9th Fairly quiet lately, but has delusions of persecution against various people, General health is good. E.M.J.

Sept. 23rd General health good - there is no mental change. E.M.J.

Continued in Book Suppl. B.

St Ann's Hill Castle
Surrey

Dear Sir Ernest Edwards

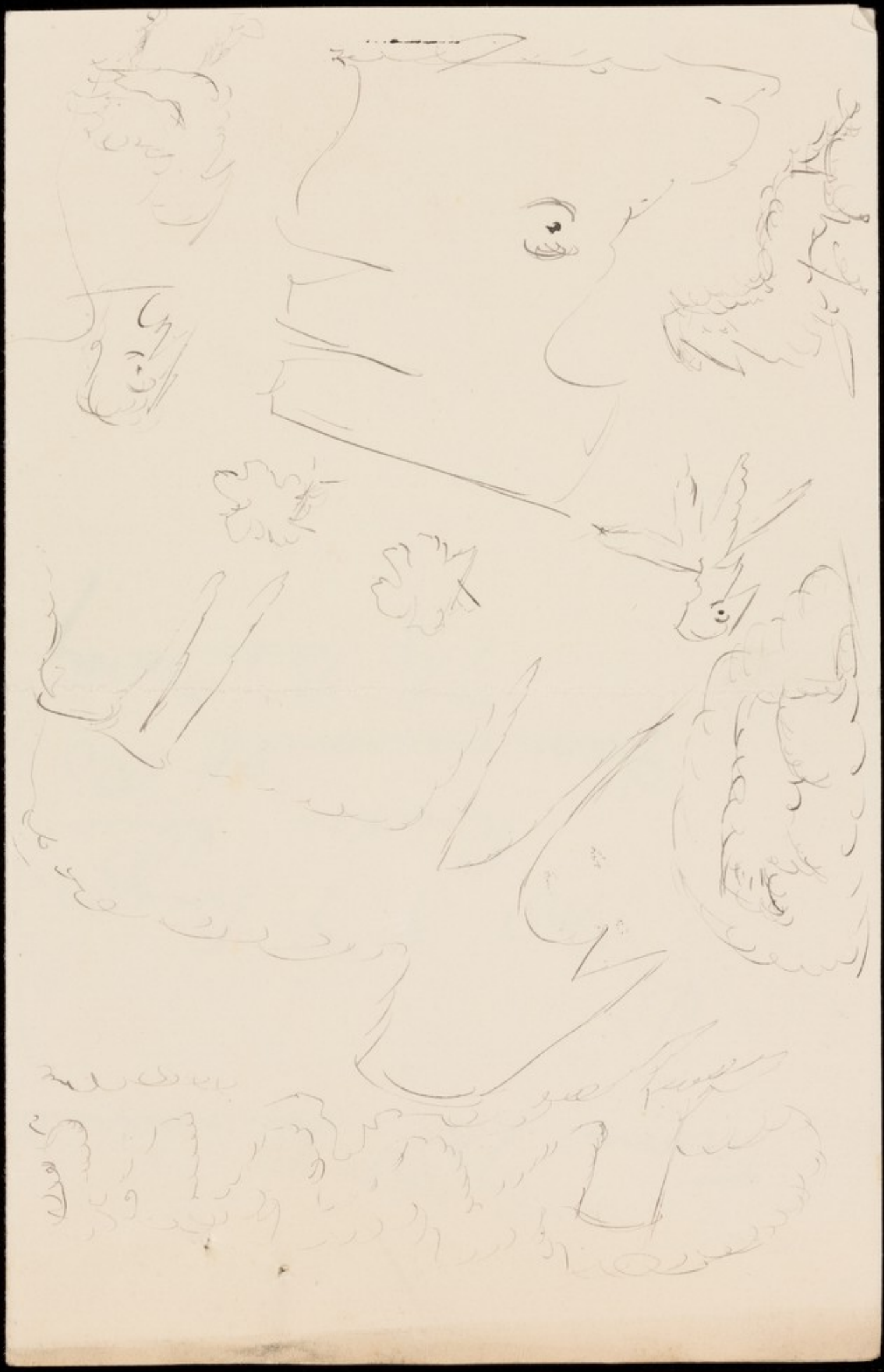
Good Heavens I hope you are resting a
bit and getting well
in the old home, it is
the breath of life
to you. I am hoping
that you will be
able to run down
here for a week
and get a little
rest and change
Lord Rowton
Lives near
Here,

Thanks for your letter
I am very glad to
hear that you are
getting on so well
and trust that
you will be able
to run down
here for a week
or so. I am
sending you
a few lines
to let you
know that
I am all
right, but
am very busy
at present
with the
Civil Service
Estimates
which
will
keep me
in town
till
the end
of
August.
Yours
sincerely
Arthur Balfour

From Mrs Husband

to

Mrs E. E. Beggs,
Rowton House,
Hammersmith Rd
The Broadway



being a "pretty fair doctor Nurse"
She has heard and still frequently hears voices which sometimes make evil suggestions to her.
The morning after admission she told one of the nurses that she had been up to heaven that morning.
She sleeps well—

June 11 — Patient is quite unoccupied, still striving to recall the past and very confused but less resistive and less troubled by voices. S.H.P.

June 18 — There is no mental change. S.H.P.

June 25 — Patient continues morose, slightly resistive unoccupied, with many delusions & frequent auditory hallucinations. S.H.P.

Aug 2 — Patient continues morose and unoccupied - irritable when addressed. She says that she is convinced all those belonging to her are dead. She is taking food slightly better and is sleeping well. S.H.P.

29 Aug. — Patient still silent and unoccupied with many delusions of identity and hallucinations of hearing. S.H.P.

Sept. 27 — Patient continues morose and unoccupied, not abusive at times using filthy language. She has many delusions of identity. Thinks the nurses steal and wear her clothes. Last week she tore up her best dress saying it was not fit to wear. S.H.P.

Dec. 31 — There is no mental change S.H.P.

1907 Feb. 28 — Patient continues to alternate between moods of sullen moroseness when she will not speak & conditions of excitement when she sings & dances or is fiercely abusive accusing nurses and patients of stealing her things &c.
She has frequent auditory hallucinations S.H.P.

May 27 — Patient continues sullenly morose and abusive - absolutely refuses to wear any of the new clothes provided for her. has frequent auditory hallucinations S.H.P.

16 Aug. — Removed, not improved to City of London Asylum Stone. [illegible]

page 210.

1916. May 25th — [illegible] jewellery, [illegible] quarrelsome patients, [illegible] headache and [illegible] food on the [illegible] ent at [illegible] from delusions [illegible] good. E.M.] [illegible] typical [illegible] found in [illegible] [illegible] continues. [illegible] Decorates [illegible]

Aug. 1st — [illegible]

1917 Feb. 12 — [illegible]

July 4th — [illegible]

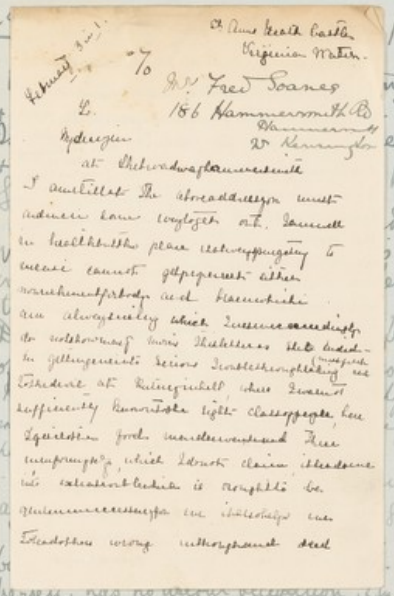
Oct. 24th — [illegible]

1918. Jan. 9th — [illegible]

April 9th — Fairly quiet lately, but has delusions of persecution against various people, General health is good. E.M.]

Sept. 23rd — General health good - there is no mental change. E.M.]

Continued in Book Suppl. B.



being "a pretty fair doctor" herself
She has heard and still frequently hears voices
which sometimes make evil suggestions to her.
The morning after admission she told one of the
nurses that she had been up to heaven that
morning.
She sleeps well—

June 11 Patient is quite unoc[illegible]
recall the past and [illegible]
resistive and less [illegible]
June 18 There is no menta[illegible]
June 25 Patient continues moro[illegible]
unoccupied, with m[illegible]
auditory hallucination[illegible]
Aug 2 Patient continues morose a[illegible]
when addressed. She [illegible]
those belonging to her are [illegible]
slightly better and is [illegible]
29 Aug Patient still silent [illegible]
many delusions of id[illegible]
of hearing.
Sept 27 Patient continues mo[illegible]
abusive at times, [illegible]
many delusions of iden[illegible]
and wear her cloth[illegible]
her best dress saying [illegible]
Dec. 31 There is no mental change. S.H.P.
1907 Feb. 28 Patient continues to alternate between moods of
sullen moroseness when she will not speak &
conditions of excitement when she sings &
dances or is fiercely abusive, accusing nurses
and patients of stealing her things etc.
She has frequent auditory hallucinations S.H.P.

[illegible]

May 27 Patient continues sullenly morose and abusive. absolutely
refuses to wear any of the new clothes provided
for her. has frequent auditory hallucinations S.H.P.
16 Aug. Removed, not improved to City of London
Asylum Stone [illegible]

[illegible] from page 210.

[illegible] rating herself
[illegible] tion jewellery,
[illegible] comes quarrelsome
[illegible] ther patients,

[illegible] headache and
[illegible] th is good on the
[illegible] violent at

[illegible] ers from delusions
[illegible] th good. E.M.J.
[illegible] on physical
[illegible] were found in

[illegible] rsecution + becomes
[illegible] alth good. E.M.J.
[illegible] tion continue.
[illegible] late. Decorates
herself, has no useful occupation. E.M.J.
April 9th Fairly quiet lately, but has delusions of
persecution against various people, General
health is good. E.M.J.
Sept. 23rd General health good. there is no mental
change. E.M.J.
Continued in Book Suppl. B.

being "a pretty fair doctor Lenes"
She has heart and thief frequently hears voices which sometimes make evil suggestions to her.
The morning after admission she told one of the nurses that she had been up to heaven that morning.
She sleeps well—

June 11 Patient is quite unoccupied, still striving to recall the past and very confused but less restless and less troublesome by voices S/P/P

June 18 There is no mental change S/P/P

June 25 Patient continues morose, slightly restless unoccupied, with many delusions & frequent auditory hallucinations S/P/P

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29 Aug Patient still silent and unoccupied with many delusions of identity and hallucinations of hearing S/P/P

Sept 27 Patient continues morose and unoccupied, not abusive at times, using filthy language. She has many delusions of identity thinks the nurses steal and wear her clothes. Last week she tore up her best dress saying it was not fit to wear. S/P/P

Dec 31 There is no mental change S/P/P

1907 Feb 28 Patient continues to alternate between moods of sullen moroseness when she will not speak conditions of excitement when she sings & dances or is fiercely abusive accusing nurses and patients of stealing her things etc.
She has frequent auditory hallucinations S/P/P

May 27 Patient continues sullenly morose and abusive - always refuses to wear any of the new clothes provided for her. has frequent auditory hallucinations S/P/P.

16 Aug. Removed, not improved to City of London Asylum Stone [illegible]

1916. May 25th - page 210.

Aug. 18th -

1917 Feb. 12.

July 4th

Oct. 24th

1918. Jan. 9th

April 9th Fairly quiet lately, but has delusions of persecution against various people, General health good, E.M.J.

Sept. 23rd General health good - there is no mental change. E.M.J.

Continued in Book Suppl. B.

February 3rd 1

St Anns Heath Castle
Virginia Water.

To

Mr. Fred Soanes
186 Hammersmith Rd
Hammersmith
W Kensington

Mydearjim

at Thetrvadwashammeredwith
I amtillat The aboveaddress must
admein Some weyloget out. Iamwell
in healthbutthis place isalwaysgingeley to
meni cannot getpropernourishment either
nourishmentforbody and blamewhiki
am alwaysrising which Imuchexceedingly
do notshownay more Thisletteras shete ended-
in gettingmeinto Serious Troublethroughtaking (mistook me
Tothedevil at Ratingsinhall, where Iwasnot
sufficiently knowntoska light- Classoppegite here
Iquicklies food manderventured Three
mufromptes, which Idonot claim itasdoune
into exclusionbecause is oughtto be
Undemeceessaryfor me ihaltohelps me
Toleadothers wrong withoughand deed

It has always cost me thousands but I can't help seeing where light may fall and I intend to do it whatever the consequences may be to you or anyone concerned in my life either for good or evil. There are those who help rebuke the woman for her evil ways from conscientious duty. They generally speak to me as I am to speak to them. They write me at Harmony and we can't get our letters correspond when we write as we do once each day. The letters and talks in your room will not stimulate keep the thoughts going and we can't plenty of amusement for ourselves as well as for our friends. The real book was meant for you but I am not well enough to understand it. Many of the words I have underlined as I read it was meant and I was impressed by it. Some of the words are spiritual in my opinion, I received the gift of your acquaintance belonging to our new dimension as strange people I received in friendship

you will see. This letter cannot get you this forward letter, otherwise I had another slip again. I intended with you to have all pleasure combined with pleasure and a refined amount of cheerfulness which I did exceedingly, but started to murmur over my principle of all different kinds of anyone put in my way, my heart is wrong but can easily put right. Refinement to drift out, daylight years of darkness was always the best when with me, by the by it was those spiritual that used to me having some of their darkness for me to shake off. The pretty ornamented one admires them for much for cannot have as what they seem to me. I have always loved really things and refinement, but anxiety confine themselves (86) refinement mixed with coarseness vulgar and pleasure, which I shall lose in, but take care of always top and painted china which I love me, with heard and sweet as for work in the afternoons. I don't care to go to bed late for another year perhaps I won't be

To me, I think it much more probable that some of the Thousand or so ordinary folks. Sometimes a message from one of the devils, although get through an ordinary person, have heaps of them in all disguise but cannot make them require of them being three different kind. They will argue but speak to each other at us, causing me a great deal of unnecessary worry and disappointment. That if any could come a message from one of his devils, who are used there much time about midnight, but do not attempt to do anything for me, it only means trouble and suffering for me to you the Broadway, your understand this by the single words that three, but I implore you not to tell anyone else understand this language, if you do not want to all. Is a triple torture but it cannot be avoided when with you and our world be different person and reasons clique which must be raised do not forget to tell the domesticated one to keep fancy curtains especially short one's afford windows you see well absolutely quiet well and always ready what is wanted there.

To The Master W. J. Sweetone.
From The Mistress HELL HELL,
Lady Bella Husband.
Please deliver Sent to M. L. S - - - - 3 from Surrey.

being "a pretty fair dockyard lawyer"
She has heard and still frequently hears voices which sometimes make evil suggestions to her.
The morning after admission she told one of the nurses that she had been up to heaven that morning.
She sleeps well—

June 11 Patient is quite unoccupied, still striving to recall the past and very confused but less resistive and less troubled by voices S.P.P.

June 18 There is no mental change S.P.P.

June 25 Patient continues morose, slightly resistive unoccupied, with many delusions & frequent auditory hallucinations S.P.P.

Aug 2 Patient continues morose and unoccupied - irritable when addressed. She says that she is convicted of those belonging to her are dead. She is taking food slightly better and is sleeping well. S.P.P.

29 Aug. Patient still silent and unoccupied with many delusions of identity and hallucinations of hearing S.P.P.

Sept. 27 Patient continues morose and unoccupied, and abusive at times, using filthy language. She has many delusions of identity. Thinks the nurses steal and wear her clothes. Last week she tore up her best dress saying it was not fit to wear. S.P.P.

Dec. 31 There is no mental change S.P.P.

1907 Feb. 28 Patient continues to alternate between moods of sullen moroseness when she will not speak & conditions of excitement when she sings & dances or is fiercely abusive, accusing nurses and patients of stealing her things etc.
She has frequent auditory hallucinations S.P.P.

May 27 Patient continues sullen & morose and abusive, absolutely refuses to wear any of the new clothes provided for her. Has frequent auditory hallucinations S.P.P.

16 Aug. Removed, not improved to City of London Asylum Stone. [illegible]

Editth Grantham continued from page 210.

1916.

May 25th Weak minded, given to decorating herself & wearing quantities of imitation jewellery. Is cheerful as a rule, but becomes quarrelsome & violent at times, striking other patients. General health good. (E.M.)

Aug. 1st. Has occasional attacks of headache and vomiting, but physical health is good on the whole. Is bad tempered & violent at times. demented. (E.M.)

1917 Feb. 12. Demented, fairly cheerful, suffers from delusions of persecution & General health good. (E.M.)

July 4th Mental condition unchanged. On physical examination no signs of [illegible] disease were found in heart &c

Oct. 24th Demented, has delusions of persecution & becomes abusive at times, General health good. (E.M.)

1918. Jan. 24th Demented, delusions of persecution continue, but pt. has not been violent of late. Decorates herself, has no useful occupation. (E.M.)

April 9th Fairly quiet lately, but has delusions of persecution against various people, General health & good. (E.M.)

Sept. 23rd General health good. There is no mental change. (E.M.)

Continued in Book Suppl. B.

Felicité Jeanlhaan cont from p. 220.

June 22nd 1912. Ad. Per. 9½ hrs. Patient is very weak minded & abusive at times inclined to be violent has no called ideas about herself Physical health fairly good. S.B.

Sept. 19th 1912. Ad. Per. 9½ hrs. Patient is weak minded. very deluded. believes herself she may attract a beautiful. At times abusive inclined to be violent Physical health fairly good. S.B.

Dec. 16th 1912. Ad. Per. 12 hrs. Patient is weak minded & somewhat excited at present & violent at times. Has no exalted ideas about herself. Physical health fairly good but is apt to wear out herself. S.B.

Feb. 20th 1913. Fairly occupied, likes to wear many cheap rings, weak-minded, physical health fair. E.m.j.

June 22nd. Physical health good, except for chronic constipation. This, however is being controlled by Liq. Petrolatum. Mental condition unchanged. E.m.j.

Sept. 30th. Demented, but fairly occupied, has not been violent of late. Physical health quite good. E.m.j.

Dec. 30th. General health good - no mental change. E.m.j.

1913. March 15th. Demented, vain, likes to deck herself with much cheap jewellery. Occupies herself. Physical health good. E.m.j.

June 30th. Quiet, fairly cheerful, demented, shows very little initative. Physical health good. E.m.j.

Sept. 22nd. Demented, appears cheerful on the whole, but suffers from delusions of persecution & hears voices. Fairly occupied, eats & sleeps well. E.m.j.

Dec. 31st. General health good. Hallucinations (auditory) continue & pt. is sometimes inclined to be violent, but is cheerful as a rule. E.m.j.

1914. March 18th. Demented, often violent & resistive, has delusions

of persecution, General health good. E.m.j.

May 31st. Demented, fond of decorating herself. Hears voices & is violent at times. Sometimes occupied. General health good. E.m.j.

Aug. 31st. Rather more violent, suffers from auditory hallucinations, very weak minded, occupies herself fairly well, General health good. E.m.j.

Nov. 24th. Very weak minded, decorates herself with quantities of sham jewellery, is sometimes occupied. Hears voices & is inclined to be violent. General health good. E.m.j. Weight varies very little. E.m.j.

1915. Feb. 27th. Suffers from auditory hallucinations and delusions of persecution against various people. These lead to outbreaks of violence when she strikes patients or nurses & is very abusive. Is weak minded & unsociable, occupies herself a little, Has Physical health good. E.m.j.

May 31st. Weak minded, Suffers from auditory hallucinations and delusions of persecution, is violent at times, occupied in a desultory way. Physical health good. E.m.j.

Aug. 14th. There is no mental or physical change. E.m.j.

Dec. 12th. Demented, unsociable & often abusive and violent towards other patients and nurses. Sometimes gets headache & vomiting from eating too much, but general health is good as a rule. E.m.j.

1916. Feb. 17th. Demented, suffers from delusions of persecution & is very violent at times, occupied in a desultory way & is in good physical health. E.m.j.

Continued on page 208.

2966

Kate Miriam Joyce

Oct June 6 1906 (P.O. 23 May 1906 Bexhill)

26, single, Governess companion, Ch. of England, R.A. Duffield House, Bexhill. First attack, duration a few days, not previous treated. Supposed cause overwork, Not S. feared suicidal, apparently not dangerous.

First certificate

Slightly manner - delusions e.g. that Dr. Kent is her father, mother & brother, has known her all her life, that she is not her father's daughter and that he has admitted same -

(Signed) 23 May 1906 — E. P. Wells Bexhill

Second — 23 May 1906 — cant[illegible]akes — Sydney Kent Bexhill

Previous History (per Dr. Linder)

Five weeks at Bexhill Nursing Home - had one returned home from abroad five days -

Delusions of impersonation, electricity - no suicidal tendency

An attack six years ago - not certified - due to anaemia and love trouble -

Cause of present attack - overpressure & was when in Germany - people with whom she stopped bullied her and drank too much.

Catamenia - five weeks ago - before then lapse of five mos -

Family History

No history of phthisis

Uncle Lib. & P.D. -

Paternal cousin - queer -

Condition on admission A. Physical -

Coll. II
Ht 5 ft 2¾ in
Wt 9 st

Patient is a well developed well nourished girl with abundant light brown hair blue eyes rosy complexion - large naevus on left cheek - teeth fairly good, but upper incisors elevated & false some artificial upper molars - hard palate fairly normal -

Heart and lungs present no physical signs of disease. Pulse 72 regular in rate & rhythm vessel-wall healthy tension rather low - no abnormalities to be noted in abdomen.

Patient menstruating on admission

The pupils are equal & regular react quickly to L. & C. conseneually and to skin stimulation

The deep reflexes are present not exaggerated superficial & organic reflexes healthy.

No disturbance of common sensation -

Urine 1025 acid, no alb. no sugar (NT)

B. Mental -

Patient has a flippant somewhat defiant manner, talks carelessly laughs and sings or whistles

She attends well to dress and person and her habits are good.

She has many delusions that there have been conspiracies against her people being jealous of her, and that three people who have plotted against her have been seen by her in various impersonations in England and on the Continent. She also believes that electrical influences have been brought to bear on her - that she has been badly treated. I.P. [illegible] that on four occasions she has died & immediately afterwards has risen & thrown off quite the appearance & rigor mortis - She has heard colours which were not natural

and still hears them -
She states that when she was at Bexhill she may have given people the impression she was suicidal as she was so very depressed then, but she never has had a well formed suicidal intention -
She takes her food well and sleeps well. S.H.P.

June 13 Patient is now in Gall. III. The first few days after admission she was very gay, says she only sleeps at constants. Latterly she has been very cross, wishes to be rubbed with Embrocation & turpentine all over her body for pains and says she is not allowed to sleep by night by people who wish to harm her - S.H.P.

June 20 Patient is somewhat quieter, no longer complaining of pains & sleepless nights S.H.P.

June 27 Patient still forms delusions in her delusions of criminal assault but says that nothing of the kind has been attempted here. She is now taking part freely in all outdoor games, is quieter and better controlled - S.H.P.

July 4 Patient continues as described in last note. S.H.P.

2/9 Aug. Patient is beginning to recognize that she has suffered from delusions, says that everything around her contributed to them (P.S. people telling her that she was to the Queen of Spain - for some time patient believed she was the Queen of Spain) and so they became fixed in her brain. She is much better controlled, well occupied and in good physical health. S.H.P.

Sept. 27 Patient now in Gall. I continuing to improve S.H.P.

Oct. 19 Patient went on Quiet today - was [illegible] & later Boxing and taken to be [illegible] thought makes S.H.P.

Nov. 27 [illegible] S.H.P.

from 426 Aug. 7 1888

Nov 20. Gallery VI. Continues to have attacks of violence at intervals - Bodily health good M.B.

1889 Jan 4 Patient was transferred to gallery No II at her own request. Is now back in No V continues excited & deluded - M.S.B.

Feb 9 Gallery V No 9 1/2 Patient is variable, became very excited a short time ago when in Chapel, escaped up to the gallery, threw her shoes over gallery & was very noisy. States this was a protest against the murder of one of the patients by the nurses. Is just now fairly quiet. M.B.

Monday Aug 9. 1886

Dr. Dr. Smith

Is you manage to show a little civility to me yesterday I hope you will be able again to use some of kindly act the unloved is proper posted.
I may say I call it civil mean, you properly understood your class, in speaking to leave I left you conclude that 2 people in the house are the same [illegible] (mean well) would be too much, But sadly

and still hears them -
She states that when she was at Bexhill she may have given people the impression she was suicidal as she was so very depressed then, but she never has had a well formed suicidal intentions -
She takes her food well and sleeps well. S.H.R.

June 13 Patient is now in Hall III. The first few days after admission she was very gay, says she only sleeps at constantly. Latterly she has been very cross, wishes to be rubbed with Embrocation & turpentine all over her body for pains and says she is not allowed to sleep by night by people who want to harm her - S.H.R.

June 20 Patient is somewhat quieter, no longer complaining of pains & sleepless nights S.H.R.

June 27 Patient still forms delusions in her delusions of criminal assault but says that nothing of the kind has been attempted here. She is now taking part freely in all outdoor games, is quieter and better controlled - S.H.R.

July 4 Patient continues as described in last note. S.H.R.

2nd Aug. Patient is beginning to recognize that she has suffered from delusions, says that everything around her contributed to them (e.g. people telling her how like she was to the Queen of Spain - for some time patient believed she was the Queen of Spain) and so they became fixed in her brain. She is much better controlled, well occupied and in good physical health. S.H.R.

Sept. 27 Patient now in Hall I continuing to improve S.H.R.

Oct. 17 Patient went on Civil today - was examined before leaving and taken to the Gallery & short time ago when in Chapel, escaped up to the gallery, threw her shoes over gallery & was very noisy. States this was a protest against the murder of one of the patients by the nurses. Is just now fairly quiet. M.R.B.

[illegible] does not nurse [illegible] the disease.
I suppose you don't happen to know
since His Majesty Lee VIII is the
[illegible] I suppose I shall not get any answer
[illegible] as I never do [illegible] but I
[illegible] well the one you told me to
[illegible] although it was another tax on my
[illegible] only for goodness sake don't smell
[illegible]

and still hears them -
She states that when she was at Bexhill she may have given people the impression she was suicidal as she was so very depressed then, but she never has had a well sane suicidal intentions -
She takes her food well and sleeps well. S.H.P.

June 13 Patient is now in Hall III. The first few days after admission she was very gay, says to many flies she constantly talked she has been very cross, wishes to be rubbed with Embrocation & turpentine all over her body for pains and says she is not allowed to sleep by night by people who want to harm her - S.H.P.

June 20 Patient is somewhat quieter, no longer complaining of pains & sleepless nights S.H.P.

June 27 Patient still forms beliefs in her delusions of criminal assault but says that nothing of the kind has been attempted here. She is now taking part freely in all outdoor games, is quieter and better controlled - S.H.P.

July 4 Patient continues as described in last note. S.H.P.

29 Aug. Patient is beginning to recognize that she has suffered from delusions, says that everything around her contributed to them (e.g. people telling her that like she was to the Queen of Spain - for some time patient believed she was the Queen of Spain) and so they became fixed in her brain. She is much better controlled, well occupied and in good physical health. S.H.P.

Sept. 27 Patient now in Hall I continuing to improve S.H.P.

Oct. 17 Patient went on trial today - was examined before leaving and found to be in good physical health, free from sores and bruises S.H.P.

Nov. 27 Patient was discharged recovered from trial today. S.H.P.

Discharged

The Ladies in question is absolutely the most woman pience I have ever had to naturally. Shelly appreciate her. Dont you call it absolutely mean of my= to apparently turn off to appear just when I wanted him most, it is truly true since I left anything like happy. Sadly husbands seem to be quite unnatural now days not the real thing at all!!!! Please forgive my apparent rudeness but you know what the world is when one

1909 Jan 4 Patient was transferred to gallery No IV at her own request. Is now back in No V continues excited & deluded - M.S.B.

Feb 9th Gallery V 8½-9½ Patient is variable, became very excited a short time ago when in Chapel, escaped up to the gallery, threw her shoes over gallery & was very noisy. States this was a protest against the murder of one of the patients by the nurses. Is just now fairly quiet. M.B.B.

and shall leave them -
She states that when she was at Bexhill she may have given people the impression she was suicidal as she was so very depressed then, but she never has had a well formed suicidal intention -
She takes her food well and sleeps well. S.H.P.

June 13 Patient is now in Gall. III. The first few days after admission she was very gay, says she only sleeps at constant. Latterly she has been very cross, wishes to be rubbed with Embrocation & turpentine all over her body for pains and says she is not allowed to sleep by night by people who wish to harm her - S.H.P.

June 20 Patient is somewhat quieter, no longer complaining of pains & sleepless nights S.H.P.

June 27 Patient still forms delusions in her delusions of criminal assault but says that nothing of the kind has been attempted here. She is now taking part freely in all outdoor games, is quieter and better controlled - S.H.P.

July 4 / Aug 29 Patient continues as described in last note. S.H.P.
Patient is beginning to recognize that she has suffered from delusions, says that everything around her contributed to them (e.g. people telling her had like she was to the Queen of Spain - for some time patient believed she was the Queen of Spain) and so they became fixed in her brain. She is much better controlled, well occupied and in good physical health. S.H.P.

Sept. 27 Patient now in Gall. I continuing to improve S.H.P.

Oct. 17 Patient went on trial today - was examined before leaving and found to be in good physical health, free from marks and bruises S.H.P.

Nov. 27 Patient was discharged recovered from trial today. S.H.P.

Discharged

Adelaide Pydoke

from 426 Aug. 7 1888

Patient continues very deluded - has delusions of identity concerning most of the staff - persists that her brother is a certain Dr. B is in the house in the next gallery etc - has the most improbable schemes for the future, being a missionary in central Africa etc - She has been very violent of late & now in No. III S.H.P.

Nov 20. Gallery VI. Delusions persist, patient is suspicious and impulsive. Continues to have attacks of violence at intervals. Bodily health good M.B.B.

1889 Jan 4 Patient was transferred to gallery No. IV at her own request. Is now back in No. V. continues excited & deluded - M.S.B.

Feb 9 Gallery V Wt-gd 1/4 Patient is variable, became very excited a short time ago when in Chapel, scraped up to the gallery, threw her shoes over gallery & was very noisy. States this was a protest against the murder of one of the patients by the nurses. Is just now fairly quiet. M.B.B.

May 10th. Not refused to be weighed. Patient continues to have constant & varied delusions. viz That a murder has been committed in the hospital, that she is related to various patients. She is eccentric in her habits & attire. At times becomes very excited & violent. Physical health is fair. W.S.B.

Aug. 21st. Refused to be weighed. Patient is very eccentric in her habits & attire. Always much wrapped up with a shawl over her head. Smelling is very strong & very unpleasant. Obstinacy has marked many kindred subjects that of from early childhood - suspicions even on her visits. Age has healed over. She continues very deluded - calls everyone nearly by their wrong names - Keeps asking 7.0 for those days - 8.0 is allowed 0.5 for a walk outside 10: Physical health fair. S.B.

Nov. 10th. Refused to be weighed. Patient has been quite quiet lately. She continues very eccentric in her habits & attire. Continues to have many delusions of identity - & many impossible schemes for the future - Physical health appears good.

1910

Feb. 10th. Refused to be weighed. Patient continues very eccentric in her person. Is very deluded. At times is very excited & violent - attacked S.T.O. the other day. Is frequently throwing her hat etc over the wall after them. Physical health fairly good. S.B.

Feb 21st. Suicidal caution. Patient asked for some laudanum saying from a toothache - asked for more which she said in confidence was because Dr Bousfield had said she must take twice as the next few days

May 25th. Refused to be weighed. Patient is excited & process remaining frequently obscene & filthy in her habits - auditory hallucinations very persistent & some incoherence. Has constant & varied delusions. Physical health fair. S.B.

Aug. 17th. Refused. Patient is rather quieter at present - under Sulphonal which she is taking daily. Is up all day. Auditory hallucinations continue very marked. Is very deluded. Physical health fair. S.B.

Dec. 12th. Ht. Nil. 12th. Patient continues to take sulphonal frequently which keeps her fairly quiet otherwise she is very homicidal at times. Continues very deluded has many delusions of identity. Has not been taken her food well (had to be tube fed for a few days, since when she has taken better) fragmentary

1911

March 16th. Ht. Dec. 7th. Patient is rather worse at present. very deluded constantly hearing voices until she makes herself quite worse. Inclined to attack the nurses & other patients. Is not sleeping at all well. Often calling out all night. Physically is very thin & does not take her food well. S.B.

June 12th. Ht. Dec. 7th. Patient is very deluded & somewhat confused - Continues to hear voices constantly. She is restless at night - frequently spends the whole night standing & crouching. Is being tube fed & regularly when improved in health under this. Feet legs often swollen from her constant standing day & night. S.B.

Sept. 12th. Ht. 10th. Patient was taken on food well & has steadily gained weight. Is weak minded & very deluded. Still hears voices - but is no longer impulsive or violent. Very well manage. Frequently asks to be tube fed. Physical health good. S.B.

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May 10th
Wt refused to be weighed.

Patient continues to have constant & varied delusions. eg That a murder has been committed in the hospital; that she is related to various patients. She is eccentric in her habits & attire. At times becomes very excited & violent. Physical health is fair.
M.A.B.

Aug. 21st
Refused to be weighed.

Patient is very eccentric in her habits & attire. Always much wrapped up with shawl on her head. Sometimes is very violent excited & difficult to manage. Has smashed many windows sustaining thereby on four occasions [illegible] on her wrist. Has been treated on account of [illegible] Continues very deluded - calls everyone by titles very named - Keeps asking 7.0 for those days - Wt not allowed up to for a week outside 10: Physical health fair. S.B.

Nov. 10th
Refused to be weighed

Patient has been quite quiet lately. Continues very eccentric in her habits & attire. Continues to have many delusions of identity - & many impossible schemes for the future - Physical health appears good.

1910
Feb. 10th
Refused Wt weighed

Patient continues very eccentric in person. Is very deluded. At times is very excited & violent. Attacked S.T.O. the other day. Is frequently throwing her hat etc over the wall of the yard. Physical health fairly good. S.B.

Feb 21st
Suicidal caution

Patient asked for some laudanum giving for a toothache. asked for more which she said in confidence was because Dr Bousfield had said she must take herself in the next few days

May 25th
Refused to be weighed

Patient is evicted & persecuted & smashing frequently abuses the sister in charge. Has opportunity [illegible] auditory hallucinations very persistent & some incoherence. Has constant & varied delusions. Physical health fair. S.B.

Aug. 17th
Refused

Patient is rather quieter at present - under Sulphonal which she is taking daily. Is up all day. Auditory hallucinations continue very worked & very deluded. Physical health fair. S.B.

Dec. 12th
Wt. Nov. 12th.

Patient continues to take sulphonal frequently which keeps her fairly quiet & tolerable she is very homicidal at times. Continues very deluded has many delusions of identity. Has not been [illegible] for a fortnight time. Has not been taken her food well when [illegible] take food for a few days, suicide when she has taken better

1911
March 16th
Wt. Dec. 7th

Patient is rather worse at present. very deluded continually hearing various voices until she makes herself quite worse. Refused bath like most other patients. Is not sleeping at all well. Often calling out all night. Physically [illegible] very thin & must take her food [illegible] Physical health fair. S.B.

June 12th
Wt. Dec. 7th

Patient is very deluded & somewhat confused - Continues to hear voices continually. She is restless at night frequently [illegible] during the night standing [illegible] - Is being tube fed and regularly when improved in health under this. Feet days often broken from her constant standing day & night. S.B.

Sept. 12th
Wt. 10st 0lb

Patient was taken [illegible] well & has steadily gained weight. Is weak minded & very deluded. Still hears voices - but is no longer impulsive or violent - easy to manage. Frequently asks to be tube fed. Physical health good. S.B.

p. 203.

2967

Edith Grantham.

A/14 June 1916
PD 13 June 1916

36 single no occupation Ch. of England, P.A.
27 Charleville Rd, West Kensington W. First attack, peculiar from early childhood, did nothing drastic, cannot state duration of present attack, as her condition is the result of constant though slow mental deterioration for many years — In course known. Not C.S.D.

First certificate

Hears voices in meeting her through telephone in house (there is no telephone) Is restless frequently smiling, muttering and grimacing especially at meals says she is being poisoned, that someone during the night puts something on her eyes and in the morning she is blind. Is frequently being robbed of things she afterwards finds. Occasionally has violent fits of temper & uses coarse language

(Signed) C. W. Bass
7 June 1916 27 Charleville Rd W

Second certificate

P. S. Wells
7 June 1916 - 215 Portland Rd W Kensington

Previous History (per Dr. Bass)

Has been peculiar since about 15 years of age and getting gradually worse for last 8 years has been living in doctors houses successively and has changed 2-3 times a year. Now has nurse in attendance. Was with Dr. Bass.
She imagines that she hears telephones - believes that she is to be put in a dungeon that she is chloroformed at night & that her food is poisoned

Family History

None of insanity

Condition on admission. A. Physical.

Gall. VII
Ht. 5 ft.
Wt. 8st. 7lb

Patient is a medium aged, well nourished, with weak face, dark hair turning grey, dark eyes, tongue clean, teeth rather carious, had potato rather light.
Heart and lungs present no physical signs of disease - pulse 78, regular in rate & rhythm, volume ample, tension medium
No abnormalities in abdomen.
Catamenia said to be normal.
Urine 1030 - sandy, hazy deposit of urates, no other abnormal constituents.
Pupils equal & regular, react slowly to light & accommodation. Hair skin & tongue normal. The deep reflexes are present, not exaggerated, superficial and organic reflexes healthy.

B. Mental -

Patient is evidently weak minded - smiles, simpers and grimaces constantly and has a habit of emptying ears frequently. She is very polite and genial, converses easily, got tired of living with doctors and others who take notes of her. States that she cannot live at home as they all quarrel so then enumerates the fact that her people are of the best family. Her sisters whom all seem prosperous &c. &c.
She has evident auditory hallucinations as she frequently mutters & talks to some voices.
She states that people have tried to poison her so rob her and injure her.
She takes her food well attends to clean person and sleeps well.

S.M.P.

June 21 Patient constantly sniffs, smiles & grimaces is evidently constantly hearing voices as she is constantly muttering apparently in reply She is inclined to be hypochondriacal. S.H.P.

June 28 There is no mental change S.H.P.

July 5 Patient continues to mutter constantly, is frequently grimacing and sniffing but is fairly well occupied and quite cheerful S.H.P.

July 15 Patient continues as described in last note S.H.P.

29 Aug. Patient continues weak minded - but appears free from auditory hallucinations - well clean & tidy & in good physical health. S.H.P.

27 Sept. There is no mental change. S.H.P.

Dec. 31 At times patient becomes abusive and swears freely and is then somewhat violent - At her best she is weak minded requiring supervision S.H.P.

1907 Feb. 28 Patient continues as described S.H.P.

May 27 Patient continues weak minded - At times is abusive and swears freely - probably has auditory hallucinations Her physical health is good - S.H.P.

Aug. 31 There is no mental or physical change - S.H.P.

Nov. 6 Patient went to Home Villa. S.H.P.

Dec. 18 Returned from Home Villa - in good physical health mentally unchanged - S.H.P.

1908 Feb. 29 Weak minded - At times abusive using very strong language - apparently has auditory hallucinations She occasionally has bilious attacks but otherwise in fair health. S.H.P.

May 12 There is no mental or physical change. S.H.P.

Aug. 7 Continues weak minded, occasionally violent, attacks the other patients frequently uses coarse abusive language - occasionally expresses delusions - the other day that there was a wasp in her mouth - she cannot feel it moving about etc - S.H.P.

Nov 23. There is no change mentally or physically M.S.B.

Dec 22 Patient is suffering from a slight attack of Herpes Zoster. Her mental condition is unchanged, she is weak minded and deluded at times abusive. Bodily health fair. M.S.B.

1909 Feb 9th Patient is just now suffering from bilious attack suffering from headache & constipation. Mentally she is unchanged weak minded, abusive at times. M.S.B.

Mar. 11th Patient continues weak minded and mildly hypochondriacal. Has exalted ideas about herself and has personal appearance. Will remark to the nurses 'How beautiful I would be if I only had fair hair'. Is just now in good physical health. M.S.B.

Gallery III

Aug 21st Pts mental condition is unchanged. Physical health good. S.H.P.

Nov. 10th Patient continues weak minded & somewhat abusive & quarrelsome occupied - Is deluded about herself appearance - Is apt to get bilious occasionally otherwise in good physical health -

1910 Feb. 10 There is no mental change

Gr. Ward 13 Physical health good -

May 25th Patient continues very weak minded - mildly hypochondriacal Has exalted ideas about herself. Physical health good except for occasional bilious attacks. C.B.

Aug. 17 Patient continues weak minded. Occasionally noisy at night & abusive Fairly well occupied Physical health good. C.B.

Dec. 15th Patient is weak minded deluded. At times Gr. Ward 13½ abusive but not violent frequently - Physical health good also has had to many bilious attacks lately. C.B.

1911 March 16 There is no mental change. Physical health good Gr. Ward 8A except for occasional bilious attacks. C.B.

Cont. p. 209.

2968 Eva Edith Butler.

Adm. June 16 1906 — 38 single "Lady by birth" Robertson, The Elms, Bramley, N. Basingstoke. First attack about 2 years ago, age about thirty two — not previous breaks. Supposed cause Vaccination. Not E. tells, inclined to be suicidal, not D.—

Form certificate

She states that she believes her grandfather, mother to be alive, she having been dead nearly a year.

Hears voices speaking to her, when no voices are to be heard.

14 June 1906 Robert Daly

Second cert. corroborates —

Previous history (Hon. Med. Supt.)

Patient is suffering from melancholia. A years ago tried to kill herself with a pair of scissors. She has been blind for 15 years this due to optic atrophy probably syphilis (said to be from vaccination)

Family History None of insanity

Condition on admission 16 June

Path. Exam. HH. 5 N Lim. WH. Ret 60 mg

Patient is a thin ill nourished elderly woman with dark hair, eyes grey-ish, sallow complexion, tongue thickly coated with sordes, teeth very carious, breath very foul — waved with open mouth to show tongue —

Heart and lungs present no physical signs of disease. Pulse 76, regular in rate and rhythm, vessel wall healthy, volume ample tension low —

Urine 1030 reddish brown hazy deposit of urates no albumin, sugar or diacetic acid

Patient states she knows nothing of her monthly periods.

She has blind for 15 years. The pupil is seen in the right eye the iris are uniformly grey — no pupil is visible in the left eye —

The reflexes are present, tendon exaggerated the superficial and organic reflexes healthy —

Bad colon — was much loaded on admission

Patient was inclined to resist physical examination and cried bitterly throughout it

13. Mental.

Patient has wept continuously since admission taken little food and called constantly for her aunt (she was told she was coming to see her aunt) She states that she is so unhappy she can never be happy again and wishes constantly she was dead.

Suicidal condition. This was originally noted

She admits auditory hallucinations and can be heard answering voices.

Saliva dribbles constantly from her mouth and she is occasionally dirty in her habits She does not take her food well and sleeps fairly

June 23 Patient is somewhat less depressed. She kept continuously for three days after admission and would eat nothing but what she wanted to go to her cubicle. She was also troublesome over food occasionally [illegible] in her habits. S.H.P.

June 30 Patient is always wet at night occasionally wet during the day. She is very troublesome over food refusing most of it. Mind is somewhat less depressed S.H.P.

July 7 Patient's habits continue dirty. She does not occupy herself in any way - calls continually for her meals but does not spend the day weeping as on admission. She has required tube feeding once since last note but is now taking her food slightly better S.H.P.

July 14 There is no mental change. Patient is taking her food better and her physical health is fairly good S.H.P.

29 Aug. Patient's habits are still unsatisfactory. She is taking her food better and sleeping well. She is now beginning to occupy herself a little with Braille sheets and is not so depressed - S.H.P.

27 Sept. There is no mental change. Patient is still frequently wet at night - S.H.P.

1907 Jan. 7 Patient is convalescent from mild attack of influenza - during illness she was excited and exacting. S.H.P.

May 27 Patient again in good physical health & fair out of doors and taking her food well. She apparently has frequent auditory hallucinations - She is frequently talkative in her language & can easily feel S.H.P.

Aug. 31 There is no mental change - Patient's physical health is good. S.H.P.

Nov. 30 Patient continues to have delusions of suicide and is at times very foul in her language

She is well occupied crochets rapidly and well. Her physical health is good. S.H.P.

1908 Feb 29 Patient has continued auditory hallucinations and shouts answers to the voices at the top of her voice. Her language is sometimes very filthy. Her physical health is good. S.H.P.

May 12 Patient continues to have constant auditory hallucinations and is frequently very noisy - shouting answers to the "voices". Frequently utters the most objectionable language. Her physical health continues good. S.H.P.

Aug. 7 There is no mental or physical change - S.H.P.

Nov. 11. Is much less depressed - frequently answers freely usually in answer to "voices" - is somewhat cleaner in her habits. Suicidal caution remand yesterday R.C.D.

suicidal caution remand.

Dec 22 Patient is very noisy, using very foul language her physical health is good. M.S.B.

1909 Feb 13 Patient is variable, at times very noisy, Wt. 7st 5½lbs answering 'voices'. Using very foul language. Sometimes other patients object so much that she has to be put sitting in the bathroom till quiet. Bodily health good M.S.B.

May 11th Patient has been fairly quiet of late Wt. 7st 12½lbs has occasional outbursts of noisy excitement evidently when under the influence of auditory hallucinations, during which she uses foul and abusive language. Bodily health is good. M.S.B.

Aug 21st Patient is occasionally noisy & incoherent Wt. 7st. 0½lb. but fairly quiet at present. Uses very bad language. talks to herself & answers voices. Physical health fair but losing weight. S.B.

Nov. 10th Patient has been very noisy & militate latterly Wt. 7st. 1½lb. will be about on Hopeswood or floor. Uses very

June 23 Patient is somewhat less depressed. She kept continuously for three days after admission and would eat nothing but what she wanted to go to her cubicle. She was also troublesome over food & occasionally dirty in her habits. S.H.P.

June 30 Patient is always wet & dirty occasionally wet during the day. She is less troublesome over food refusing most of it. Habit is somewhat less deteriorated S.H.P.

Aug 7 Patient's habits continue dirty. She does not occupy herself in any way - calls constantly for her own but does not spend the day weeping as on admission She has required underfeeding once since last note but is now taking her food slightly better S.H.P.

Aug 14 There is no mental change. Patient is taking her food better and her physical health is fairly good S.H.P.

Aug 29 Patient's habits are still unclean. She is taking her food better and sleeping well. She is now beginning to occupy herself a little with Braille sheets and is not so depressed. S.H.P.

Sept 9 There is no mental change. Patient is still frequently wet at night. S.H.P.

1907 Jan. 7 Patient is convalescent from mild attack of influenza - during illness she was excited & wandering [illegible] S.H.P.

May 27 Patient again in good physical health gaining flesh and taking her food well. She apparently has frequent auditory hallucinations - She is frequently talkative in her language & seems deluded S.H.P.

Aug. 31 There is no mental change - Patient's physical health is good. S.H.P.

Nov 30 Patient continues to have delusions of identity and is at times very foul in her language

She is well-nourished, crochets rapidly and well. Her physical health is good. S.H.P.

1908 Feb 29 Patient has continued auditory hallucinations and shouts answers to the "voices" at the top of her voice. Her language is sometimes very filthy. Her physical health is good. S.H.P.

May 12 Patient continues to have constant auditory hallucinations and is frequently very noisy - shouting answers to the "voices". Frequently utters the most objectionable language. Her physical health continues good. S.H.P.

Aug 7 There is no mental or physical change - S.H.P.

Nov 11. suicidal caution removed. Is much less depressed - frequently answers freely usually in answer to "voices" - is somewhat cleaner in her habits. Suicidal caution removed yesterday R.C.B.

Dec 22 Patient is very noisy, using very foul language her physical health is good. M.S.B.

1909 Feb 13 Wt. 7st 5½lbs. Patient is variable, at times very noisy, answering 'voices'. Using very foul language. Sometimes other patients object so much that she has to be put sitting in the bath room till quiet. Bodily health good. M.S.B.

May 11th Wt. 7st 2½lbs. Patient has been fairly quiet of late has occasional outbursts of noisy excitement evidently when under the influence of auditory hallucinations, during which she uses foul and abusive language. Bodily health is good. M.S.B.

Aug 21st Wt. 7st. 0½. Patient is occasionally noisy & obscene but fairly quiet at present. Uses very bad language. talks to herself & answers voices. Physical health fair but losing weight. S.B.

Nov. 10th Wt. 7st. 1½. Patient has been very noisy & restless lately will be about on her ground or floor. Uses very

R 232.

2969

Anne. King

Adf. June 11 1906
Pd. 13 June 1906

63, married, wife of magistrate Ch. of Eng. Pt. Oddest hours, Rutherglen. First attack - age then 63, not previously treated. Supposed cause overwork in the family. Not P.S.D.

First certificate

She refuses her food - she says that it is impossible to find an end to the house - She says that the nurse places poison in her food -

F. H. Blackford -
Surgeon -

13 June 1906

Second certificate

corroborates

Fred Lee -

17 June 1906

Previous history (per D. Roods)

Duration 2 years - Has been at home with nurse, Generally quite quiet, occasionally resistive and troublesome about food. Said that the nurse wants to throw her out of window. Has clawed nurses several times - Simple, weak minded. Takes quite enough food.
Supposed cause domestic trouble -

Family History

None of insanity

Condition on admission. A. Physical.

Gait ll
Ht. 5 ft. 4½
Wt. 9st. 11½

Patient is a tall, well developed well nourished old woman with med blue eyes, fair complexion. Right has artificial teeth (upper & lower) Tongue yellow, mucous membranes healthy -
The heart presents no physical signs of disease the pulse is 78 Vessel wall - slightly thickened Volume good Tension medium
There is a chronic? nasal catarrh - Asthetic? expiration is somewhat prolonged generally
There is no emphysema
Urine, 1025 light brown, acid, no albumen, sugar, indican? etc.
No abnormalities to be noted in abdomen.
The pupils are equal and regular and react closely to L. A. their illumination and consensually. The deep reflexes are present not exaggerated - The superficial and organic reflexes are healthy -
Both second toes are hammer toes

B. Mental -

Patient requires much supervision in matters of toilet &c. She takes her food well and sleeps well
She states that she has been here for months that she has 6 or 8 children - She is not quite sure of number - that they are all now dead and she is very miserable because of their and her husband's sad fate (he died yesterday according to her) She says that her food has been deliberately poisoned for months, though she does not suffer from poisoning here.

June 23 Patient requires such supervision as would be given to a child. Her memory for recent events is most inaccurate. S.H.P.

June 30 Patient is much depressed but can give no reason for the delusion that misfortunes have overtaken her family - that her husband is dead etc beyond the statement that she knows it. She requires much supervision S.H.P.

July 7 Patient continues as described in last note S.H.P.

" 8 Patient had an epileptic attack last night lasting from 11.30 p.m. to 3 a.m. When seen by the M.O. she was twitching in both arms, marked in the right &c. The eyes were turned up and regarded the tongue was not bitten, nor urine or faeces passed

July 10 Patient sent back to Cell III S.H.P.

" 15 No return of fits. Patient occasionally has bouts of sitting with eyes closed, refusing to pay any attention to what is passing around her, refuses to be spoken about - S.H.P.

Aug. 29 No further epileptic attacks. Patient continues silent and unoccupied, but goes out for meals and sleeps well - S.H.P.

Nov. 13 Patient dismissed - sleeping most of day S.H.P.

Dec 11 There is no change in nasal condition - ulcer of cedarum. On thoracic examination nothing was found to be any hoarseness in character of anterior respiration not prolonged - On the left side of the thorax anteriorly crackles & fine were heard and patient has a morning cough

1910 Jan. 7 Patient is convalescing from mild attack of influenza - still in bed. S.H.P.

Feb. 28 Patient has now quite recovered physically She continues to spend hours silent and apathetic half-dozing in her chair and has to be cared

for like a child - S.H.P.

May 27 There is no mental or physical change S.H.P.

Aug. 31 Patient continues silent and apathetic, occasionally very restless and violent. She spends hours apparently in her room and is quite unoccupied. Her physical health has improved - S.H.P.

Nov. 30 Patient continues very apathetic, dozing most of the day (slipped off her chair two days ago - sustained slight bruise on temple) quite unoccupied. At times she is fiercely resistive and violent. There are no physical signs of disease in the heart. The breath sounds are harsh and bronchial S.H.P.

Dec. 3 Patient has complained of no pain but has been looked ill. On her temperature being taken it was found to be 103° with respirations 35. The lower of both lungs Dr Armand Sturt attended and ordered are found to be dull from angle of scapulae downwards with tubular breathing - Patient sent to Cell III. S.H.P.

Dec 5 Patient's temperature normal at 6 p.m. yesterday rose to 104.8° 7 to night was visited by her husband. Breathing raised from 35-40 per minute - Patient is very resistive throwing her neck over the nurse and refusing medicine S.H.P.

Dec 10 Temperature again normal, breathing 26 no change in physical signs - patient very resistive over food. S.H.P.

R. Brook.

Dec 17 The bases of both lungs still dull with tubular breath sounds - temperature after being practically normal for a week tends to rise again S.H.P.

1911 Jan. 17 Patient still in bed with a swinging temperature. The apices and I.C. regions of both lungs show signs of tuberculous infection and the bases are dull - breath sounds semi-tubular. She is very troublesome over the taking of food. S.H.P.

Feb 29 Patient is now out of bed for a few hours daily and her bed is wheeled on to

2971

Cline Matthews

Adl. 19 June 1906 — 30, married, Ch. of Eng. P.A. Springfields, Hospital first attack, duration about 7 mos. not previously treated. Sc. childbirth. Not E.S.D.

First certificate — She is depressed, miserable without cause. She believes her soul is irretrievably lost and that she is on the road to hell. She was in constant fear of arrest for crimes which she had not committed.

L. A. Tarry
Hon.
4 June 1906

Second — corroborates

H. H. Tayler F.R.C.S.
Hon.
13 June 1906

Previous history (from nurses to D. Smith) — Not nursed the child. Seven months duration. Sleepless excitable deluded. Probably suicidal & refusing food at times.

Family History — Father insane died here (Hatherwyke)

Condition on admission A. Physical.

Gall. ℥ ij. ℥ss. 4 m
Oct. 11 ℥ss ½

Patient is a well developed well nourished woman with dark hair, blue eyes, fair teeth, mucous membrane good colour tongue flabby furred and covered with tooth. Hard palate much arched.

Heart and lungs present no physical signs of disease - pulse 75 regular in rate & rhythm. Vessel wall healthy, tension low.

The abdomen presents many striae - is flaccid with much cutaneous umbilicus.

The nipples are deeply pigmented, the areola forced. Amenorrhoea for seven months (birth of child).

Urine 1026 light brown, acid, no albumin or abnormal constituents.

The pupils are equal & regular & react to L.A.

The deep reflexes are present not exaggerated, the superficial and organic reflexes healthy.

B. Mental.

Patient is in a state of great agitation, rocking to and fro, wailing and sobbing. She is going to hell. That she deserves hell there because she never loved her mother, does not care for her husband or babies and does not mind if she never see them again. She also declares that she is rotting to pieces inside.

She will not admit hallucinations, nor is there any evidence of them.

She is very restless, tossing about her bed or sitting and pacing the room. She has plucked her hair in front and says she has practised a morbid form of masturbation for years.

Her habits are not always clean. She takes her food &

sleeps fairly well –

June 26 Patient is now in Cell III, weeping and wailing as usual but stating that she is convinced she is going to hell that she deserves it etc – She is taking her food better and sleeping fairly well, but shrinks on a light at night as she is so frightened. S.H.P.

Sp. Order 3/8 ag. 2 July 3/8 Patient is improving slightly and is now in Cell III no longer weeps and wails but states that her feelings have not changed & that she knows she is going to hell. She is in better physical health. S.H.P.

July 10 Patient is beginning to occupy herself better has begun playing the piano. She is sleeping much better. S.H.P.

July 17 Patient continues very restless and self absorbed – Quite unreasonable, says she might go home on trial & that she would willingly return next day, cannot see why she is kept here. She has begun restless at night lately. S.H.P.

1 Aug. Patient is very depressed & tearful & has expressed her determination to cut her throat tonight by means of glass from the window pane. Put on Suicidal Caution Sid?

Suicidal Caution raised 1 Aug 06

1 & 4 Nov. Patient's suicidal caution was removed today. She is distinctly improving – is well occupied and no longer restless and does not now express delusions of unfruitfulness. Menstruation is established S.H.P.

24 Nov. Patient was discharged today recovered. She was examined before leaving and found to be in good physical health free from marks and bruises – S.H.P.

Discharged.

Miss Edith Butler (cont.) from 224.

bad language – Talks to herself a great deal after day assumes the voices. Physical health fairly good. S.B.S.

1910 Feb. 10 Mr. Mc. 7/6. Patient has been much more troublesome lately & attacks of excitement are more frequent than she was up anything she has at not taken by mouth has been very bad language. Auditory hallucinations persist. Is losing weight.

May 25th Mr. Mc. 1½/16 Patient continues very troublesome & noisy & violent at times. Uses very destructive Swears foul language Auditory hallucinations persist. Physical health fair. S.B.

Aug. 17th Impossible to weigh. Patient is not quite so noisy at present destructive at times. auditory hallucinations very marked language very foul. Physical health fair S.B.

Dec. 15th Mr. Mc. 1½/16 Patient is fairly quiet at present. Is very much under the influence of auditory hallucinations language very foul & abusive Physical health fair. but is emaciated thin S.B.

1911 March 16th Mr. Mc. 1½/16 Patient has been rather more noisy lately very destructive tearing her clothes up – auditory hallucinations persist unceasingly. Physical health fairly good. S.B.

June 12 15 Sept. 12 No. There is no mental or physical change Patient is fairly quiet at present. auditory hallucinations persist very marked. She continues to have delusions of identity Physical health fair. S.B.

Dec. 16th See p. 64. Patient is very excited at present. Noisy especially at night violent & very destructive tearing everything up. Spends a good deal of time in bed very warm. Physical health fair. S.B.

sleeps fair well –

June 26 Patient is now in Hall IV, weeping and wailing less but thinking that she is consumed. She is sorry to tell that she deserves it etc –

Emmeria Mary Ferrid Amm Ad Lunat Mic. Nov 97 Spec Class 97 a

She is taking her food better and sleeping fairly well, but thinks now a light at night as she is so frightened' S.H.P.

July 3 Patient is improving slightly and is now in Hall III. No longer weeps and wails, but thinks that her feelings have not changed & that she knows she is going to hell. She is in better physical health. S.H.P.

July 10 Patient is beginning to occupy herself better. Has begun playing the piano. She has sleeping well. S.H.P.

July 17 Patient continues very restless and self-absorbed. Quite unreasonable, says she might go home on trial & that she would willingly return when they cannot see why she is kept here. She has begun restless at night lately. S.H.P.

1 Aug. Patient is very depressed & tearful & has expressed her determination to cut her throat tonight by means of glass from the window pane. Put on Suicidal Caution Lev?.

Suicidal Caution ceased 1 Aug 06

4 Nov. Patient's suicidal caution was removed today. She is distinctly improving – is well occupied and no longer restless and does not now express delusions of sinfulness. Menstruation re-established S.H.P.

24 Nov. Patient was discharged today recovered. She was examined before leaving and found to be in good physical health free from marks and bruises – S.H.P.

Discharged.

Miss Edith Butler (cont.) from 224.

bad language – Tells herself a great deal after day assumes the voices Physical health fairly good. S.B.

1910 Feb. 10 Feb. 6th 7/12. Patient has been much more troublesome lately & attacks of excitement are more frequent than she was up any thing she has to eat taken by force. Has used bad language. Auditory hallucinations persist. Is losing weight.

May 25th Wt. 7st. 1½ lbs. Patient continues very troublesome & noisy & violent at times. Uses very destructive bad language Auditory hallucinations persist. Physical health fair. S.B.

Aug. 17th. Impossible to weigh. Patient is not quiet so noisy at present destructive at times. Auditory hallucinations very marked language very foul – physical health fair S.B.

Dec. 15th Wt. 7st. 1½ lbs. Patient is fairly quiet at present & very much under the influence of auditory hallucinations language very foul – abusive Physical health fair – but is evidently thin S.B.

1911 March 16th Wt. Impossible Patient has been rather more noisy lately very destructive tearing her clothes up – Auditory hallucinations persist unceasingly – Physical health fairly good. S.B.

June 12 15 Sept. 12 No change in mental or physical change Patient is fairly quiet at present. Auditory hallucinations persist very marked. She continues to have delusions of identity – Physical health fair. S.B.

Dec 16th See p. 64. Patient is very excited at present. Noisy especially at night violent & destructive tearing everything up. Spends a good deal of time in bed day room. Physical health fair. S.B.

2972

Adm. 28 June 1906
R.O. 19 June 1906

Marriott Annie
6/8 (about) single C. of Eng. P.A. Lucerne
Has been travelling abroad. Attack has probably been coming on some years. Supposed cause Epilepsy. Not V.S.D.

First certificate

She is suffering from delusions. She wanders in her speech and is very restless and incapable of consultation
19 June 1906 R. Hayes. M.R.C.S.
93 Cornwall Gdns S.W.

Second corroborates
F. H. Savage

Rec. History (per D. Hose)

Has always had Epilepsy - fits not frequent
Has been with Rome with a medical all winter.
Stimulants excite her.

Family History

None of insanity

Condition on admission. A. Physical

Hall. Ht. 5ft 4½in
Wt. 10st. 4½

Patient is a fairly well developed woman with iron grey hair, grey eyes, blotched complexion poor health, tongue flabby furred, hard palate much arched mucous membranes pale dry.
She heart presents no physical signs of disease pulse 68, vessel wall slightly thickened tortuous pupils
The breath sounds are clear in character with prolonged expiration in the R.C. & Subclavian regions anteriorly - expiration also prolonged posteriorly
Urine 1026 light brown acid. Many deposit of crystals - & other abnormal constituents

No abnormalities to be noted in abdomen
The pupils are equal & regular & react to L.A. also to convergence. The knee jerks are present not exaggerated
The superficial & organic reflexes healthy.
Patient has very defective vision
B. Mental.

Patient has a vacant stare and is quite incapable of carrying on a connected conversation though she can answer a few simple questions. Her memory is fairly inaccurate — She can tell she spent the winter in Rome but does not remember how long she has been here or why she has come etc. etc. She understands her conversation with Italian words and smiles and grimaces constantly while talking.
She is usually quite unoccupied although well to dress and person but requires supervision will only take certain articles of diet sleeps well

June 27 Patient is vacant chatters constantly mischievously and is quite incapable of connected conversation S.H.S.

July 4 Patient continues fairly well in good physical health mentally vacant and unoccupied. S.H.S.

July 11 There is no mental change — S.H.S.

July 18 Patient continues in good physical health but owing to her defective vision is apt to stumble and requires constant supervision. She is very vacant and incoherent, but occasionally can talk connectedly of her travels in Italy years ago. S.H.S.

27 Sept. There is little mental change. Physically patient has general weakness of the right side and drags the right leg in walking. The grip and coordination generally of the right arm is poor. The reflexes

are not increased on the right side. S.H.P.

12 ~~26~~ Dec. Patient has had increased frequency of micturition lately, every 10-12 times by night. Urine 1006, acid, no albumin sugar etc. - S.H.P.

1907 Feb 28 Patient continues forgetful of time and place constantly saying she will go to-day or to-morrow. Physically, apart from the constant weakness of the right side she is in fair health, goes out freely and taking her food well. The urine is still of low sp. gr. and there is increased frequency of micturition — S.H.P.

May 27 There is no mental change. Patient has been somewhat more feeble of late occasionally a little sick. Chronic nephritis S.H.P.

Aug. 31 Patient's physical health is fair and she is able to go out daily - in spite of some weakness of the right leg. Urine continues of low sp. gr. and there is much increased frequency of micturition. Mentally there is marked impairment of memory for recent events, persons etc. Talking is usually incapable of connected conversation. S.H.P.

Nov. 30 Patient continues in fair health going out daily taking her food well. There is much weakness of the right side and a chronic nephritis. Mentally there is no change. S.H.P.

1908 Feb 29 Patient is still in fair health going out regularly taking food well and sleeping well. There is no change in the condition of the right side and there is chronic interstitial nephritis. Mentally she is unchanged. S.H.P.

May 12 Patient continues in fair health - able to go out regularly - taking food well and sleeping well. There is slight paresis of the right side and a chronic interstitial nephritis. There is no

mental change. S.H.P.

Aug 7 Patient continues in fair physical health with some paresis of the right side but able to go out regularly. She requires help in dressing etc and has her meals served separately. There is chronic interstitial nephritis. S.H.P.

" Nov. 30 Paresis of right side persists, is more marked at times - patient then appears to suffer from some marked mental confusion, and requires constant supervision to prevent her falling - She has recently had such an attack. H.S.S.

1909 Feb 13 Wt 11st 2 lbs Patient is just now fairly well, has a slight attack of rheumatic pains but is recovering. Complained some weeks ago of a rash on her neck which was found to be due to pediculosis capitis and has quite disappeared under treatment. Mentally continues incapable of connected conversation, confused, & requiring constant care & [illegible]

May 11 Wt 11st 4½ lbs Patient continues in fair health - There is no physical or mental change. There is loss of memory and inability to sustain a conversation. Patient is amenable, goes out daily. H.S.B.

Urine May 14 Alb. None Sugar none On May 12 patient was noticed to have increased weakness of right side P.C. knee, ankle are not increased on either side. There is slight ankle clonus on R. side and Babinski's Sign is well marked. Patients sight is very defective - There are marked haemorrhages in both retina.

Aug. 21st Patient remains almost blind, retinal haemorrhages were observed. Weakness of right side recovered a certain extent & patient walks better now though

p 247

2973.

Mary Wain

A. 20 June 1906
D 19 June 1906

57, widow of Porterhead. P.A. 89 Elmfield Terrace Balham S.W. Not first attack, age on first 55 not previously treated. Duration of present attack 3 weeks S.S. fit which caused cerebral haemorrhage Not S. S. Has threatened, when control or restraint has been necessary.

First certificate

She is continuously dirty in her habits passing excreta in bed or on floor, habits perfectly able to use lavatory. Says she feels no pain (I know she has more than she can bear).

Frank Ollie M.D.
H. Balham M.P.

Second

19 June. 1906
corroborates

W. H. B. Stoddart
Bethlem Royal Hospital

19 June. 1906

Prev. History (From S. Ellis)

"She has been peculiar" for a good many years and for some years inclined to take more alcohol than she ought. About a year ago there is a history of a slight cerebral haemorrhage or embolism which left a weakness in R. side - which still can be noticed on examination since then her peculiarities has been more marked. For some months she has had little or no alcohol, for some two months none at all.

Her present mental condition which is practically all I know about her is continuous irritability accusations against all in contact with her which are not true but are so cleverly formulated that they might be true - - -

I have stopped almost entirely her drinking. She is amenable to discipline, conscious of her surroundings but cannot keep up a sensible conversation.

F. H.

No family history of insanity known.

Condition on admission. A. Physical

Pat. VII
HT. 5 ft 4 in
Wt. 8st 13½

Patient is a fairly well developed, well nourished old woman with short dark hair, grey eyes, blotchy complexion numerous membranes fairly healthy - teeth almost all gone - tongue furred, fissured & tremulous - Heart and lungs present no physical signs of disease pulse 70, very feeble vessel wall slightly thickened The colon bacillus coated on admission Urine 1030 light brown - deposit of urates - no other abnormal constituents The pupils are equal and regular - react very sluggishly to light & accd. more rapidly to accn. Knee jerks are absent. No ankle clonus. Superficial reflexes healthy. Some muscular hyperesthesia on the right thigh. Some four-inches above the knee there is a small rounded tumour, fairly movable probably a lipoma - patient says it has been there for years. Patient shows slight loss of power on the R. side mouth drawn to L. less frowning & slight ptosis right Eye.

B. Rendall

Patient has a vacant, dolorous expression and is incapable of sustaining conversation though she can answer a few simple questions in a vague way when she is asked but cannot remember how long she has been here or any recent events.

She is irritable and accuses the patients of trying to disturb her etc. etc. & says she will not sleep in a dormitory.

She requires much supervision over toilet, food etc and her habits

June 27 Patient refused to sleep in a dormitory with so many people - is now sleeping in the hall. She complains that those around are not getting enough food (eats voraciously herself) and tries to keep all on the table to give to the "poor things". She is hypochondriacal alleging that her bowels are obstructed (undresses etc.)

July 3 Patient is now quiet at night - has been dirty at night twice since last visit. She is full of vague sensations ("something moving in the bed at night") and frequently complains that she never gets anything to eat (eats voraciously) that this is November and she is not sufficiently warm clothed etc. etc. S.H.P.

July 10 Patient continues as described in last note. S.H.P.

July 17 Patient continues in good physical health, retains her delusion that she never gets enough to eat and that all around her are starving and insufficiently clad. S.H.P.

29 Aug. There is no change in patient's delusions. She is never fed and all around are starving. She continues in good physical health. S.H.P.

27 Sept. There is no mental or physical change S.H.P.

Jan. 7 1907 Patient is convalescent from mild attack of influenza. Day before attack had a temporary aphasic attack - speech thick and indistinct for some hours - Deep reflexes exaggerated. Babinski reaction to Light elsewhere S.H.P.

Feb. 28 Patient continues very lazy especially at night always complaining of insufficiency of food (eats voraciously) clothing etc. Attempts to get up because it is morning. Half an hour after going to bed. Her physical health is very good. S.H.P.

May 27 There is no mental change. Patient has had a slight bruise of left elbow now almost recovered from. S.H.P.

July 29 Patient is reported to have had a seizure in the evening. Lost consciousness, could not speak on recovery consciousness a few moments later - was very restless and dazed for some hours after. Next morning speech was still indistinct and tongue tremulous - no loss of power in any but general weakness in lower limbs - deep reflexes exaggerated especially on right side - Reaction to light sluggish. S.H.P.

July 30 Aug. 1st Patient rose much in her normal state again, also complaining of being starved yet eating voraciously quite unoccupied, noisy at night and frequently dirty in her habits — Urine contains pus. S.H.P.

Oct. 6 Patient who gradually grew more feeble - was pushed down by one of the patients on the 4th Oct. and sustained a slight scalp wound 3 x ½ cm. which is healing by first intention. The urine is alkaline and contains pus. The bladder was washed out regularly for a week - in August when this was discontinued the patient was so restless that this had to be abandoned and the condition treated by drugs orally. She is constantly incontinent S.H.P.

Nov. 16 Patient had a convulsive seizure today - she slipped off her chair in the morning - was put to bed and died in three hours afterwards - was much convulsed on the left side - face twitching arms jerking with occasional twitching of the left leg the pupils were dilated - the right slightly more so than the left. Patient could not swallow and was articulate with great difficulty. Urine & faeces were passed involuntarily - Ice was applied to

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243

June 27 Patient refused to sleep in a dormitory with so many people - is now sleeping in the Sick. She complains that there around are not getting enough food (eats voraciously herself) and tries to keep all on the table to give to the "poor things". She is hypochondriacal alleging that her bowels are obstructed (undressed &c) S.M.P.

July 3 Patient is now quiet at night - has been violent at night twice since last visit. She is full of hypochondriacal sensations ("something moving in the bed about a fortnight") and frequently complains that she never gets anything to eat (eats voraciously) that this is November and she is not sufficiently warm clothed &c &c - S.M.P.

July 10 Patient continues as described in last note. S.M.P.

July 17 Patient continues in good physical health, retains her delusions that she never gets enough to eat and that all around her are starving and insufficiently clad. S.M.P.

29 Aug. There is no change in patient's delusions. She is never fed and all around are starving. She continues in good physical health. S.M.P.

27 Sept. There is no mental or physical change S.M.P.

Jan. 7 1907 Patient is convalescent from mild attack of influenza - day before attack had a temporary aphasic attack - speech thick and indistinct for some hours - deep reflexes exaggerated - reaction to light sluggish S.M.P.

Feb. 28 Patient continues very noisy especially at night always complaining of insufficiency of food (eats voraciously) clothing &c - struggles to get up because "it is morning" - Lady in Town visited ward to-day - Her physical health is very good. S.M.P.

May 27 There is no mental change. Patient has had a slight bruise of left elbow now almost recovered from. S.M.P.

July 29 Patient is reported by nurse to have had a "seizure" in the evening. Lost consciousness, could not speak on recovery consciousness a few moments later - was very restless and dazed for some hours

July 30 after. Next morning speech was still indistinct and tongue tremulous - no loss of power in any limb general weakness in lower limbs - deep reflexes exaggerated especially on right side - Reaction to light sluggish. S.M.P.

Aug. 1st Patient now much in her normal state again, only complaining of being starved yet eating voraciously & quite well tempered, noisy at night and figments died in her habits — Urine contains pus. S.M.P.

Patient to be weighed 1st and 3rd Sat. each month

Oct. 6 Patient who gradually grew more feeble - was pushed down by one of the patients on the 6th Oct. and sustained a slight scalp wound (3 stitches) which is healing by first intention. The urine is alkaline and contains pus. The bladder was washed out regularly for a week in August when this was discovered but patient was so resistive that this had to be abandoned and the condition treated by drugs only. She is constantly wet. S.M.P.

Nov. 16 Patient had a convulsive seizure to-day - She slipped off her chair in the morning - was put to bed and two or three hours afterwards was found convulsed on the left side - face twitching arms jerking with occasional twitching of the left leg - pupils were dilated - the right less markedly more so than the left. Patient could not swallow and was micturate with great difficulty - Urine & faeces were passed involuntarily - Ice was applied to

240
243.

2974
Ad. 21 June 1906
D.S. 21 Jan 1911
Bramshaw

Alice Marion Margaret Parkey
30, married Protestant. Ad. Northbourne, Cases
First attack - Duration two months age 28½
Not practising Quaker. Supposed cause cruel
treatment by former husband. Ad. E. Has
shown suicidal tendencies. Has limited possibility
of violence

First certificate Patient talks incessantly on one topic. Viz that
her friends have accused her of being an impostor
person frequenting the Empire & other places of low
repute - that some woman was persecuting her
which gave rise to these rumours —
Facts communicated. Has said she intended
to get out of bed & throw herself into the river
S. V. Dickenson M.D.
Sloane St. S.W.
19 May

Second corroborates

Past History

Patient married very young. has had four
children 2 miscarriages - ages 11-7-4-1 years
Has not been strong since last was born

Family History Some known of insanity

Case I
Ad. 5.4.7
Dis. 8.4. ½

Condition on admission - A. Physical
Patient is a tall slight woman with light brown
hair, brown eyes good complexion good health
tongue clean - Mucous membranes good colour.
Hard palate rather arched.
Heart and Lungs present no physical signs
of disease, Pulse 78 regular in rate & rhythm, Vessels
Head healthy, Nervous system —
Cataracta said to be regular —
No abnormalities to be noted in abdomen.
Urine 1025 light amber acid no abnormal constituents
The pupils are equal regular react normally to
L.A. Skin dark. Consciousness - The deep reflexes
are present not exaggerated, superficial &
organic reflexes healthy.

B. Mental
Patient is evidently very emotional, usually clothing
constantly with inward laughter but occasionally
has sobbing fits - Attention and memory are good
She states she has been much worried
lately by family troubles of a most unpleasant
nature but will not discuss them - Say these
troubles are now passing away.
She has more or less constant auditory
hallucinations - appears to be constantly
listening to voices and even at table
stops suddenly in the midst of a conversation
to listen - occasionally answering the voices
She takes her food very badly but sleeps
fairly well

243

June 28 Patient has constant auditory hallucinations – takes her food badly as she is evidently listening to "voices" all the time. She is getting rather sick etc – Apart from the hallucinations she is quiet and fairly well occupied – S.H.P.

July 4 The auditory hallucinations continue and patient occasionally talks quite incoherently – at other times she is fairly rational. She is taking her food slightly better and sleeping well. S.H.P.

July 11 Patient noisy and destructive of clothing &c sent to Infirmary. She has constant auditory hallucinations – S.H.P.

July 18 Patient is frequently answering voices and is at times very excited, alleging wrong being done to her (she will not state of what nature) S.H.P.

29 Aug. 28 Sept. Call I There is no mental or physical change. S.H.P. Patient who is much better controlled with no apparent auditory hallucinations went "on trial" today. She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

1907 April 29 Patient was discharged "recovered" from Leave yesterday. S.H.P.

Duplicate of Petitioner

Discharged

Mrs Wain (240)

She had and clothes all given by mouth (m.o.) and the convulsions gradually abated and were only severe at the arm and leg at right. S.H.P.

Nov. 18 Patient can now articulate fairly well, feeds herself easily, and has no convulsive movements. There is only slight loss of power in the left side

Holloway Sanatorium Hospital,

Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 19th day of June 1906.

I hereby give you Notice, That Mary Wain, a Private Patient, received into this Hospital on the twentieth day of June 1906, died therein on the twentieth day of April 1907.

Signed Geo. W. Smith
Acting Medical Officer.

Dated the 23rd day of April One Thousand nine hundred and eight

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Mary Wain
Sex and age	female 61
Married, single, or widowed	widowed
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	32 Elmfield mansions Balham S.W.
Apparent cause of death	Organic disease of Brain
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 p.m. No unusual circumstances observed No marks or bruises
Duration of disease of which patient died	some years
Names and description of persons present at the death	Miss Gertrude Hilmer Lady Nurse
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 Geo. W. Smith
acting Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Dec. 2 Patient still in bed on semi-fluid diet. can sit up without assistance - is again very noisy when fed (changed ? - is constantly wet) complaining as usual of getting nothing to eat. SHP

Feb. 29 Patient sitting up now for a few hours daily but is very feeble and can do nothing for herself. She is quiet and tidy and very orderly at times retains delusion that she gets nothing to eat SHP

March 9 Patient has now recovered from a slight convulsive seizure on March 4. The Left side of the face and the Left side of the body were concerned and the Left side of the face twitched more or less till March 8. Swallowing was difficult and patient was given March 5 4 Ol Croton M. II with good results. Her speech is still somewhat thick. SHP

April. Patient has remained in a feeble paresed state. this evening at about 6 o'clock showed signs of collapse & no convulsion or other signs of previous seizure - pulse rapidly & died at 8.10 p.m. HW

1975

Alice Charlie

Q.H. 22 June 1906 — 43 single, Congregationalist, P.A. Eastbourne
P.H. 14 June 1906 — Loveface Pardoe Surbiton, First attack about three months - cause not known. Not P.S.D.

First certificate — Patient has a very depressed appearance, does not sleep well - trembles a good deal - says everything has gone wrong - stands when walking and says she is compelled to do so.
E. A. Hall.
15 June 1906 — Surbiton

Second — corroborates -
15 June 1906 — D. Johnston M.B. M.R.C.S.

Prev. history (per S. Smith from cousin) — Mother insane since certified
Father & mother cousins -
Excitable and inclined to be religious
Duration three months - worse for the last two months -
Eating well (loses teeth - bad fit)
Sleeping badly (Chloral gr. xv every night for at least a fortnight) Homeopath -
Haemorrhoids (painful) Fibroid (uterine)
Slight leucorrhoea. Menstruates irregularly works at periods - (Last 3 weeks ago)
Eczema on head -
Said to have floating kidney R.

Family history — Mother insane - twice certified.

Condition on admission A. Physical

Pal. Tr. — Patient is a tall well developed well nourished
Ht. 5ft 3 — woman, with brown hair, turning grey, grey eyes
Wt. 9st 2 — sallow complexion, mucous membranes healthy &
tongue clean, teeth defective (upper & lower
set)
Heart and lungs present no physical signs of
disease. Pulse 76 regular in rate & rhythm
Vessel wall healthy, tension low.
Palpation over mammae & ovaries said
to be very painful but well borne when
patient's attention diverted -
Increased dulness in R. lumbar region - kidney
slightly displaced? not felt floating -
One or two external piles - no internal
adequate examination allowed -
Rectal vaginal examination not allowed
patient yelling loudly when it was attempted.
The R. pupil is larger than left - both react
well to L. A. skin thin consumptive. The
deep reflexes are not exaggerated - there is
no ankle clonus - superficial & organic reflexes
healthy.
A large birthmark is present on left upper
arm.
Urine 1024 acid no abnormal constituents
B. Mental.
Patient is dull & depressed - evidently very
hysterical & hypochondriacal - stands & abdomen
is touched & yelled when "pulse" were examined
If her attention however is diverted she bears
some pressure etc without uneasy. She
trembles constantly when talking, says she cannot
sleep - her head is diseased (not the case) etc. etc.
She says she feels constantly disheveled

when she thinks of sad state of
There are apparently no hallucinations
She takes her food fairly well but sleeps
badly.

June 29 Patient is somewhat better controlled since admission - says she is trying to be less hysterical She has slept well without hypnotics since admission SHP

Aug 5 Patient continues as described in last note SHP

12 Patient is improving, is beginning to take part in outdoor games and is much less hysterical SHP

Aug 19 Patient continues to improve. SHP

29 Aug. Patient is now showing marked improvement is bright, well occupied and feels that she has got over her silly fancies SHP

4 Sept. Patient went on trial Hockey - was examined before leaving and found to be in good physical health, free from marks and bruises SHP

Nov. 9. Patient discharged recovered from trial SHP

Discharged

Morriott Annie cont. Asm p 230.

Aug 21st (cont) voice very hoarse & right side
Is now in Gallery VIII - keeps fairly well
except for slight constipation.
Mentally is very weak minded.
Quite incapable of answering Q.S.

Nov. 10th Patient has been better lately - weakness
of right side is not so marked - & Patient
can get about more easily. Still continues
almost blind. Is very weak minded.

1910 Feb. 10th Patient is very weak minded Seems
Inspirable contented & happy & keeps a great deal of
Curtis. the day - The weakness of right side is not
so marked. Physically keeps fairly well
May 25th There is no mental or physical
Impossible to change S.B.
wish.

Aug 17th Patient sits almost in same chair all day.
Does nothing. Can see very little -
Is very weak minded. Quite contented.
Physical health keeps fairly good. Takes
an unlikely aperient & only a slight diet

Dec. 15th Patient is very weak minded - quite occupied
Wt. 10 st. 7 lb. & happy, contented. She is almost
blind but can see if person passes. Physical
health generally very good & pulse keeps
so that with digitalis & aperients S.B.

1911 March 16th There is no mental change. Physical health
fairly good - she has not had any blood pressure
symptoms lately - S.B.

June 12th Since last July Patient has had a bad stroke
which has left her very helpless - She seems
now neither to see or hear anyone altho' intelligence
has quite gone She had after the stroke an
inflammatory swelling of her left parotid gland
with tenderness & temperature, but this has
all subsided now. She is in bed all the time
was taken no notice of anything sleeping most of
the time

Sept. 12th Patient remains in the same state. Takes
very little notice of anything - Does not seem
to see anything but hears ones voice
Cannot speak - Has had one slight stroke
the month. Marked twitching of left side. not
P. 253 to subsequent paralysis. Sleeps most of the day
takes her food well S.B.

when she thinks of bad state –
There are apparently no hallucinations
She takes her food fairly well but sleeps badly.

June 29 Patient is somewhat better controlled since admission – says she is trying to be less hysterical She has slept without hypnotics since admission SHP

Aug 5– Patient continues as described in last note SHP

" 12 Patient is improving, is beginning to take part in workshop games and is much less hysterical SHP

Aug 19 Patient continues to improve. SHP

" 29/Aug. Patient is now showing marked improvement is bright, well occupied and feels that she has got over her silly fancies SHP

4 Sept. Patient went on trial to-day – was examined before leaving and found to be in good physical health, free from marks and bruises SHP

Nov. 9. Patient discharged recovered from trial SHP

Discharged

Morriott Annie Cert. Asm. p 236.

Aug 21st (1911) Still very drowsy & tight side
Is now in Gallery VIII – sleeps fairly well except for slight constipation.
Mentally is very weak minded.
Aphasic incapable of reasonable conversation. S.B.

Nov. 10th Patient has been better lately – weakness of right side is not so marked – Patient can get about more easily. Still continues almost blind. Is very weak minded.

1910 Feb. 10th Patient is very weak minded Seems contented & happy & sleeps a great deal of the day – The weakness on right side is not so marked. Physically sleeps fairly well

May 25th There is no mental or physical change S.B.

Impossible to write.

Aug 17th Patient sits almost in a chair all day. Does nothing. Can see very little. Is very weak minded. Quite unattended. Physical health keeps fairly good. Takes an aperient nightly & only a light diet

Dec. 15th 1910. Patient is very weak minded – quite occupied but happy & contented. She is almost blind but can see & person passing. Physical health generally very good & pulse keeps so that with the aperients S.B.

1911. March 16th There is no mental change. Physical health fairly good – she has not had any bloodpressure symptoms lately – S.B.

June 12th Since last July Patient has had a bad stroke which has left her very helpless – She seems now neither to see or hear anyone altho' intelligence has quite gone She had after the stroke an inflammatory swelling of her left parotid gland with tenderness & temperature, but this has all subsided now. She is in bed all the time now & takes no notice of anything sleeping most of the time

Sept. 12th Patient remains in the same state. Takes very little notice of anything – Does not seem to see anything but hears ones voice Cannot speak. Has had no stroke lately the month. Much twitching of left side. Not an extensive paralysis. Sleeps most of the day takes her food well S.B.

P 253

2976

Frances Anne Rudge

Ad. 26 June 1906 — 36 — spinster — Ch. of England — R.C. The Elms, Camberley, Surrey. Pt. first attack — age on first 21½ years — Ad previously treated — Present attack has lasted three weeks — cause unknown — Pt S.S.D.

First certificate — The said Frances Anne Rudge is obstinate in her deportment and refuses to answer any questions. Though I am her usual medical attendant she walks about the room pulling & shuffling about small articles on several occasions she has picked up articles from the floor & put them down again. She has at times refused to get out of bed for days.

25 June 1906 — H. E. Rayner — Camberley.

Second — corroborates

25 June 1906 — R. T. Wooldridge — Camberley.

Past History (from nurse to Dr. Smith) — Patient is peculiar about clothes lazy will not wash herself and wastes time in bed. Cloth constantly about herself is obstinate and wilful. She eats badly but sleeps well. Catamenia 28 days 5 days — normal. Since Ad. Pt patient has been dull & stupid can not be induced to occupy herself in any way.

Fam. Hist. — Nephew believed to be insane.

Condition on admission A. Physical

Gall. III — Pt. Sept 12½ — Oct. Oct 12½ — Patient is small woman — rather ill developed (mammae & pubic hair) with dark hair and eyes — sallow blotchy complexion, teeth carious, tongue clean. The heart is slightly enlarged, the apex beat is diffuse and feeble and there is a slight rasp, diastolic murmur in the mitral area — Pulse 78, regular in time & rhythm, vessel wall healthy, tension medium. The lungs present no physical signs of disease. No abnormalities to be noted in abdomen. Catamenia normal. Urine — 822 sharp amber, acid, no abnormal constituents. The pupils are equal and regular & react to L. & convergence. The deep reflexes are present not exaggerated, skin reflexes normal — Organic reflexes healthy.

B. Mental

Patient has a dull vacant expression, requires supervision in all matters of toilet (if left alone will not wash herself or put on her clothes properly) takes her food fairly well and sleeps well. Her personal habits are cleanly. She is usually unoccupied and says she does not like any work of any kind. She can occasionally be induced to keep on such simple occupations as folding pegs &c. When questioned she frequently does not respond or answers by some irrelevant remark such as "There are earwigs in your hand" to the question did she know where she was. Her memory, sense of time and place are very defective. Patient her attention fidgets with her hands & pulling about clothes &c when conversing. No delusions or hallucinations could be ascertained.

Aug 3. — Patient has behaved fairly well since admission but requires supervision. She is untidy in habits and slightly

latter occupied. S.H.P.

July 10 Patient continues fairly amenable but is very lazy cannot be induced to do anything beyond a little reading S.H.P.

July 17 Patient continues as described in last note S.H.P.

July 24 Patient is now in Ward III, quiet, amenable to all regulations but unoccupied walks about in expressionless and unable apparently to originate conversation though answers simple questions correctly now. S.H.P.

29 Aug Patient continues to improve slowly but is vacant in expression and unoccupied except under supervision. She is capable of simple conversation. S.H.P.

24 Sept. Patient is now sleeping in a dormitory instead of a private room and yesterday (Thursday) in consequence of the anticipated change returned to bed, had to be washed and dressed and refused food all day having to be spoon fed.

Today patient is amenable, and regrets yesterday's behaviour saying she thought she had got rid of those feelings — She could give no reason for her desire to stay in bed S.H.P.

Dec. 31 Patient is still resistive and obstinate at times refusing meals occasionally and by stealth S.H.P.

1907 Feb. 25 Patient has been extremely obstinate and resistive lately - has refused food absolutely since the 23rd and been fed thrice by nasal stomach tube. took food by mouth to-day. Since the 23rd patient has been masturbating freely. S.H.P.

May 27 Patient now free from masturbation and no longer resistive but vacant in expression, unoccupied requiring much supervision. S.H.P.

June 24 Patient went "on trial" to-day. was

examined before leaving and found to be in good physical health free from marks and bruises.

Sept. 16 Discharged recovered. S.H.P.

Discharged—

1978

Ord June 28 1906
P.O June 27 1906

Ada Brunson
35 single, C of Eng Pd 24 Charlotte St
Brighton Not first attack - age when 18
Confirmed Insane Holloway Sanatorium March
December 1905 Present attack has lasted three
weeks, cause unknown Not E.S. has attend
her nurse with last pins

First certificate

That she is vacant in her manner, mutters
answers questions after they have been repeated
several times She says I am her sister What day
ten years ago at Cirencester, whereas I am
no relation & I have never seen her before May
1906 She says she has no sisters although
has three brothers living She laughs without
apparent cause.

7 June Annie Harding

Second corroborates

A. Hayes

Prev. History

See Case book XIV Page -
Treated March - December 1905
discharged recovered

Returned as boarder (B. III) Jan - April 1906
Left -

Fam. History

Form of Insanity

Condition on admission A. Ryan

Tall XV.
XV. 5 ft. 3 ins.
Wt. 8st. 3 lbs.

Patient is a fairly well developed woman with
brown hair & grey eyes The mucous membranes are
a good colour, complexion healthy, tongue furred fairly

teeth fair (well stopped)
Heart & Lungs present no physical signs of
disease Pulse 78 regular in rate & rhythm (very
well healthy tension medium
No abnormalities to be noted in abdomen
Catamenia normal
Urine 1020, pale amber acid no abnormal constituents
Pupils very small & equal and regular, react
normally to L. A. Skin - discriminations & consciousness
Knee jerks active Plantar & organic reflexes
healthy.
Small particulars abscesses all over body
most marked on lower extremities

B. Mental.

Patient has a dull vacant expression, sits with
down dropped jaw staring in front of her
responding with a grin to questions and
answering long after they have been repeated
several times and then in monosyllables.
She cannot tell the day of the week - states
that people change - e.g. a nurse whom she
has seen yesterday is not the same to-day
The M.O. has no right to her name as
she has changed it.
She requires much supervision - will
stand naked in her room without attempting
to dress Her habits so far are cleanly
She takes her food well and sleeps well.

July 4 Patient continues very dull and vacant will stand
naked in her room if allowed - says
one of the nurses is a man & that she cannot go
to the lavatory because men are there - S.H.P.

Aug 11 There is no mental or physical change. S.H.P.

Aug 18 Patient still fatuous and incoherent but no longer undressing and capable of a little simple occupation under supervision. S.H.P.

Aug 25 Patient continues as described in last note. S.H.P.

29 Aug. Patient has improved slightly since last note. is less fatuous, and capable of simple occupation — S.H.P.

27 Sept.r Patient is still fatuous, cannot tell day of week and has many delusions chiefly of identity S.H.P.

Oct.r 14 Since an attack of convulsions, patient has shown marked mental improvement and is rated as Cat. I S.H.P.

Oct. 15 Patient went today to Hove Villa. S.H.P.

Dec. 24 Patient went on trial today from Hove Villa. S.H.P.

Dec. 31 Returned to H.V. S.H.P.

1907. 2 April Discharged recovered - remain at Hove Villa as a Vol. Boarder. S.H.P.

See V. B. Case Book III. f. 267.

Discharged

Marriott Annie cont. from p. 248.

Dec. 16th. Patient has not had a stroke since last entry. She lies in bed weak, all the time taking no notice of anything, hardly appears to recognise.

1912. Feb. 2nd. Pt. has been well except for 24 hours 2/3 Pt. had an epileptic attack this morning, lasting 2 hours, slight general convulsions, constant twitching of head & eyelids, bit lip slightly, head turned towards

56

high.

3

ow

15

milk

es.

3

but

Holloway Sanatorium Hospital,

Virginia Water

(247)

NOTICE OF DEATH

Date of Reception Order, the 19th day of June 1906.

I hereby give you Notice, That Annie Marriott a Private Patient, received into this Hospital on the twenty-first day of June 1906 1890, died therein on the thirteenth day of February 1912 1900.

Signed W. O. Moore
Medical Officer.

Dated the 13th day of February One Thousand nine hundred and twelve.

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Annie Marriott
Sex and age	female 73
Married, single, or widowed	single
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	no fixed residence, was travelling
Apparent cause of death	Exhaustion from Epilepsy
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	2.15 a.m. No unusual circumstances. No marks or bruises.
Duration of disease of which patient died	many years
Names and description of persons present at the death	Miss Florence E. Palmer. Lady Nurse
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. O. Moore
Medical Officer.

Lunacy R. 21. (1757 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Feb. 3rd.

Feb. 4th

Feb. 5th

Feb. 6th 7th 8th

Feb. 9th

Feb. 10th

Feb. 13th

Feb. 3rd. left side all the time. Pulse good throughout, but temp. high. 2 more slight attacks in morning only lasting a few minutes, no general convulsions, but twitching of face, about 3 3 during night.

DISEASE.

Notes of Case.

Name Mrs A. Morris

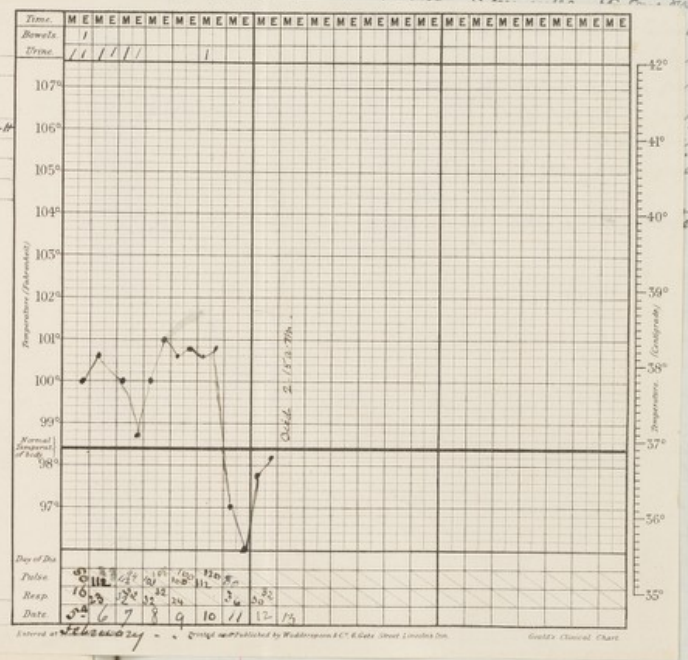
Age

Diet

Case Book N°

Date of admission

Result



Entered at February

Printed and Published by Waddington & Co. 6 Gate Street Lincolns Inn.

Gould's Clinical Chart.

left side all the time. Pulse good throughout, but tension high.

Feb. 3rd. 2 more slight attacks in morning only lasting a few minutes, no general convulsions, but twitching of face. about 3 3 during night.

Feb. 4th Attacks about every 5 minutes. Pt. can swallow & is taking a little milk, pulse strong. Calomel gr iv

Feb. 5th Over 200 attacks during night, not taking milk so well, a good deal of mucus in air passages.

Feb. 6th 7th 8th Attacks continue, with only about 2 minutes interval, sometimes slight general convulsions, sometimes only twitching of face. pulse quicker & weaker

Feb. 9th Pulse 100 & decidedly weaker.

Feb. 10th Convulsions continue, pt. takes a little water, but no other nourishment.

Feb. 13th Died at 2-15 A.M. this morning.

Died.

2979
Rec'd June 30 1906
I.O June 30 1906

Elizabeth Anne Marsden -
48 ~~Widow~~, no occupation, Ch of Eng. Pt. 157a
Tetherd Rd South Norwood S - Just attack
about ten years ago Treated at St Anns Heath
Virginia Water, ~~Thetford~~ Duration of present attack 7-8
weeks Ppc. sudden shock on death of her husband
Not S.S.D -

Lund certificate — Marked alteration of manner - Home long
let for several years - Severe mental depression
Melancholia -

S. Wake
Croydon

28 June 1906

Second — corroborates

Prev. History — See B. III Page 141
Treated July 26 - 1904 — Nov 3 - 1904
Dec 1 - 1904 — June 23 1905 -

Family History — Brother insane

Condition on admission 1. Physical

Tall. VIII
Wt. 5 st 2½
Ht. 5 st 4

Patient is fairly well developed but poorly
nourished. Hair is brown turning grey, eyes
brown, complexion sallow - mucous membranes
fair colour - teeth defective / has upper & lower
plates.
Pt heard presents no physical signs of disease
pulse 78 regular in rate & rhythm, vessel wall
hard, tension medium
The supra clavicular regions are rather hollow. The
chest moves fairly well right side lagging somewhat
There is dulness at right apex & infra clav. region
with slight dulness at left apex and the heart
sounds audible are blowing in character, whose
expiration is prolonged - bronchial the right apex
dull and expiration is prolonged -
No abnormalities to be noted in abdomen -
Menopause a years & a half ago
Urine 1025 acid, dark amber no abnormal constituents
The pupils are equal & regular & react to light
skin - elimination & conversation -
The deep reflexes are present. Not exaggerated
superficial & organic reflexes healthy.
There is a group of superficial varicose veins
on outer surface of left leg -

B. Mental.

Patient is in a state of mixed depression
says tearfully she has no heart or energy to
do anything can take interest in nothing
and feels very miserable though she knows
there is no adequate cause for her misery
and she hopes to recover from it here -
Attention audience & time & place
memory are good -
She attends to dress & person - is taking
food poorly and sleeping only fairly well -

July 7 — Patient continues much depressed, helped at night
Dr Smith off duty — worrying the other ladies with complaints of her
ailments and fancied ill-treatment. S.H.P.
July 12 — Patient continues as described in last note. S.H.P.
July 19 — Patient is improving slightly beginning to take
interest in work and out door games and less
hypochondriacal. S.H.P.
July 26 — Continues to slowly improve. S.H.P.

29 Aug. Patient is improving slowly, but is still nervous and slightly hypochondriacal S.M.P.

27 Sept. Patient continues to improve – says she has now got rid of her feelings of depression S.M.P.

Dec. 11 Patient went on trial to-day recovered. She was examined before leaving and found to be free from marks and bruises and apart from a slight impurity of the first sound in the mitral area of the heart in good physical health. S.M.P.

~~Discharged~~

1907 Jan. 5 Patient returned from trial to-day much excited and irrational in conduct. S.M.P.

Feb. 28 Patient is now much quieter, but is still somewhat restless and rarely disturbed S.M.P.

May 27 Patient continues to improve slowly mentally as in good physical health. S.M.P.

June 25 Patient was discharged to-day "recovered" S.M.P.

Discharged.

1918

Wm. Ann Davie

continued from page 270

Sept. 23rd. There is no definite change in mental condition – pt. is irritable & jealous, but has not been extremely depressed of late. Her physical health is good & she occupies herself usefully. E.M.J.

Continued in Suppl. Book B.

2980

Ethel Georgiana Pocock.

Adj June 30-1906 38 Single no occupation. Ch of Eng. Pt
Pd June 28 1906 Forest Farm, Lambridge. Lunatic Pauper age 38 - Not practising Treated - duration of present attack about 3 weeks, supposed cause worry Not dangerous suicidal

Lunacy certificate

Patient is very morose and uncommunicative She said God commanded her to be mesmerised so that everything was wrong with her that I was conducting a plot against her. She said she never sees the day light when she spends the day in the garden. Her vision is excellent
Communicates - Has attempted to throw herself out of the window has asked for nurse for a few weeks to stop her

W. H. Dunn
Lambridge Wells
28 June 1906

Second corroborates

S. F. Pardington
Lambridge Wells.

Prev. History from sister & Lady Attendant

Patient is one of a family of seven - one child died in infancy - the others live and healthy and all light sleepers.
Her father died of Bright's disease 6 years ago he was bedridden & blind for two years before he died and patient was in charge of him Her mother died the result of an accident Both her breasts were removed for cancer three years before Patient developed Lupus vulgaris disease in left leg at age of seven - Had been operated & was in splints etc confined to bed for 5-6 years - then walked with crutches now with an O'Connor boot.

From age of 12-18 she was in Canada - healthy open air life. used to swim & take exercising part. Catamenia normal -
Since then London - first with father then with sister Lena Ashwell. Has been deeply interested in her sisters work & much worried financially over it frequently
The last two years mental symptoms have been threatening She has been irritable at times. This spring sister produced an unsuccessful play which worried her greatly. On May patient became ill and she was quite mad & her conduct was then eccentric Doctor was consulted & she was sent to country - by May went to nursing home - seen then by Dr Savage Towards the end of May was removed from Nursing Home to Tunbridge where she had four nurses She has had one violent attack any week since then - an interval is sulky & morose refusing food -
She has threatened suicide in various ways, attempted to throw herself out of window took matches to eat - has a knife - was kept badly Varnish & razor
Patient is very active - paints well - plays violin
Physically she has frequent attacks of Urticaria and is rheumatic

Fam. History

No history of insanity - brothers and sisters said to be very light sleepers.

Condition on admission & Physical.

Full I
Rft. not examined
Lft. 11 St. 3.

Patient declined examination and was violent throughout struggling with the nurses hands and striking the medical officer
She is a short very stout woman with Lupus found disease of the left lower extremity the left leg being 3-4 inches shorter than the right.

Her hair is brown turning grey. Her eyes Hazel
Her complexion sallow - tongue furred, teeth (as seen) fairly good.
The heart and lungs present no physical signs of disease. Pulse 72, regular in rate and rhythm. Tension low - vessel wall healthy -
No abnormalities to be noted in abdomen
Catamenia said to be normal.
Patient has a scar over the left acetabulum, the result of former hip disease. The left leg is considerably wasted and some 3-4 in shorter than the other - Movement at the hip joint could not be ascertained owing to patients resistiveness.
There is also a right sided lateral curvature of the dorsal region
Urine. 1024, acid, light brown no abnormal constituents
The pupils are equal & regular & react well to L. H. The knee jerks could not be obtained
There was no ankle clonus
Patient means fairly well

B. Mental.

Patient was very resistive during physical examination tried to bite the nurses strike the A.M.O. etc. The night after admission she frequently tried to get to the windows and fought fiercely with the nurses who were trying to keep her in bed
Her expression is dull and depressed she is quite unoccupied - Her habits are cleanly
She resists determinedly every request. Refuses to go out - When out refuses to come in etc
She would answer no questions and say nothing but that all here were fiends, silly

Suicidal caution

fools etc.
She takes her food badly and is very restless at night.

Aug 7 Patient is somewhat quieter, but still resistive does not resist strangers doors and is quite unoccupied. She says the nurses are real men, also the A.M.O. and repeats that she is on the men's side of the building. She is getting Veronal in decreasing doses (now 9 V) and is sleeping better. B.P.

Aug 12 Patient is at times very resistive smashed two panes of glass in door lately when struggling. She constantly hears the sounds of knives being sharpened, or of instruments being prepared to torture people and sounds coming for keep. Sometimes screaming for hours at night. Veronal has been increased to 10 gr. nightly - B.P.

Aug 19 Patient has had two very restless nights since last note requiring two nurses to keep her in bed as she resists the noises of knives in torture she is frequently resistive and violent during the day & night throwing her bedding & night over her dresser and tidy them - but is fairly amenable to dr. and always expresses deep contrition for her previous behaviour B.P.

Aug 26 Has hallucinations of hearing & believes that she & her brother & sisters she is to be tortured. Is resistive & violent & sleepless. B.P.

14 Aug. Patient has had to be fed by tube as she refused all food. Has had auditory & other hallucinations saying that she was in an airship & balloon and was going to fall off. B.P.

27 Aug. Patient is eating well & now dresses herself & goes out in the airing courts. She sleeps well. She

is, however, very confused and cannot converse or occupy her time. S.S.P.

27 Sept. 8 Patient who is still very depressed, says everything is wrong, that she is very wicked & is now beginning to occupy herself a little with sewing. She is taking food & sleeping well. S.H.P.

Oct. 14 Patient is now in Hall III. slightly less depressed but still saying that everything is wrong. She is taking food & sleeping well. S.H.P.

1917 Jan. 7 Patient is now convalescent from a mild attack of influenza. She is still very depressed & keeps much on sofas. Covers her head up & stopping her ears - muttering "I am all wrong - all wrong" She is sleeping well and taking her food fairly well. S.H.P.

Feb. 28 Patient continues depressed - spends her time with fingers in ears and head bent, as much as possible constantly asks if she may go home, seeming to be "all right" if only allowed home - is quite unoccupied - refuses to sew, read - or learn in any way. Her physical health is very fair. S.H.P.

May 27 Patient still spends day apart from the others with head bent and fingers in ears (if not prevented) very depressed - quite unoccupied - Her physical health is fair. S.H.P.

Aug. 21 Patient does well occupied & quiet and very slightly depressed - Extended Leave with Friends from Aug. 31 S.H.P.

Patient showing marked mental improvement well occupied & cheerful, but reserved and inclined to keep apart from others. Her physical health is good. S.H.P.

Oct. 1 "Patient went on trial today." S.H.P.

Dec. 16 Discharged from trial "relieved & slightly sane." S.H.P.

Discharged"

Miss Ruth Bristow

Continued from page 322

1916 Feb. 17th Demented, writes very incoherent letters, is unsociable & solitary, hears "voices", General health good. E.m.J.

May 25th Demented, suffers from delusions of persecution & is very unsociable, seldom occupies herself a little with needlework, but accomplishes little. General health quite good. E.m.J.

Aug. 1st Demented & unsociable, has vague delusions of persecution. General health good, E.m.J.

Sept. 1st Went to Bournemouth to-day. E.m.J.

Continued in Book Suppl. B.

2981

Emma Briggs

Ad 2 Aug 1906
D 2 Aug 1906

67 - widow of no occupation, Ch of Eng. P.A. Asylum House Crowborough Sussex. First attack. Age on first 66 - Not previously known. Present attack has lasted 8 months supposed cause, domestic anxiety - Not S.S.D.

First certificate

Extreme extravagance, conversation incoherent, indicating profound depression - marked delusions of very great variety. T.S. Bromide has been administered to her for the purpose of altering the colour of her face new spots were printed in a special way to prevent her seeing news of the outside world. She had caused the death of a daughter by allowing her to enter a fiery furnace. She intended to cause her entry into this furnace (on the night of my intercourse with her)

J.C. H. Homes
Asylum
2 Aug 1906

Second corroborates

J. V. Griffin

Previous history

Family history None of insanity

Condition on admission A. Physical

Pallor III. Patient is a tall stout old woman with dark hair turning grey, blue eyes, very light colour, teeth very defective tongue furred, mucous membranes healthy.

The heart is slightly enlarged - there are no murmurs but the sounds are rather feeble (chest very well covered)

Pulse 78 regular in rate & rhythm, vessel walls slightly thickened, tension rather high -

The lungs present no physical signs of disease.

No abnormalities to be noted in abdomen

Colon loaded on admission

Urine 1024 very dark and deposit of urates, no other abnormal constituents.

There is a marked ataxic senility in both upper extremities are equally regular & react clearly to L. & A. & consensually. The knee jerks were present but slight. There was no ankle clonus nor plantar extension -

Patient is presbyopic & wears glasses -

B. Mental -

Patient has an excited expression and is very restless pacing about the room both by day and night.

She is too excited to attend to dress or person her habits are cleanly. She is very troublesome over food, refusing it as her stomach can contain no more.

She has many delusions - that above cities regarding food, that her daughters are to be burned in the furnaces at Crowborough, that they are very miserable - that she herself and no one else can prevent their death.

She is very restless, on at night, constantly getting out of bed and rushing to the door that she may go to her daughters -

July 7 Patient, who had been very restless and excited since admission, rushing to the door at night (in spite of hypnotics - Veronal gr X) that she might go to her daughters and had been refusing food - was fed (stomach tube) twice on the 6th and had left stomach washed out.

This morning she was still very excited and refused all food. She was accordingly fed by stomach tube at 2·30 p.m. (three nurses holding her) and took the first half of the feed quietly. Then she began to struggle and regurgitate food and became suddenly cyanosed as the tube was being withdrawn owing to her struggles (feed unfinished) As the tube was being withdrawn the gag slipped & patient's teeth closed over the tube necessitating slight delay (30 secs) while her mouth was reopened. By this time she was quite collapsed. She was at once laid on the floor, mouth emptied and artificial respiration began. She gasped once, then ceased momentarily and again became deeply cyanosed. Artificial respiration was kept up three hours, three hypodermic injections of Strych. & Digitalin (½60 Strych. Sulph. ½33 at suitable intervals, an enema of brandy & Liquid at once and later a saline rectal infusion, but with no result. S.H.P.

Died—

Holloway Sanatorium Hospital,

Virginia Water

6871

NOTICE OF DEATH

Date of Reception Order, the 3rd day of July 1906.

I hereby give you Notice, That Emma Briggs a Private Patient, received into this Hospital on the second day of July 1906, died therein on the seventh day of July 1906.

Signed W. D. Moore. Medical Officer.

Dated the ~~ninth~~ day of July 1906 One Thousand

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Emma Briggs
Sex and age	female 67
Married, single, or widowed	widowed
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	Malthing House, Crowborough, Sussex
Apparent cause of death	(1) Syncope (2) Fatty heart.
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	2·40 p.m. See letters to Coroner. No marks or bruises.
Duration of disease of which patient died	uncertain
Names and description of persons present at the death	Dr Sheila M. Ross
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.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Mrs. Ann Davie.

continued from page 274.

1916
Nov. 3rd cont'd. Has complained of feeling confused, unable to do anything & says she can never be any better. Wanders about with dishevelled hair & expression of misery. Has been taking Liq. Mecon. & shows some improvement now. Sometimes smiles & is able to serv. General health fair. E.M.J.

1917. Feb. 12. Patient has been in bed in No. 8. for 2 days with bronchitis. Numerous rhonchi are to be heard over both lungs & there is frequent cough. Pulse is strong & regular & heart sounds satisfactory. She is inhaling Tr. Benz. Co. & taking Sennet Squill etc. etc. Mentally, she has continued depressed since last note, though somewhat improving, is restless & talkative at night, requiring Sedatives. E.M.J.

July 4th Physical exam: Pulse 88. weak, fair tension, regular. vessel wall a little hard. Heart sounds feeble. Pat. has varicose veins. Nothing abnormal was discovered in thelungs or in the Abdomen. Superficial & deep reflexes active.
Well occupied, depressed at times & occasionally requires sedative. E.M.J.

Oct. 24th Was very much depressed after last note, & for some time slept badly, improved with Liq. Mecon. but has shewn some tendency to be restless & depressed again the last few days, General health fair. E.M.J. Has a slight cough. E.M.J.

1918. Jan. 14th Less depressed & sleeping better of late. Irritable with other patients. General health fair. E.M.J.

April 9th Sleeping well, occupies herself usefully, had a slight cold, but has otherwise been in good health. E.M.J.

Continued on page 259.

2984

Ad. Aug 10 1906
RO - 9 1906

Mary Simmonds
57y married Ch. of Eng. P.A. Broome Hills Farnham, First attack, Duration 20 days not previously treated Supposed cause - overwork in nursing husband
Not. S. influencing violent at times - not suicidal

First certificate

She told me that she was 40 years of age and had been married for 30 years
H. Y. Roland
Farnham
9 Aug 1906 -

Second

corroborates and adds that she refuses her food as Jesus is in it
J. Hussey M.D
Farnham

Past. History (Per D. Smith)

Cheerful temperament. Excitable. No hereditary Alcoholic excesses at times. Rheumatic
Troublesome cough - Has been nursing husband 2 yrs
Peculiar for three months. Has been rude to friends
Development of delusions sudden.

Family History

None of Insanity

Pall. V
Ht. 5ft 1in.
Wt. 6st. 4lb.

Condition on admission. Physical
Patient is a small woman very badly nourished with grey hair, blue eyes, thin sharp features teeth bad defective (upper almost all gone) tongue clean hard palate broad.
The head is not enlarged and presents no physical signs of disease.
The breath sounds anterior and nasal expiration, but the breathing is bronchial in type. Posterior the breath sounds are veiny

Urine 1024 acid Light brown Dep. of urates no albumen Sugar
The pupils are equal and regular and react to L. & convergently. The deep reflexes are poorly marked skin & superficial reflexes present.
No abnormalities to be noted in abdomen

B. Hunter.

Patient lay in bed crying hymn, shouting aloud at intervals because she was "so terrified."
She resisted physical examination striking the nurse and doctor and trying to spit in their faces.
Her conversation was quite incoherent and she cared only answer the simplest questions tell her name etc - but anything interesting any effort of memory was not attempted. She knew where she was and that she had been ill -
She stated that Jesus was not in this place and that she must get out of it at once to find Him.
No Hallucinations could be elicited (but has stated formerly she sees devils grinning at her)
Her sparrow was neglected. She has refused food since admission and has been fed by stomach tube thence since admission

Aug 7 Patient is now taking food well and sleeping well. She is being kept in bed as she requires rest and feeding up. She retains her religious delusions - that Jesus is coming to visit her - says he has sent her a letter
Aug 24 Patient is now out of bed but still excitable frequently shouting & singing for hours. S.M.O.

1906. 31 Aug. Maniacal, noisy, deluded & incoherent. Has occasionally to be fed by tube. Stephen Ward.

7 Aug. No improvement - patient is noisy & deluded & restless at night. Stephen Ward.

27 Sept. There is no mental improvement - patient is noisy, very deluded, noisy and restless - does very little. S.M.J.

Oct. 14 Patient still excited - frequently strips herself naked, destructive and very noisy. She is taking food well. S.M.J.

1907 Feb. 28 Patient can now mingle more freely with the other patients as she no longer strips herself naked - is less destructive. She is still noisy, untidy and quite incoherent, constantly grimacing and gesticulating. She is gaining weight and is in better physical health. S.M.J.

May 27 Patient continues as described in last note. S.M.J.

Aug. 31 Patient noisy, chattering, with disorders of dress, cannot be induced to dress herself, is restless and mischievous — Physical health improving. S.M.J.

Oct. 22 Patient was discharged today "not improved" going to Peckham House. She was examined and except for marks on knuckles where patient picks her skin found to be free from marks and bruises and to show no signs of physical disease. S.M.J.

Discharged.

Lucy Ann Davie aged 65,

continued from page 278.

1905. Feb. 27th Pt. has had a rather bad cold, but had no rise of T° only slight cough, has recovered well. She is weakminded, inclined to depreciate herself & anything she does, at times very irritable.

annoying other patients, though not violently abusive. Constantly usefully occupied. S.M.J.

May 31st Has had slight eczema on forehead & temples, & has been taking arsenic etc. Is in quite good physical health, mentally, is weakminded, very irritable, annoying & abusive towards other patients, occupies herself usefully with needlework. E.M.J.

Aug. 14th The eczema has somewhat improved, general health is good, patient is jealous, irritable, persistently abusive & annoying towards others. E.M.J.

Dec. 12th The eczema has almost cleared up, on forehead, but persists a little on temples, and general health is good, pt. has had no severe colds of late. She is usefully occupied, is quarrelsome, irritating & unfriendly towards other patients. E.M.J.

1906 Feb. 17th Has had some dyspepsia, but this has improved with Bismuth etc. General health is otherwise good, is well occupied, but weak minded, irritable and abusive. E.M.J.

May 25th Has not been quite so quarrelsome of late, & is fairly cheerful. Constantly occupied. General health good. E.M.J.

Aug. 1st Has suffered a little from dyspepsia, but has been relieved by Gentian, soda etc. Is constantly well occupied, has worked in the garden as well as at sewing. There was a slight return of eczema on the forehead, but this is improving. E.M.J.

Nov. 3rd For some weeks past, patient has been extremely depressed, crying, often unable to occupy herself & sleeping badly. E.M.J.

Has occasional attacks of irritative

Continued on page 270.

2785
Adm. Aug 12 1906
P.O. June 5 1906
Transfer —

Foreign Army Bayerthal —
40, married Domestic Servant C. of Eng. Prot. 18 Parkhill Avenue Folkestone — First attack about 8 weeks. Supposed cause Menopause
Not T.S.D —

Evid. ext.

Complains of gums going off in the bone says she is at times so frightened that she has to get out of the house, but cannot say what frightens her:
keeps on repeating same things — saying she feels the nurses will leave her & begging them to promise to stay.

P. Lewis
Folkestone

5 June 1906

Lesions

corroborates —

Rec. History (from Lieut. to F. Smith)

Cheerful. Happy. No hobbies except Society, Parish and children. Be dried three and a half years ago — Three years ago took to sleeping drugs (Heavy drug & alcohol —
One year ago husband lost money. She took more to drugs and alcohol and the deterioration in means affected her much.
Menstruation started late and has shown tendency for last three years to diminish.
Has always been timid & parriwake and unable to make up her mind.

Family History

None of insanity —

Condition on admission A. Physical

Coll. II
Pt. 3
Oct. 88

Patient is a tall thin woman with brown hair and blue eyes, sallow complexion, teeth defective above tongue fairly clean, mucous membrane healthy, hard palate broad.
The thyroid gland is slightly enlarged both lobes (neck measurement 14½). Otherwise are no physical signs of exophthalmic goitre. Heart and lungs present no physical signs of disease. Pulse 88, regular in rate & rhythm, vessel walls healthy, tension medium.
Cutaneous as described in Prussian hitch no abnormalities to be noted in abdomen. The pupils are equal and regular and react to L.A. The deep reflexes were ascertained with difficulty — they were not exaggerated — no ankle clonus nor plantar extension

B. Mental —

Patient is restless and excited, is constantly rushing to the door because she is so frightened — or that she may find a nurse who will never leave her. She is intensely terrified and struggles fiercely to prevent someone from the nurses to keep her from rushing through an opened door.
She will not state why she is "frightened" but says that the nurses change & even while she is looking at them.
She has auditory hallucinations, hearing sounds which frighten her.
She repeats the same statement over and over again and can rarely be induced to give an answer to a question

She is restless at night and takes her food badly, being too excited to eat —

Dec 19 Patient has been restless since admission
Reg Supt 23rd wishing to every opened door that she may
Dec 19th find her nurse (even if her nurse is in the
88 room) & took four minutes 25 minutes
the right to bring her back to her bedroom
which she had left when looked at by the
night nurse. She is quite reasoned. S.M.P.

Aug 26 She is more coherent & talks cheerfully about herself & her desire to go home to her husband & child. She is quite lacking in self control & is childish & unreasonable. Sleeps fairly well & eats well but does not employ her time at all. S.M.P.

2 Aug Weak minded irresponsible & unreasonable, cannot talk about anything but herself and her wish to go home. She expresses a wish to have an interview upon very important matters which turn out to be mere trivialities somewhat incoherently expressed. Sleeping & eating well. S.M.P.

9 Aug. Continues in the same childish egotistic restless state cannot converse on any topic but herself. Eats & sleeps well. S.M.P.

1 Sept. Patient has distinctly improved is now well occupied and quiet though at best weak minded and childish. S.M.P.

15 Sept. Patient was discharged today "recovered". She was examined before leaving and found to be in good physical health (apart from a slight enlargement of the thyroid gland) though thin and free from marks and bruises. S.M.P.

Discharged

Mrs Annie Davie (continued from p. 346.)

1913. March 15th outbreaks of anger from time to time, when she quarrels with other patients. Has mild ideas of unworthiness. General health quite good, but suffers from cough in the morning. E.m.j.

June 30th Constantly occupied & rather more cheerful. Physical health good. E.m.j.

Sept. 22nd Rather irritable at times & quarrels with other patients, but well occupied. Physical health good. E.m.j.

Dec. 31st. Has suffered from cold & cough lately, but is relieved by Mist. Senեg. Co. has been less inclined to quarrel, somewhat depressed, but constantly occupied. E.m.j.

1914. March 18th Mildly depressed, but well occupied, rather inclined to quarrel with other patients. Ran a needle deep into her (middle finger, R. hand.) finger nail. It snapped off & caused a good deal of pain in extraction, but the wound healed well. General health quite good. E.m.j.

May 31st. Often quarrelsome & bad tempered, inclined to have grievances, somewhat depressed but usefully occupied. General health fair. Had a slight attack of diarrhoea, but recovered quickly. E.m.j.

Aug. 31st. There is no mental change. Physical health is fair & pt. is constantly well occupied. E.m.j.

Nov. 24th Suffers from delusions of persecution & is somewhat depressed at times, occupies herself with needlework, which she does very well. General health good. E.m.j.

continued on page 273.

Margaret Emily Agnes Legge

Adm 25 July 1906 — 39 London, admitted Ch. of Englishm PA.180
Dis. 24 July 1906 — Ethn. E.S. Age on former attack 38. previous
attacked at Otto House West Kensington Hill
- 6 - Present attack has lasted 3 days
Supposed cause Illness and death of husband
Not S. has not attempted suicide Not D.

First exd. — She is mildly excited, restless, continually talking
cannot sleep. She says gets quickly confused as
to places, people and numbers forgetful.
C. P. Harrison
Chelsea
24 July 1906

Second — corroborates and adds "She said she
planned the plan to die a soldier's death"
P. Percy Smith
24 July 1906

Pers. History — A cheerful excitable woman of artistic
temperament, accomplished & "clever" - fairly
successful actress.
Last Nov. her husband was taken to Chiswick
House & died 5 wks afterwards from the effects of
an attempt to kill himself by putting a poker down
his throat. Patient had an attack of acute mania
last Dec. Went to Otto House - was discharged in
March but has been unstable since. Very erotic
Suffers from dysmenorrhoea.

Family History — Father - a civil engineer in India - shot himself
Uncle died insane.

Condition on admission & Physical

Coll. Ht. Ht. Wt. — Patient is a well developed well nourished woman with dark hair, eyes, good colour mucous membranes healthy, teeth very good tongue clean - Mammae very redundant - Heart and lungs present no physical signs of disease. Pulse 80, regular in rate & rhythm, tension rather high, vessel wall healthy.
No abnormalities to be noted in abdomen
Catamenia said to be normal -
Urine
The pupils are equal & regular & react to L. A. Skin stimulation. The deep reflexes are present not exaggerated - skin reflexes healthy -

B. Mental.

Suicidal tendencies — Patient is mildly excited, says she is amongst the immortals. - That mankind are her brothers and sisters - That she only glad die a soldier's death to help the Lord. - Her manner is flippant and cheerful. She says she has come here to rest as she has been rushing about so. She feared breakdown. Speaking of her former attack she says she was certified insane just because her husband was so certified.
Patient gets easily confused and her memory for recent events is somewhat impaired.
She takes her food fairly well - sleeps fairly

1 Aug. Excitable noisy & incoherent. Sleepless & emotional. Taking food well. S.P.

8 Aug. Continues in a state of mania, restless, confused noisy & emotional. Sleeps badly, eats well. S.P.

15 Aug. No mental improvement - confused & incoherent. Eats well but is rather restless at night. S.P.

22 Aug. Patient has been sleeping rather better but is still confused and incoherent. Eats well. S.P.

28 Sept. Patient is now very emotional, weeps for hours but will not speak - or give any reason for her depression. She is quite unoccupied & dirty & restless but is sleeping much better - S.P.P.

Oct. 14 Patient is restless unoccupied - occasionally weeps for hours - says "What" to any question and will not converse - She is very restless at night keeps to get out of her room. S.P.P.

1907 Jan. 7. Patient is slowly convalescing from a mild attack of influenza - She is very restless requiring nights Hypnotics - constantly muttering incoherently S.P.P.

May 27 Patient now sleeps well and is much cleaner & tidy being fairly well occupied but is still restless at times hands mutters much to herself. S.P.P.

Suicidal tendency removed July 4 Patient sent to Gallery II and suicidal tendency withdrawn. She is dreamy and confused - talks much to herself very restless at night. S.P.P.

Aug. 31 Patient still dreamy and confused, constantly talking to herself. She is fairly well occupied - sleeps well and takes her food well. S.P.P.

Nov. 13 Went to Horn Villa. S.P.P.

Dec. 17 Returned from Horn Villa, in good physical health not improved mentally. S.P.P.

1908 Feb. 11 Patient visited "on trial" to Barnwood House to stay

March 7 Returned from leave - very excited and confused chattering constantly incoherently - S.P.P.

May 12 Patient continues very confused - constantly chattering incoherently repeating the same phrases over and over again. Is sleeping fairly well. S.P.P.

Aug. 7 Patient still very confused, chattering constantly repeating the same phrases over and over again. Speak. Walker said to her or in her hearing has to be supervised in every action - She refuses food and is very troublesome over it - She sleeps fairly well - S.P.P.

Exeter Asylum Gallery VII 78

Nov. 28 Patient is dirty & depressed - constantly talking to herself repeating same words over & over. Her memory for past events is wonderfully correct and she can converse on theatrical subjects with great intelligence & interest. She is nowhere. Weight 6 st. 7 lbs. Poor food & very restless. Bodily health fair. She has lost weight. M.S.B.

1909 Feb 13 Patient is agitated, depressed and deluded. Repeating same phrases over & over. Is very troublesome over food, has to be fed. Will at times occupy herself working. Is steadily loosing weight although on milk, cod liver oil & Pilia. Lungs were examined but no physical signs of disease could be discovered. Extremities are cyanosed and chilblains present. M.E.S.

Wt. 6 lb 7 st

March 30 There is no change in mental condition. Physically patient continues wasted. Thin. Discolouration of feet & legs is now reduced, the two ~~two~~ large patches of ecchymosis on each ankle over malleoli, which might easily be regarded as bruises when seen for first time. On scalp are a few small scars due to patient constantly poking hairpins into her hair. M.E.S.

Med 31 " Transferred to Barnwood House Gloucester.

Adm. 26 July 1906.
R.O. 23 July 1906.

Parsons-Smith. Elizabeth Ann Shrubb.
Female. 58. Married. C of E.
First attack. Duration about 2 months.
Supposed cause. Influenza followed by pneumonia.
Not epileptic or suicidal.
Violent.

Family Hist. None of insanity.
Personal Hist.

Med. Certif. Her manner was excited. She tried to avoid me by running round the room, said she did not know me or my wife though we are perfectly well known to her. She kept unfastening her clothes & behaving in a furtive manner. Would not shake hands or speak except to say that she knew nothing of me. She is liable to fits of excitement. will pinch, fight & pull the hair of her attendants. Wants to go out of the house at unreasonable times & without proper dress. Cannot recognise well known friends.

Read. on Adm. Physical. Ht. Wt.
She is a small thin woman. Hair grey & wispy. Eyes grey & bird-like. Complexion sallow - a good deal of superfluous hair on face. Expression - appre & furtive.
Heart rapid. sounds loud - no adventitious murmurs. Chest narrow & poorly expanded. Percussion note

resonant except about the right apex where it is dull & high pitched.
Breath sounds - harsh vesicular - no moist accompaniments.
Physical examination conducted with great difficulty as patient struggles & fights violently all the time.
Tongue clean. Teeth gone. Bowels open.
Pupils equal & react to L.O.A. Corneal R. absent. Knee jerks brisk. Superficial reflexes absent.
Gait & speech good.
No hernia. Varicose vein right thigh.
Extensive bruises on both arms & legs & superficial scratch on back.
Urine. Sp. Gr. 1030. Dark colour, acid. Nearly clear.

Mental. She is morbidly fearful confused & agitated: appears to understand what is said to her but will not converse & will only answer questions in monosyllables. Made violent attacks on her attendants soon after admission.

2 Aug. Lost to her surroundings, silent unoccupied and agitated, makes violent attacks on those around her scratching, kicking & striking without warning. She is sleepless & inclined to neglect food. [illegible]

9 Aug. Patient remains in the same apprehensive confused silent state and is still violent. Does not sleep or eat at all well. [illegible]

16 Aug. She is silent & unoccupied: fearful of everyone around her and makes violent assaults on them without warning or provocation. Eating & sleeping badly. [illegible]

23 Aug. Continues in the same apprehensive agitated state. Is silent & unoccupied & eats & sleeps poorly. [illegible].

28 Sept. Patient is much quieter, no longer makes assaults but is still unoccupied. She is eating and sleeping much better. S.H.P.

Oct. 14 Patient is said to be III. no longer violent but very anxious & fears that she will sleep less tonight, that she is not going to be sent away etc etc - Her physical health is improving. S.H.P.

Nov. 7 Patient quiet and fairly well occupied, still asking frequently if she is to be sent away if she shall stay here etc etc - She is thinking her food fairly well now - S.H.P.

1907 Jan. 7 Without any warning patient suddenly assaulted the nurse today - scratching face was sent to No III S.H.P.

8 Patient sent today to No V and kept apart from other patients as she was assaulting them and the staff. S.H.P.

April 7 Patient continues to make unprovoked assaults on staff and patients suddenly rushing at them & scratching their faces. S.H.P.

May 27 Patient very violent constantly and without warning attacking nurses or patients - scratching their faces & hands - She gives no reason for these assaults - or the contrary acts constantly if she may stay here S.H.P.

Aug. 31 Patient still given to sudden attacks upon nurses scratching their faces or hands - she stands quietly in one corner of the airing court when out - asking constantly when she will sleep is quite unoccupied indoors - She takes her food fairly well and sleeps well - S.H.P.

Nov. 30 Patient still making sudden unprovoked attacks upon the staff scratching faces or hands She is quite unoccupied & is constantly wishing she

was sent away. Takes her food fairly well & sleeps well S.H.P.

1908 Feb 29 Patient still given to unprovoked attacks upon nurses and patients - is quite unoccupied takes her food fairly and sleeps well - S.H.P.

May 18 Went to Hove Villa - troublesome on journey scratching nurse's face - S.H.P.

May 28 Patient is reported to have sustained a Colles Fracture at Hove Villa. S.H.P.

Sept. 16 Fracture reported to have healed well - Patient went on trial from Hove Villa today — S.H.R.

Dec 16 Discharged from Care, not improved.

Discharged.

Adm. 30 July 1906 Pycroft Alice

U & 30 July 1906. Female. 50. Single. No occupation. C of E.

R.O. First attack. Duration about nine months.
Supposed cause - Anxiety over family illnesses.
Not previously certified
Not epileptic or dangerous.
Talks of suicide.

Family Hist. None of insanity. Family closer & inclined to be taken by one idea. Sister [illegible] afraid to [illegible] away.

Personal Hist. Of cheerful & amiable temperament. Had three years continual nursing - first a brother-in-law who was paralysed then sister who died of cancer. Became depressed & deluded - said she had a shutter in head then delusions of unworthiness & latterly has expressed a wish to commit suicide An expanse of water or a cliff is a temptation to her. At passing the Climacteric. Has no home except with a sister who is insane & fussy and has delusions of poverty. No serious illnesses.

Med. Certif. The patient is very depressed describes herself as very wicked and having made a mess of her life & admits that she feels strongly impelled to commit suicide, that she has had this for some months and that timidity alone has prevented her carrying out the impulse & recently her having promised me that she would not do it.

Cond. on Adm. Physical. Ht. 5ft. 2in. Wt. 8 st. 4½ lbs. Short stout well nourished woman. Hair turning grey. Eyes grey. Complexion dusky. Expression depressed & heavy.

Heart lungs & abdominal organs apparently healthy. Teeth good. Bowels open. No hernia, or other abnormalities. Pupils equal & react to L. & A. Conversational reflex elicited. Knee jerks brisk. Ankle clonus not elicited. Superficial reflexes present. Speech & gait good.
Urine Sp. Gr. 1025. Acid. No albumen, sugar or casts. Dep. mucus.

Mental. She is depressed and has delusions of unworthiness that she has spoilt her life and home. She converses amiably and freely and says that she has a wish to end her life and is tempted to drown herself when she sees a river or the sea.

Suicidal caution

6 Aug. Patient states that she is depressed & uninterested in anything: she tries however to properly occupy her time and is amiable and conversational. Says that she has no wish to live but has not the moral courage to make an attempt on her life. She is sleeping well. S.D.T.

13 Aug. Still depressed and apathetic & unable to usefully occupy her time. Sleeps & eats very well. S.D.T.

20 Aug. Continues in a depressed listless state. S.D.T.

27 Aug. Patient still depressed, listless and unoccupied. S.T.P.

8 Sept. Patient is much less depressed - is now well occupied - passing in outdoor and indoor games, eating and sleeping well - S.T.P.

Cert'd & Signed [illegible] The above notes unimproved maintained. Suicidal caution removed. S.T.P.

Nov. 17 Patient continues to improve mentally. Menstruation re-established. S.T.P.

Dec. 31 Patient was discharged today recovered remaining as a Voluntary Boarder. Stff

Discharged
Left Jan. 7. 1907

Mrs. Lockhart. (Form 430)

Aug. 31 Patient is now very confused, restless, always trying to doors, asking to be taken to (Campbell (her husband) constantly requires sleeping powders (Veronal gr. iii) Very troublesome over food Stff

Sept. 22 Patient restless requiring constant watching as she waits her opportunity to escape & possible to injure herself. Judicial caution issued to-day. S.H.B.

Judicial Code III caution

1908 Feb. 29 Patient restless confused and very uncertain of her actions - writes post cards & letters & after having written a dozen times and then insists on having it back or that a cable message be sent to India cancelling it. She takes her food badly but is sleeping somewhat better Stff

May 25 Patient continues restless and confused - at times very uncertain - sleepless - wandering about & doing in a confused way - repeating actions over and over again Stff

Aug 7 Patient still very confused restless and uncertain of her actions both vague and impossible plans. Still takes food badly and is frequently restless at night Stff

Nov 29. There is no change since last entry in mental or physical state. Sleeps badly. M.S.B.

1909 Feb 13 Patient continues restless & confused, anxious to escape supervision if possible, complains much of having to go out in the afternoon,

is mildly hypochondriacal, Constantly asking for sleeping powder. Bodily health fair. M.S.B.

Wt. 6st 13lbs

May 11th Patient continues restless & irritable. Always anxious to escape supervision if possible, and constantly worrying over her detention here, and anxious to ascertain by whom authority she is under restraint in an asylum. Patient is mildly hypochondriacal and sleeps badly. Has constantly a sedative at night. Otherwise she is in fair physical health. M.S.B.

Wt. 7st. 1½lb

Aug. 21st Patient continues rather restless & irritable frequently asks for sleeping powders. sometimes sleeps badly. Is more sociable & plays cards a good deal. She is rather vague in conversation Physical health fair. S.B.

Wt. 7st 1¾lb

Nov. 13th It is now in Gallery VI. She is quiet - but unsociable speaks very little. occasionally complains of her detention here. Physical health fairly good but sleeps badly & requires a sedative fairly often - S.B.

1910 Wt. 7st. 0½lb

Feb. 10th There is no mental change. Patient keeps in fair good health but sleeps badly

Wt. 7st. 0¼lb

May 25th Patient is irritable unsociable rather restless - mildly hypochondriacal frequently asks for sleeping powders. Memory poor - a conversation rather confused at times C.H.

Wt. 6st. 10½lb

Aug. 17th Patient continues quiet unsociable. Her easily irritated Worries a good deal over her detention here Sleeps badly. C.H.

Wt. 6st. 6¼lb

Dec. 15th Patient is quiet but irritable & unsociable worries over her detention here. Is mildly hypochondriacal but sleeps badly & eats poorly. S.S.

p. 302.

Adm. 1 Aug 1906.
R.O. 31 July 1906.

Van der Gucht. Ellen Maud.
Female. 31. Single. No occupation. C of E.
Duration of present attack - five days.
Cause - not known.
First attack aged 13 when she began to menstruate
Second attack aged 17 - was then at Holloway
Sanatorium 18 Aug 1892 till 21 Dec. 1892
when she went on leave & was discharged
recovered on 1 Aug 1893. See Case Book VI. 67
Not epileptic suicidal or dangerous.

Family Hist.
Personal Hist.

Med. Certif. She is continually talking, laughing and
swearing, says she wants to kill her attendants
whom she calls Vere de Vere & Rhoderic Dhu, the
says they want to see S. Paul but not S. Peter
who is only catching shrimps. She is continually
washing & powdering her face & undoing every
minute or two. &c.

Bond on Adm. Physical. Ht. Ot.
She is a well built well nourished woman
brown hair, grey eyes. heavy eyelids.
Complexion muddy. Expression - apathetic
Heart, lungs & abdominal organs apparently
healthy. No hernia. Urine.
Tongue dirty brown, teeth good

Pupils equal & react to L. & A. consensually &
to skin stimulation.
Knee jerks & superficial reflexes elicited
Gait & Speech good

Mental. She is in a state of mania, talks
loudly & incoherently, swears & makes rude remarks
is untidy & restless.

8 Aug. Continues in a maniacal, untidy destructive state
Sleepless & violent. [illegible]

15 Aug. Noisy restless & maniacal. Eats well but
sleeps badly. [illegible]

22 Aug. She is a little better & will dress herself &
keep her clothes on though untidy & quite
indifferent to her appearance. Conversation
quite incoherent. Still sleeping badly. [illegible]

29 Aug. Patient continues acutely excited, tears clothes, refusing
to keep any clothes on, urine clean in table
and taking food fairly well though sleeping bad. S.P.P.

28 Sept. There is no mental improvement - Patient is
in poor physical health - S.P.P.

Oct. 14 Patient continues acutely excited - very
restless & noisy by night. S.P.P.

Nov. 14 Patient quieter but still incoherent, unmanageable
and frequently noisy at night. She takes
her food well. S.P.P.

1907 Feb. 28 Patient now fairly coherent though untidy
and irrelevant and beginning to be well
occupied and now quiet at night. She is
now in Hall. VII. S.P.P.

May 27 Patient continues to improve slowly but is still
confused & rambling in conversation and very irresponsible
- Quiet at night and in good physical health. S.P.P.

Aug. 31 Patient has improved much since last note is now coherent, well occupied. Taking part in tennis tournaments etc. She suffers much from habitual constipation — in Oct. S.P.P.

Hall. I

Dec. Prof. Carr Nov. Miss Norris Miss Nicholson Miss Evans

Jan. 30 Patient was sent into Hall III as she had been taking absolutely no food in it and was losing weight rapidly. She alleged that food accumulated in her ~~leg~~ stomach, had to be spooned, and once tube fed. No signs of disease in the alimentary canal can be discovered. She is now gaining weight, but requires to be supervised at meal times. S.P.P.

Sig. 3 times daily

Hungadi Janos

Pr Tabs

Eminence of Mont

Last 11 Eb Entries Aug 1908

Feb. 29 Patient sent into Hall I this week. She is coherent, well occupied and reasonable except over food which she still maintains accumulates in her alimentary canal. She also believes that she never has an effective motion of the bowels (not the case) and craves for drugs. She has Hungadi Janos each morning

May 30 Patient continues troublesome over food persisting that it accumulates in her system and that there is intestinal obstruction otherwise coherent, well occupied. Bowels act regularly with an occasional dose of Hungadi Janos S.P.P.

Aug. 7 For two months patient has had to go into Hall III for meals, when she is spooned if necessary as she had been taking practically no food in the dining Hall. She persists in the delusion that food accumulates within her, and that she has no efficient action of the bowels. Not the case. Tablet broke "parole" by purchasing Enemgmas pills at the Chemists S.P.P.

Dec 12 Delusions persist, and patient is very troublesome over her meals, will not eat at meal times.

It was found out that she asked one of the other patients to bring her bread & butter at night which she took in bed. She is mildly depressed and very fussy occupied well and appears quite rational in every other way. M.S.B.

Dec 21st Weight 7st 10 lbs. Patient left to day on leave of trial. Bodily health fair - amenorrhoea. M.S.B.

1909 March 17 Discharged today from leave of trial 'recovered'.

Discharged.

Adm. 8 Aug 1906
M.O. 8 Aug 1906.
R.O. 10 Aug 1906.

Carter. Hester Louisa
Female. 48. Single. No occupation. C of E.
First attack aged 44.
Was at Holl. San. (certified) 3 Feb. 1902 - Jan 1903
" " (V.B.) June 1903 - July 1903.
Case Books XIV f. 231.
B. III f. 79.
Duration of existing attack - some 8 weeks.
Cause - Drugs.
Not epileptic or dangerous.
Has been suicidal.

Family Hist.
Personal Hist.

Sister insane.
Has taken hypnotics for 20 years. Has been employed at times as governess.
Was depressed & suicidal & had delusions of persecution in 1902.
Lately has been becoming very untrustworthy & unstable & has taken as much as ninety grains of sulphonal in one dose.
Has suffered from endometritis for many years & has been curetted twice without permanent benefit.
Menstruation has lately become very irregular & at times there has menorrhagia.
Came here as a Vol. Boarder on 2 Aug. 1906. and for four days was constantly taking veronal which she had secreted in various ways. A knife ~~upon her person~~ was discovered in her room she had tried to conceal ~~him~~ on top of her wardrobe.

Med. Certif.

Confessed to attempts upon her life on account of 'melancholia' on ~~two~~ occasions, the first by means of a dose of 90 grains of sulphonal, the second by strangling herself with a scarf. She confesses to temporary loss of memory of time & of her actions, to changes in her affections & her dearest friends, to changes in her moral nature allowing her to secretly sell a very valuable jacket for ten shillings in order to procure quantities of the drug veronal. &c.

Cond. on Adm.

Physical. Ht. Wt.
She is a short, poorly developed woman with pale puffy face & pleasant plausible manners. Hair light brown & coarse. Eyes grey. Sight bad - corrected by glasses.
Chest resonant - breath sounds harsh vesicular no accompaniments.
Heart - regular. 1st sound has prompt blowing roughness & 2nd sound reduplicated. Arteries not palpable.
Teeth defective - she wears a false plate.
Tongue - clean. Bowels open. No hernia.
Catamenia - very irregular. Dysmenorrhoea & menorrhagia. Is said to have chronic endometritis for which she uses a daily douche.
Pupils equal - react equally to L. & A.
Knee jerks - sluggish. Plantar reflex - sluggish.
Speech & gait good.
Urine Sp. Gr.
Mental. She is slavishly addicted to hypnotic drugs - veronal, sulphonal & trional & confesses that she has taken 90 grains of sulphonal at once. While professing to be giving up the drug last week she was taking quantities which she had concealed in tabloid form in the hem of her dress.

15 Aug. Depressed & listless: sleeps very badly. Some

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Female. 48. Single. No occupation. C of E.
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Has been suicidal.

Family Hist. Sister insane.
Personal Hist. Has taken hypnotics for 20 years. Has been employed at times as governess.
Was depressed & suicidal & had delusions of persecution in 1902.
Lately has been becoming very intemperate & unreliable & has taken as much as ninety grains of sulphonal in one dose.
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Menstruation has lately become very irregular & at times she has menorrhagia.
Came here as a Vol. Boarder on 2 Aug. 1906 and for four days was constantly taking rem which she had secreted in various ways. A knife ~~a piece of scissors~~ as discovered in her room she had tried to conceal them on top of her wardrobe.

Med. Certif. Confessed to attempts upon her life on account of 'melancholia' on two occasions, the first by means of a dose of 90 grains of sulphonal, the second by strangling herself with a scarf. She confesses to temporary loss of memory of time & of her actions, to changes in her affections & her dearest friends, to changes in her moral nature allowing her to secretly sell a very valuable jacket for ten shillings in order to procure quantities of the drug veronal. &c.

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Heart regular. 1st sound has sympathetic roughness & 2nd sound reduplicated. Arteries not palpable.
Teeth defective - she wears a false plate.
Tongue - clean. Bowels open. No hernia.
Catamenia - very irregular. Dysmenorrhoea & menorrhagia & said to have chronic endometritis for which she uses a daily douche.
Pupils equal. react equally to L. & A.
Knee jerks - sluggish. Plantar reflex - sluggish.
Speech & gait good.
Urine Sp. Gr.
Mental She is slavishly addicted to hypnotic drugs - veronal, sulphonal & trional & confesses that she has taken 90 grains of sulphonal at once. While professing to be giving up the drug last week she was taking quantities which she had concealed in tabloid form in the hem of her dress.

15 Aug. Depressed & listless: sleeps very badly. Some

nights not at all. Eating well. S.H.P.

22 Aug. Patient scarcely ever sleeps except under sedation (Paraldehyde 3iii). She is depressed & apathetic though she tries to employ her time with knitting &c.

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — S.H.P.

5 Sept. Patient has Paral. 3ii every night. She is slightly less depressed but still somewhat apathetic though now better occupied. S.H.P.

7 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. S.H.P.

Discharged (not improved)

Mrs. Ellis. 326

Nov. 26 a saline transfusion (viii Ozs) of 32 grains was given today - 11.30 a.m. to 7.30 p.m. Pulse improved - temperature at night 99.2 pulse 88. (in morning subnormal - pulse 78) Nourishment taken well all day. S.H.P.

Nov. 30 Reaction to saline transfusion less marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 80 % R.B.C. 3,230,000 W.B.C. not increased Patient's diet consists of milk 1½ - 2 pints. Chocolate 12 oz. Thin bread & butter, Parmeleton 3ij3 daily. There are usually one to two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to empty bowels

Dec. 5 Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled into Verandah for several hours daily. S.H.P.

Dec. 15 [illegible] S.H.P.

Dec. 28 [illegible] S.H.P.

1907 Jan. 21 [illegible] S.H.P.

Feb. 9 [illegible] S.H.P.

of colour. She is sleeping 6½ - 7 hours nightly. S.H.P.

St. Anne's Health
Virginia Water
Aug 8th

Dearest Mrs. Schartieb.

I cannot possibly stay here, chiefly because of the expense. My brother will be so angry. If Sister Constance is still willing to have me, where the expense would be only 20/ a week, I am quite ready to submit to the restrictions she named, which are really more severe than those imposed here.

I told you yesterday about the veronal. It seems that there were 2 powders left hidden

with alteration of intentions - P.H.

No mental symptoms -

nights not at all. Eating well. SHP

22 Aug. Patient scarcely ever sleeps except under sedation (Paraldehyde 3ii). She is depressed & apathetic though she tries to employ her time with knitting &c

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — SHP

5 Sept. Patient has Paral 3ii every third night She is slightly less depressed but still somewhat apathetic though now better occupied. SHP

7 & 9 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. SHP

Discharged (not improved)

Mrs. Ellis. 326

Nov. 26 a saline transfusion (with thighs) of 3½ pints was given today - 11.30 am to 7.30 pm. Pulse improved - temperature at night 99.2 pulse 98. (in morning subnormal - pulse 78) Nourishment taken well all day. SHP

Nov. 30 Reaction to saline transfusion very marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 30 o/o R.B.C. 3,230,000 W.B.C. not counted Patient's diet consists of milk 1½ - 2 pints. Cocoa 12 oz. Thin bread & butter, Parmelee 3 i daily There are usually one to two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evacuate faeces

Dec. 5 Temperature 101 F. Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled out in Verandah for several hours daily SHP

Dec. 15 Patient improves very slowly, is still very dull and depressed with delusions of poisoning, and refusal of milk, nourishment &c. She is now [illegible] SHP

Dec. 28 [illegible] was sick [illegible] moved to [illegible] SHP

1907 Jan. 21 [illegible] diet - up to [illegible] improved [illegible] and [illegible] Blood [illegible] 410 000 SHP

Feb. 9 [illegible] "cured" [illegible] R.B.C. 2,540,000 [illegible] and disease [illegible] and was [illegible] SHP

St. Anne's Health
Virginia Water
Aug 8th

Dearest Mrs. Schaible.

I cannot possibly stay here, chiefly because of the expense. My brother will be so angry. If Sister Constance is still willing to have me, where the expense would be only 20/ a week, I am quite ready to submit to the restrictions she named, which are really more severe than those imposed here.

I told you yesterday about the veronal. It seems that there were 2 powders left hidden [illegible] SHP

nights not at all. Eating well. [illegible]

22 Aug. Patient scarcely ever sleeps except under sedatives (Paraldehyde 3ii). She is depressed & apathetic though she tries to employ her time with knitting &c

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — S.H.P.

5 Sept. Patient has Paral. 3ii & [illegible] slightly less depressed [illegible] though now better seem[illegible]

7 & 21 Sept. Patient was transf[illegible] Peckham House [illegible] before leaving and [illegible] Marks and bruises [illegible] health.

Discharge

Mrs. Ellis

Nov. 26 a saline transfusion [illegible] was given today - improved - temperature [illegible] in many subnormal - p[illegible] well all day.

Nov. 30 Reaction to saline [illegible] this time, but pulse [illegible] brighter

Dec. 2 Blood examination Hb 30 o/o R.B.C. 3,230,000 W.B.C. not increased Patient's diet consists of milk 1½ - 2 pints. Cocoa 1 oz. Thin bread & butter, Parmeleton 3 i/p daily. There are usually one or two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evade [illegible]

Dec. 5 Thoroughly [illegible]

Dec. 15 [illegible]

of cocoa. She is sleeping 6½ - 7 hours nightly. S.H.P.

Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is walked into Verandah for several hours daily S.H.P.

Patient improves very slowly, is still very dull [illegible] mourning, and [illegible]. She is now [illegible] was sick [illegible] turned to [illegible] S.H.P. [illegible] diet - up to [illegible] improved [illegible] daily and [illegible] Blood [illegible] 410 000 S.H.P. [illegible] R.B.C. 2,540,000 [illegible] nical disease [illegible] patient was [illegible] - S.H.P.

[illegible] rvous disease

No mental symptoms - V

in the hiring of a work-case when the nurse told me but until this morning I did not know this. I quite believe I had destroyed all. Having told such an abominable untruth on Sunday, they don't believe my word, very naturally, & consider that I intentionally left those two. It is not likely that you will believe it either, for I have so often deceived you. Nevertheless I can but repeat that I thought I had destroyed all, every grain. Under the influence of veronal I scarcely know what happened last week, or what I did or said. I am very sorry to trouble you when you are having your holiday. You will see that it is impossible to remain here. At Highgate one would have a chance of starting afresh. Here I am branded as untrustworthy, & you know I was not any the better for being here before, & the surroundings are terribly sad.

I am incurably ill morally or mentally, that has been proved over & over again during the last 20 years. Why should 4 guineas a week be wasted on me when I can live at Highgate (& be useful to others,) for nothing?

nights not at all. Eating well. S.H.P.

22 Aug. Patient scarcely ever sleeps except under sedatives (Paraldehyde 3ii). She is depressed & apathetic though she tries to employ her time with knitting &c. S.H.P.

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — S.H.P.

5 Sept. Patient has Paral. 3ii every third night She is slightly less depressed but still somewhat apathetic though now better occupied. S.H.P.

7 & 14 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. S.H.P.

Discharged (not improved)

Mrs. Ellis. 326

Nov. 26 a saline transfusion (with 4 litres) of 3½ pints was given today - 1.30 a.m. to 7.30 p.m. Pulse improved - temperature at night 99.2 pulse 98. (in morning subnormal - pulse 78) Nourishment & well all day. S.H.P.

Nov. 30 Reaction to saline transfusion very marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 30 o/o R.B.C. 3,230,000 W.B.C. not increased Patient's diet consists of milk 1½ - 2 pints. Chocolate 12 oz. Thin bread & butter, Parmeleton 3i p.d. There are usually one to two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evade sewage

Dec. 5 Temperature 97.1 P. of colon. She is sleeping 6½ - 7 hours nightly. S.H.P.

Dec. 15 Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled into Verandah for several hours daily S.H.P.

Dec. 28 Patient improves very slowly, is still very dull and depressed with delusions of poisoning, and

20/ weekly?

I have had no message from you though you promised to write on Monday; probably like the rest of my friends you are too disgusted with me to care what becomes of one. There are other influences at Highgate that you considered would be helpful. Would it be possible to wire to Sr Constance so as to save the expense of another week here I might be saved? Of course I cannot write to her or anyone but yourself or I would not trouble you.

Yours very affectionately,
Hester Carter

At Highgate only 2 or 3 would

She is now

1907 Jan. 21 diet up to improved and Blood

Feb. 9 410 000 S.H.P. recovered. R.B.C. 2,540,000 Blood disease ment was S.H.P.

nous disease times - P.H.

nights not at all. Eating well. S.H.P.

22 Aug. Patient scarcely ever sleeps except under sedatives (Paraldehyde 3ss) She is depressed & apathetic though she tries to employ her time with knitting &c

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — S.H.P.

5 Sept. Patient has Paral. 3ss every third night She is slightly less depressed but still somewhat apathetic though now better occupied. S.H.P.

7 & 8 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. S.H.P.

Discharged (Not improved)

Mrs. Ellis. 326

Nov. 26 a saline transfusion (with thighs) of 3½ pints was given today - 11.30 am - 7.30 p.m. Pulse improved - temperature at night 99.2 pulse 98 (in morning subnormal - pulse 78) Nourishment taken well all day. S.H.P.

Nov. 30 Reaction to saline transfusion less marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 30 070 R.B.C. 3,230,000 W.B.C. not increased Patient's diet consists of milk 1½ - 2 pints. Cocoa 12 oz. Thin bread & butter, Benger's Food &c. There are usually one to two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evacuate faeces of colour. She is sleeping 6½ - 7 hours nightly. S.H.P.

Dec. 5 Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is walked into Verandah for several hours daily S.H.P.

Dec. 15 Patient improves very slowly, is still very dull and depressed with delusions of poisoning, and shows very little interest in anything. She is now out of bed for half an hour daily S.H.P.

Aug 8th

Dear Dr. Moore

Will you please write to Mrs. Schartieb that I am willing to go to Highgate as she wished, where the expense will be only 20/. a week instead of 4 gs, & where the restrictions are even more severe than those imposed here. I am very anxious not to break into another week here, my brother will be exceedingly angry at the money being wasted upon me when I am not ill, Mrs. Schartieb did not realize this. She will have preferred my going to

Discharged.

Died 7th June 1907 Adhesions disease with obstruction of intestines - P.M.

No mental symptoms.

nights not at all. Eating well. S.P.P.

22 Aug. Patient scarcely ever sleeps except under sedatives (Paraldehyde 3ss) She is depressed & apathetic though she tries to employ her time with knitting &c

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — S.P.P.

5 Sept. Patient has Paral. 3ss every third night She is slightly less depressed but still somewhat apathetic though now better occupied. S.P.P.

7 & 8 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. S.P.P.

Discharged (Not improved)

Mrs. Ellis. 326

Nov. 26 a saline transfusion (with thighs) of 3½ pints was given today - 11.30 am - 7.30 p.m. Pulse improved - temperature at night 99.2 pulse 98. (in morning subnormal - pulse 78) Nourishment taken well all day. S.P.P.

Nov. 30 Reaction to saline transfusion very marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 30 p.c. R.B.C. 3,230,000 not increased Patient's diet consists of milk 1½ - 2 pints. Cocoa 12 oz. Thin bread & butter, Beef tea 3 times daily There are usually on an average two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evacuate bowels of colon. She is sleeping 6½ - 7 hours nightly. S.P.P.

Dec. 5 Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled into verandah for several hours daily S.P.P.

Dec. 15 Patient improves very slowly, is still very dull and depressed with delusions of poisoning, and shows very little interest in anything. She is now out of bed for half an hour daily

Dec. 28 Patient sick today after vomiting - I was sick

1907 Highgate instead of here as being nearer to her. I did not know until Miss McMaster told me this morning that there were 2 powders left in that dose. I quite thought I had destroyed all. No doubt you will find this difficult to believe after what occurred on Sunday. Being branded as untrustworthy is more than I can bear. At Highgate ~~At Highgate~~ only the Superior will know. It is quite certain that I am morally innocent though well physically; therefore why should all this misery be wasted on me?

Yours very sincerely
Hester Carter

Discharged.
Died 7th June 1907 Adhesions disease with ulceration of intestines - P.M.
No mental symptoms.

nights not at all. Eating well. S.H.P.

22 Aug. Patient scarcely ever sleeps except under sedatives (Paraldehyde 3iii). She is depressed & apathetic though she tries to employ her time with knitting &c.

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — S.H.P.

5 Sept. Patient has Parald 3ii every night. She is slightly less depressed but still somewhat apathetic though now better occupied. S.H.P.

7 & 14 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. S.H.P.

Discharged (Not improved)

Mrs. Ellis. 326

Nov. 26 a saline transfusion (into thighs) of 3½ pints was given today - 11.30 am to 7.30 p.m. Pulse improved - temperature at night 99.2 pulse 88. (in morning subnormal - pulse 78) Nourishment taken well all day. S.H.P.

Nov. 30 Reaction to saline transfusion less marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 30 pc. R.B.C. 3,230,000 (all R.C. not increased) Patient's diet consists of milk 1½ - 2 pints. Cocoa 12 oz. Thin bread & butter, Panadeine 3iij daily. There are usually one to two loose offensive motions daily - a saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evacuate faeces

Bact. 8th T.1

of color. She is sleeping 6½ - 7 hours nightly. S.H.P.

Dec. 5 Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled into verandah for several hours daily. S.H.P.

Haemoglobin 5 T.1

Dec. 15 [illegible] very dull [illegible] morning, and She is now

Dec. 28 [illegible] was sick [illegible] used to

1907 Jan. 21 [illegible] diet - ups & downs improved [illegible] and blood [illegible] 410-000 S.H.P. [illegible] recovered. R.B.C. 2,540,000 [illegible] cord disease [illegible] ment was - S.H.P.

Feb. 9

Bc. amended 26. 2

Private

Dear Dr Moore.

I did tell you a horrible "whopper" this morning. But if no one but myself may suffer I will tell you the truth. R I have not forgotten what trouble I got into when I was here before. I can only say that I have not a single grain of

with ulceration of intestines - P.M.

No mental symptoms -

nights not at all. Eating well. SHP

22 Aug. Patient scarcely ever sleeps except under sedation (Paraldehyde 3iii). She is depressed + apathetic though she tries to employ her time with knitting &c

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — SHP

5 Sept. Patient has passed 32 slightly less depressed though now better on

7 to 14 Sept. Patient was transferred to Peckham House before Leaving and thanks and bruises healed. SHP

Discharged

Mrs Ell

Nov. 26 a saline transfusion was given today - improved - temperature (in many enhancements) well all day.

Nov. 30 Reacted to saline this time, but quite brighter

Dec. 2 Blood examination Hb 30 o/o RBC 3,230,000 (Hb not RBC increased) Patient's diet consists of milk 1½ - 2 pints. Chocolate 12 oz. Thin bread & butter, Benger's food &c. There are usually one to two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evacuate faeces

Dec. 5 Haemoglobin 75 R.C. 5

Dec. 15 Patient

of color. She is sleeping 6½ - 7 hours nightly. SHP

Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled into Verandah for several hours daily. SHP

[illegible] is still very dull [illegible] poisoning, and [illegible]. She is now [illegible] daily [illegible] was sick [illegible] returned to [illegible] SHP

[illegible] diet - ups [illegible] improved [illegible] daily and [illegible]. Blood [illegible] 2-410-000 SHP [illegible] day recovered [illegible] to Hb RBC 25 [illegible] [illegible] disease [illegible] patient was [illegible] - SHP

[illegible] chronic disease with ulceration of intestines - PH

No mental symptoms -

Contraband now. You may not believe me but for Dr Despard's sake I beg you to She says that - as long as she is strong - with you - I am all right - do so. I don't want my belongings except my watch but I was in a rage because I was practically forced to come here by Mrs Schaffib, & only had an hour in which to prepare My hand is against every man, & every man's against me especially as far as my relations are concerned. On the day I came here I took 90 grs of sulphonal, not to injure life, but to

nights not at all. Eating well. SHP

22 Aug. Patient scarcely ever sleeps except under sedation (Paraldehyde 3iii). She is depressed & apathetic though she tries to employ her time with knitting &c

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — SHP

5 Sept. Patient has Paral. 3ii every night. She is slightly less depressed but still somewhat apathetic though now better occupied. SHP

7 & 8 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. SHP

Discharged (Not improved)

Mrs. Ellis. 326

Nov. 26 a saline transfusion (Hb 45 Hughes) of 32 pints was given today - 11.30 am - 7.30 p.m. Pulse improved - temperature at night 99.2 pulse 88. (in morning subnormal - pulse 78) Nourishment taken well all day. SHP

Nov. 30 Reaction to saline transfusion less marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 30 per cent. R.B.C. 3,230,000 W.B.C. not increased. Patient's diet consists of milk 1½ - 2 pints. Chicken 12 oz. thin bread & butter, Benger's food 3ij daily. There are usually one to two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evacuate faeces

Dec. 5 Haemoglobin 75 R.B.C. 4,100,000 W.B.C. 7,100 of color. She is sleeping 6½ - 7 hours nightly. SHP

Dec. 15 Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled into Verandah for several hours daily SHP

Patient improves very slowly, is still very dull [illegible] morning, and She is now

Dec. 28 [illegible] was sick [illegible] moved to SHP

1907 Jan. 21 [illegible] diet - ups & downs improved [illegible] and Blood 410-000 SHP

Feb. 9 [illegible] 'recovered' R.B.C. 2,540,000 [illegible] heart disease [illegible] patient was [illegible] SHP

deaden memory. Punish me if you like, I deserve it, but please don't let others suffer for my wrong-doing. You will see that I shall not give trouble. I only want to be employed & was since I left here. They said I was not fit to [illegible] work. It has [illegible] me sometimes - PY

No mental symptoms -

nights not at all. Eating well. SHP

22 Aug. Patient scarcely ever sleeps except under sedation (Paraldehyde 3iii). She is depressed & apathetic though she tries to employ her time with knitting &c

29 Aug. Patient is now sleeping better - but is still depressed and apathetic — SHP

5 Sept. Patient has Parald. 3ss every night. She is slightly less depressed and still somewhat apathetic though now better occupied. SHP

7 & 9 Sept. Patient was transferred today to Peckham House. She was examined before leaving and found to be free from marks and bruises - in good physical health. SHP

Discharged (Not improved)

Wm. Ellis. 326

Nov. 26 a saline transfusion (into thighs) of 3½ pints was given today - 11.30 am - 7.30 p.m. Pulse improved - temperature at night 99.2 pulse 98. (in morning subnormal - pulse 78) Nourishment taken well all day. SHP

Nov. 30 Reaction to saline transfusion less marked this time, but pulse stronger and patient brighter

Dec. 2 Blood examination Hb 30 o/o R.B.C. 3,230,000 (W.B.C. not increased) Patient's diet consists of milk 1½ - 2 pints, Cocoa 12 oz. Thin bread & butter, Peptonised Milk daily There are usually one to two loose offensive motions daily - A saline rectal injection is given about every second day - 3 pints being injected with a long soft rubber tube to evade sewage

Blood & Urine

of color. She is sleeping 6½ - 7 hours nightly. SHP

Dec. 5 Patient still maintains she is being poisoned by drugs, but is no longer excited - has been reading newspapers and is wheeled into Verandah for several hours daily SHP

Haemoglobin 85 R.B.C.

Dec. 15 Patient improves very slowly, is still very dull and depressed with delusions of poisoning, and shows very little interest in anything. She is now out of bed for half an hour daily

Dec. 28 Patient sick today after tiring - (was sick bringing up undigested egg) returned to fluid milk diet. SHP

1907 Jan. 21 Patient now taking convalescent diet - up for 4 hours daily - mentally much improved bright and eager to go home - reading and showing more interest generally. Blood count Hb 40 o/o R.B.C. 2-410-000 SHP

Feb. 9 Patient was discharged today "recovered" weighing 7 stone - Hb 80 o/o R.B.C. 4,250,000 There are no signs of physical disease in heart & lungs and patient was free from marks and bruises - SHP

Re-admitted Nov. 4

Discharged.

Died 7th June 1907 Addison's disease with ulceration of intestines - P.M.

No mental symptoms.

Adm. 10 Aug 1906
R.O. 10 Aug 1906

Aldous. Ellen Jane
Female. 43. Single. Companion. C of E.
First attack. Duration about 6 months.
Cause unknown
Not previously certified.
V. B. Holl. Sanr. 24 July 1906 until certified and detained as patient. B.3. p. 229.
Not epileptic suicidal or dangerous.

Family Hist. Father depressed for short time through pneumonia very

Personal Hist.

Med. Certif. There is mental depression & weakness. She is very unhappy & worried about herself. She appears vacant and unable to exert herself about anything. She is restless. She has hypochondriacal symptoms. Believes there is something growing inside her & that she has no feeling. &c.

Cond. on Adm. (From Casebook B.3. p. 229)

Physical. Ht. 6ft.

Patient is a fairly tall woman very thin & emaciated with sunken cheeks, yellow hair & blue eyes. Upper & lower sets of artificial teeth, tongue furred and fissured. Mucous membranes rather anaemic. Heart & lungs present no physical signs of disease. Pulse – vessel wall thickened, tension high, rate 80. regular in rhythm.
No abnormalities to be noted in abdomen.
Vulva. Hyfield reddened. Hymen gone. No discharge.

Catamenia. –
Urine: light brown. 1016. No albumen, sugar or abnormal constituents.
Pupils equal, regular, somewhat dilated. react slowly to L. & A. Skin stimulation & cremasteric. Deep reflexes very sluggish – skin & superficial reflexes normal.
Patient says her skin is less sensitive to touch & pain but the localities touch well & touches at a pinch.
There are two or three external haemorrhoids.

Mental. She is depressed & restless and unable to occupy her time or fix her attention on anything. Very hypochondriacal complaining of indefinite pains & loss of sense of touch over the body. Addicted to masturbation.

17 Aug. Continues in a depressed hypochondriacal state – complains of indefinite pains in abdomen & head and says that her limbs feel numb. Does not eat well. Habits not improved. SSP.

24 Aug. There is no improvement in patients condition. Hypochondriacal depressed & agitated. SSP.

31 Aug. Patient continues very depressed, alleging numbness in her limbs inability to walk obstruction of her throat, cancer of the rectum (she has internal and external haemorrhoids) &c. &c. She is quite unoccupied, agitated with no improvement in her habits. SSP.

7 Sept. Patient is now being kept in bed and tube fed regularly as she had quite refused food alleging obstruction in her throat. SSP.

Oct. 1 Oct. 6 Oct. 11 Oct. 14 Patient is still being tube fed as she says her throat is "dead" and she cannot swallow

28 6. 11 Aug

Paraplegic current Oct. 7 —

She also alleged death of her limbs but since systematic faradisations of muscles of back & limbs she can walk & walks around the ward. She sleeps well. S.H.P.

Nov. 17 — Patient maintains her limbs are paralysed her throat gone etc. etc. She will not walk has to be pushed everywhere sliding her feet along the floor. Laryngoscopic examination of her throat revealed no abnormalities. Patient is tube fed twice a day. S.H.P.

1907 Feb. 28 — Patient still not more has to be wheeled & carried about. is regularly tube fed. persistent maintains that she is a stone often asks for the men with a wheelbarrow to wheel her to the nearest pond and drop her in. Last week she had a slight attack of diarrhoea and lost some pounds in weight. S.H.P.

May 27 — Still entirely tube fed. much given to masturbation. S.H.P.

June 26 — Patient rubs herself & drinking milk etc. herself. S.H.P.

Aug. 31 — Patient now feeds herself occasionally & spoon but her delusions are unchanged. She will not walk or move as she is "a complete stone". her throat is gone etc. etc. S.H.P.

Nov. 22 — Patient persists that she is "complete stone" has to be carried frequently to bed bath etc. She takes food fairly well. Masturbates very frequently. S.H.P.

1908 Feb. 29 — There is no mental or physical change. S.H.P.

March 5 — Patient was transferred today to Essex County Asylum as a pauper.

She was examined before leaving found to be in good physical health free from marks and bruises. S.H.P.

Discharged

to "Lockhart" cont. of page 290.

1911 March 16th — Patient is irritable unsociable & talks very much to herself. Reads & plays cards. Physical health fair but sleeps badly. S.H.

April 8th — Patient has been moved to Gallery I. & has improved much since her removal. She is sociable amuses herself & is beginning to take some trouble over her appearance. Is sleeping irregularly still.

April 18th — Patient was discharged today recovered & going to Dublin with a nurse in a day or two.

'Discharged.'

Adm. 13 Aug 1906. **Millard. Viva**
R.O. 13 aug 1906. Female 33. Single. Teacher of Music. C of E.
First attack aged 32. Treated at home.
Duration of present attack one week.
Cause not known.
Not epileptic or dangerous.
Suicidal.

Family Hist. None of insanity.
Personal Hist (from Mother of Patient). Has always been a neurotic introspective girl & has suffered several times from "nervous breakdowns" - at 16 from hemalgia at 23 from overworking at music in Berlin & 2 years ago from "shock" in Paris. Recently was confined to a girl in Brompton who became insane. Patient also had an attack of excitement lasting 3 days & had delusions of persecution & seduction. Came home & has suffered from hysteria ever since.
Med. Certif. She has no fixed understanding what is said to her without speaking. She will answer questions by writing when asked why she will not speak she wrote imperfectly, the Lords Prayer & when asked why she would wear no clothes "Because I am a bad woman". When asked to write again "I know I am a prostitute". She is attempting constantly to pull up her clothes.
Communicated — on the 11th inst early in the morning pulled the lighted kitchen fire on to the hearth with her hands which were much burnt. She was naked. On the same morning she went out into the garden in front of the house, naked & was brought in by two men.

Cond. on Adm. Physical. Ht. 5 ft. 6½ in. Wt. 98 lbs. 13 lbs.
She is a well developed, well nourished woman with straight coarse black hair, heavy features & pasty complexion. Superfluous hair on lip & chin.
Heart lungs & abdominal organs apparently healthy. No hernia. Reflexes of second degree in

Suicidal tendency (burning)

index finger of left hand. Blister on middle finger of left hand & hair on forehead singed.
Pupils equal & react to L. & A. & to skin stim. & consensually.
Tongue clean, teeth good.
Urine. Sp. Gr. 1030 acid. No alb. & sugar.
Catamenia established at 12 yrs of age. 21 days. Regular. some dysmenorrhoea.
Mental. She will not speak in answer to questions & when given paper & pencil wrote the Lords Prayer. Will not do anything for herself.

20 Aug. Patient has had to be fed by tube once or twice but as a rule eats well. She has had one lucid interval during which she wished to know where she was, expressed a wish to see her mother and said that she had no recollection whatever of the events of the past week. She soon relapsed however into a motionless, silent, log-like state. BWT

27 Aug. Patient is still silent refusing to answer questions but has spent some time at the piano of her own accord, playing very well. She is taking her food well and sleeping well. S.H.P.

3 Sept. Patient continues as described in above note. S.H.P.

10th Sept. Patient has been very excited, throwing herself about and attempting to injure herself. She has now in a padded room, quieter and taking food well but sleeping poorly. S.H.P.

28 Sept. Patient has had an abscess on the R. thigh - now healing. There is decided mental improvement. S.H.P.

Oct. 14 Patient has relapsed mentally - has refused food for a week and is being tube fed - Shelley

silent, unoccupied and has been masturbating shamelessly for the last three days (hitherto period for first time since admission). She is now frequently "wet" both by day and by night. S.H.P.

Nov. 17 Patient now in Gall 2- was acutely excited before and during last menstrual period and had to sleep in a padded room quiet, taking food naturally but still incoherent and foolish in conduct. S.H.P.

1907 Jan. 7 Patient is now convalescent from a severe attack of influenza. Mentally she has much improved - is quiet & well controlled. S.H.P.

Feb 28 Patient is now in Gall 1- quiet, well occupied, slightly excited and emotional, difficult to manage during menstrual period. Her habits have been quite cleanly for the last three months and she has been free from masturbation. S.H.P.

May 27 Patient continues to improve slowly but is still uncertain, especially at the menstrual period (to which Alethia began during it) - when she has fallen more heavily during which she lies on the bed for hours refusing to speak or work and occasionally refusing food. S.H.P.

Aug. 31 Patient again excited and hysterical unoccupied occasionally has smelling fits when she will not speak for hours - is quiet to attendance and articulation of speech. S.H.P.

Oct. 18 Went to Home Villa. S

Nov. 30 Patient has improved slightly - is fairly well occupied by day but very uncertain frequently excited by night - with delusions of hypochondriasis - always worst at menstrual periods - S.H.P.

Dec. 6 Patient had a sudden violent outburst of excitement today - seclusion 4½ hrs. S.H.P.

1908 Feb. 29 Patient continues very uncertain - prone to hysterical outbursts of excitement - when she is violent and difficult to control - always has delusions of an erotic nature - S.H.P.

May 30 Patient always uncertain - some days quiet and well occupied - then without warning violent. Occasionally the violent attacks are preceded by hysterical posturings and waving of the arms - patient muttering constantly over and over again some name such as "Dr Whitehead Reid" or some phrase. She is very sleepless at these times - refusing to stay in bed. S.H.P.

Aug 7 There is no mental or physical change - S.H.P.

Dec. 16. She continues variable - at times quiet, occupied at others excited violent & mischievous with many delusions & hallucinations of hearing. Her suicidal caution was removed yesterday 2 C.D. caution taken off

Dec 11 There has been no mental change since previous note, patient continues variable, at times noisy, noisy & incoherent.
She left today to be transferred to St Andrew's Hospital Northampton. Unimproved.

Discharged.

Adm. 14 Aug 1906. Chapman. Mary Harriet
R.O. 14 Aug 1906. Female. 53. Single. No occupation. Eng & W.
age on 1st attack. 28.
At Peckham House 25 years ago.
" Holloway San. 18 July 1893 - 31 May 1894
Case Book VII. 61.
Duration of existing attack 6 days.
Cause unknown

Family Hist. None of insanity.
Personal Hist. Patient has been in good health since 1894. During this summer has gradually become strange & irritable. Has been sleeping badly & neglecting her food. Now taking milk & Bengers only. For last week has been acutely excited, deluded, hostile & mischievous.

Med. Certif. Incoherence of speech. Violence of conduct, e.g. She endeavoured to tear her clothes to pieces. Delusions as to identity of persons present. Throws a plate at nurse's head.

Cond. on Adm. Physical. Ht. 5ft 2in. Wt. 7st. 10½ lbs.
She is a thin poorly developed woman with florid shiny face & greyish hair. Eyes grey; lungs heart & abdominal organs apparently healthy. No hernia. No bruises or scars.
Urine. Sp. Gr. 1020. Acid. No alb. & sugar. Mucus & epith.
Tongue clean. Teeth fair.
Pupils equal & react to L. A. & skin stim.
Conjunctival reflex elicited.
Knee jerk brisk.
Speech - giant growth.

Bruises on legs.
~~Mrs Hopkins~~

Suicidal (Caution removed 21 Aug)

Mental. She is maniacal & noisy, singing crying & shouting. Says she is the Virgin Mary. That she has known me well for 20 years &c.

21 Aug. Patient has gradually become quieter, but is still deluded as to her own & others identity. She eats well - ordinary diet, but is rather restless at night. EST.

28 Aug. Patient is still excited dancing up & down the corridor singing. The right ear is being syringed twice daily there having been a constant discharge of pus since admission. SMO

4 Sept. Patient is still excited sits up in bed talking fairy tales with great emphasis. will not answer any questions and is quite incoherent. The condition of the right ear is yielding to treatment. SMO

11 Sept. Patient Ears excoriated but still incoherent uncooperative and restless both by night and day. SMO.

Sept. 13 Suicidal caution removed. Patient continues still incoherent uncooperative. SMO

Caution again ordered Nov. 17 Patient improving mentally - fairly coherent and well-occupied in Ward. Is. No discharge at present from right ear. SMO

1907 Feb. 28 Patient varies much - at best she is weak mind incapable of sustained conversation & of much responsibility. She has days of excitement and irritability when she is a hard & tomcat abusive finding objection to everything. SMO

May 27 Patient has been free from excitement since last date but is still uncertain, deny & easily irritable

Her physical health is good. S.H.R.

Aug. 31 Patient continues weak minded, given to days of excitement and slight incoherence but fairly well occupied. Taking her food well and sleeping well. S.H.R.

Oct. 18 Went to Hore Villa. S.H.R.

1908 April 3 Returned from Hore Villa. S.H.R.

May 30 Patient weak minded - with exacerbations of her own position - given to emitting manel and never capable of sustaining a coherent conversation for any length of time. Her physical health is good. S.H.R.

Aug 7 There is no mental or physical change. D.D.R.

D.D.R. Patient is suddenly excited just now incapable of sustained conversation. Physical health good. M.S.B.

1909 Feb. 20 Patient continues weak minded, variable, just now fairly quiet & well occupied. Sleeping well & Taking food well. In good physical health M.S.B.

March 3 Gone home, on leave of absence on trial M.S.B.

June 3. Discharged today recovered.

"Discharged."

Emma Godbold See p. 334.

June 12th Patient is deluded, weak minded & unoccupied
Wt. 6st. 9½lb. feels excited at times & then sometimes abusive. She has been ruled to Bellevue 12th. Lately she had had two or three as bad attacks at night & has been looking very feeble

Sept. 12th. Patient has been quiet lately but still
Wt. 5st. 12lb. very deluded. Confused weak minded in her conversation. Insomnia is better but she is very thin & retained bedroom badly S.C.

Dec. 16th. Patient has been very feeble lately
Wt. 6st. 9lb. when seen in bed the last week or two

Holloway Sanatorium Hospital,

Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 27th day of August 1906.

I hereby give you Notice, That Emma Godbold a Private Patient, received into this Hospital on the 28th day of August 1906, died therein on the 23rd day of December 1911.

Signed W. D. Moore
Medical Officer.

Dated the 23rd day of December One Thousand nine hundred and eleven

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Emma Godbold
Sex and age	female 67
Married, single, or widowed	widowed
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	17 Beverley Road Barnes
Apparent cause of death	Fatty degeneration of Heart
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	8.40 a.m. No unusual circumstances No marks or bruises
Duration of disease of which patient died	many years
Names and description of persons present at the death	Miss Matilda Francis Lady Nurse
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.

She felt occasional substernal attacks especially at night & her heart is weak & flabby. will not allow herself to be examined or nearly even have her pulse taken S.S. Is confirmed addicted - saying she is not a "Chloroform woman" will not be touched S.S.

Dec. 22: Patient has been very feeble the last few days the heart is beginning to give out She has some congestion at the base of the right lung -

Dec. 23: Patient died today at 2:40 a.m. Cause Fatty degeneration of heart

Died

Adm. 17 Aug 1906 **Cutbush Mabel Jane**

R.O. 16 Aug. 1906. Female. 42. Single. No occupation. C of E.
Age on first attack. 39.
Peckham House - May 1903 - Oct. 1903.
Holloway Sanatorium Oct 1903 - April 1904.
Duration of existing attack - 3 weeks.
Cause unknown.
Not Epileptic suicidal or dangerous.

Family Hist. None of insanity.

Personal Hist. This is patients second attack. She has been mentally quite well since leaving the asylum in April 1904.
See Case Book. XV. 349.
Was brought by two nurses from Teignmouth - She resisted violently all the way & tried to get out of the window of the train.

from statement Drinks and masturbates.

Med. Certif. She is suffering from melancholia. She is depressed does not take interest in anything. When addressed is only able to say one or two words in reply, is not able to converse at all, only starting a sentence with one or two words and then stopping short. (communicates) - great difficulty to get her dressed or to remain in the bedroom in suitable clothing and great uncertainty in speech and actions & great unwillingness to eat.

Cond. on Adm. Physical. Ht. Wt.
Patient is a well developed well nourished woman. Hair black, eyes dark brown. Complexion sallow. dirty, expression apprehensive -
Chest well expanded - movement - breath sounds

Heart rapid & irregular - normals loud, some presystolic roughness in the 1st sound in mitral area.
Abdominal organs present no physical signs of disease. No hernia. Triangles diff. Tact good.
Urine. Sp. Gr. 1020. No sugar or blood. Albumen present. Heavy deposits of phosphates & urates.
Pupils equal & React. to L. & A. & the other sluggish.
Conjunctival reflex elicited.
Knee jerks exaggerated.
Speech & gait good.
Bruises on legs & arms.
Papular rash on chest & back.
Mental. She is melancholic and deluded that food is poison to her & that some dreadful punishment is to be meted out to her. She is confused and repeats her sentences over & over again, sometimes cannot finish what she begins to say & is violently resistive to everything that is done for her.

24 Aug. Patient had to be forcibly fed by tube till yesterday when she took tea & supper of her own accord. Has eaten well to day. She sleeps better & is mentally clearer. Albumen has disappeared from the urine. [illegible]

31 Aug. Patient is now taking her food well and sleeping fairly well. She is very restless unoccupied always asking if she may go home at once. She is no longer resisting. S.H.R.

7 Sept. Patient is again somewhat resistive - very restless, always asking if she may leave at once and quite unoccupied. She is somewhat constipated. S.H.R.

14th Sept. Patient is still very restless, constantly asking if she

Adm. 17 Aug 1906. **Outbuck Mabel Jane**

R.O. 16 aug. 1906. Female. 42. Single. No occupation. Eng. & C.

Age on first attack. 39.

Peckham House - May 1903 - Oct. 1903.

Holloway Sanatorium Oct 1903 - April 1904.

Duration of existing attack - 3 weeks.

Cause unknown.

Not epileptic suicidal or dangerous.

Family Hist. None of insanity.

Personal Hist. This is patients second attack. She has been mentally quite well since leaving the Sanatorium in April 1904.

See Case Book. XV. 349.

Was brought by two nurses from Teignmouth - She resisted violently all the way & tried to get out of the window of the train.

from Sister in charge. Drinks and masturbates.

Med. Certif. She is suffering from melancholia, she is depressed does not take interest in anything. When addressed is only able to say one or two words in reply, is not able to converse at all, only starting a sentence with one or two words and then stopping short. (communicates) - great difficulty to get her dressed or to remain in the bedroom in suitable clothing and great uncertainty in speech and actions & great unwillingness to eat.

Cond. on Adm. Physical. Ht. Wt.

Patient is a well developed well nourished woman Hair black, eyes dark brown. Complexion sallow & dirty, expression apprehensive -

Chest well expanded - movement - breath sounds normal

Heart rapid & irregular - Sounds loud, some presystolic roughness in the 1st sound in mitral area.

Abdominal organs present no physical signs of disease. No hernia. Tongue disp. Tab good.

Urine. Sp. Gr. 1020. No sugar or blood. Albumen present. Heavy deposits of phosphates & urates.

Pupils equal & React. to L. & A. & Con. Stim.

Conjunctival reflex elicited.

Knee jerks exaggerated.

Speech & gait good.

Bruises on legs & arms.

Papular rash on chest & back.

Mental. She is melancholic and deluded that food is poison to her & that some dreadful punishment is to be meted out to her. She is confused and repeats her sentences over & over again, sometimes cannot finish what she begins to say & is violently resistive to everything that is done for her.

24 Aug. Patient had to be forcibly fed by tube till yesterday when she took tea & supper of her own accord. Has eaten well to day. She sleeps better & is mentally clearer. Albumen has disappeared from the urine. S.H.P.

31 Aug. Patient is now taking her food well and sleeping fairly well. She is very restless, unoccupied always asking if she may go home at once. She is no longer resistive. S.H.P.

7 Sept. Patient is again somewhat resistive - very restless, always asking if she may leave at once and quite unoccupied. She is somewhat constipated. S.H.P.

14 Sept. Patient is still very restless, constantly asking if she

may go home at once and clinging firmly to the arm of the person questioned walking to door etc. She is quite unoccupied and thought taking her food must has to be led into the dining hall She is sleeping well. S.H.P.

Oct. 14 Patient is less disturbing but still constant asks if she may go home that day and is still unoccupied. She is taking her food better. S.H.P.

Nov. 17 Patient now in Hall II improving mentally but still maintaining that she is quite well can leave at once. Though depressed and confused. She is beginning to interest herself again in work (knitting) S.H.P.

1907 Feb. 9 Patient went "on trial" today, having apparently quite recovered her self control and being in good physical health. S.H.P.

May 9 Patient was discharged "recovered" today S.H.P.

Discharged.

Mrs. Alice Millar. cont: from p. 318.

Dec. 15th to Mr. Sct. 21st. Patient is quiet industrious & requires much supervision as she is troublesome mischievous. Has had but one or two slight fits since last entry but she recovers very well quickly. Pupils slightly unequal & react sluggishly. S.B.

1911 March 16th Patient is described troublesome. Has had two slight seizures lately lasting only a few short time. Physical health fairly good. S.B.

June 12th Patient has been in bed for the last six months. having constant seizures & mentally she has become still more

Holloway Sanatorium Hospital,

Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 20th day of July 1906.

I hereby give you Notice, That Alice Millar a Private Patient, received into this Hospital on the 17th day of August 1906, died therein on the 11th day of August 1911.

Signed C. D. Ulcoo
Medical Officer.

Dated the 15th day of August One Thousand nine hundred and eleven.

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Alice Millar
Sex and age	Female 44 years
Married, single, or widowed	married
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	West Hyde Lodge, Rickmansworth
Apparent cause of death	G. P. I.
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	2.35 pm no unusual circumstances no marks or bruises
Duration of disease of which patient died	5 Years.
Names and description of persons present at the death	miss Beatrice M. Gowan (Lady Nurse)
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 C. D. Ulcoo
Medical Officer.

Oct. 14

Nov. 17

1907 Feb. 9

May 9

Dec. 15

Wt. Bst. 214.

1911 March 16th

Wt. Bst. 1 lbs.

June 12th

demented. She has lost much weight though she takes food fairly well. Has no bedsores. Pupils are unequal. Heartly react to light. S.R.

10th Patient has been visited since the last entry is rapidly getting demented. For the last months she has, not spoken a lately has been hardly conscious. She takes fluid nourishment fairly well but has got considerably thinner & hair is extremely emaciated. No bedsores. Has not had a seizure for some weeks - but occasionally twitches.

15th Patient died yesterday afternoon.

Died

Transferred from Hertfordshire County Asylum. St. Albans.

Adm. 17 Aug 1906. **Miller** Alice.

R.O. 30 July 1906. Female. 42. Married. No occupation. C of E.
First attack about 12 months ago. Not certified.
Duration of present attack - 5 weeks.
At Hertfordshire County Asylum 30 July 1906 - 17 May 1911
Not epileptic, suicidal, or dangerous.

Family Hist. Brother insane.
Personal Hist. Married 8 years. No children.
Probable history of alcoholic excess for 2 years.

Med. Certif. She is incoherent in her conversation, violent in her conduct & quite unable to take care of herself. Thinks she is going on a journey. Removes her clothing & is quite unmanageable.

Cond. on Adm. Physical. Ht. 5 ft. 2½ in. Wt. 12 st. 12 lb.
She is a stout flabby woman, florid complexion, close cropped light brown hair turning grey & blue eyes.
Heart sounds are somewhat muffled by patients fat condition but there are no physical signs of disease in any organs of thorax or abdomen. Tongue clean. Talk good. Bowels open.
Pupils unequal. Right larger than left. Both react sluggishly to L. & A. & accommodation.
Knee jerks not elicited.

Speech articulations good. Gait unsteady.
Four healing vaccination marks on left arm.

Mental. She is in a state of mania, undresses & tears up her clothes is dirty in her habits and talks incessantly & incoherently. Childish & on the whole amiable.

24 Aug. Continues in a state of mania dirty destructive and incoherent. Skin over left knee inflamed - no history of injury - probably incurred during patients grovelling on the floor. She eats fairly well but is sleepless & noisy at night. S.H.P.

31 Aug. Patient is still acutely excited very noisy and quite incoherent dirty and destructive. The left knee has almost recovered but there are three abscesses on the back - two on the right gluteal region. She will keep no dressing on these and is treated by immersion in a hot bath for some hours night and morning. S.H.P.

7 Sept. Patient is still acutely excited dirty and destructive. The gluteal abscesses are healing but another has developed on the right dorsal region. S.H.P.

11th Sept. Patient continues mentally as described in the previous note. The dorsal abscess which is being treated by immersion in a hot bath (with Pot. Permang.) for some hours night & morning is improving. Patient is still very sleepless. S.H.P.

14 Sept. Pit Col. Saltpits. There is no mental improvement. Patient has new abscesses on top of head and on right leg. She spends several hours daily in the bath as she will not keep on dressings on abscesses. S.H.P.

Nov. 17 Patient still suffering from abscesses - heads

by bath for several hours daily. Still incontinent
of urine and dirty in habits — S.H.P.

1907 Feb 28 Patient has recovered from abscesses - Had
being on Lead in the beginning of February
She is no longer dirty in habits but is
still requires much supervision in dress
etc. She is quite unoccupied and very abusive and
foul in language if she does not get all she wants
at once. She is also intensely greedy - frequently
seizes everything on the table. S.H.P.

May 28 Patient has another abscess in the clavicular region
Pt. Catheterised recovering. She continues unbalanced, incapable of
sustained conversation or of useful work - clean in
habits but requires much supervision. S.H.P.

Aug. 31 Patient is free from abscesses at present. There
Calcl. V is no mental improvement - S.H.P.

Nov. 30 Patient is in good physical health very stout.
Calcl. IV Mentally mildly demented, incapable of sustained
conversation, or of useful work, crying if she
does not get what she wants at once limited
in language - occasionally rude. S.H.P.

1908 Feb 29 There is no physical or mental change. S.H.P.
March 9 Patient complained of feeling faint today and
12 st. 3. has done so once before last week. The heart is
very slightly enlarged 3¾ in from M.S. at 5th L.I.C.
but thrill are no signs of cardiac disease
Patient however is properly very stout. S.H.P.

May 30 Patient up for the first time
10 st. 6 Looks fatty heart - somewhat improved physical
health - thinner - Less dirty in habits and
does a little more for herself, but quite
demented. S.H.P.

June 30 Patient slipped on polished floor and slightly
sprained right ankle — S.H.P.

Aug 7 Ankle has now recovered - There is no

mental change — S.H.P.

Nov 30th Patient is demented, incapable of connected
conversation, requires much supervision.
Weight 10 st. In good bodily health. M.S.B.
1909 Feb 20th Mental condition unchanged. Is incapable of
Wt. 10 st 7 lbs. conversation unoccupied & requiring much
supervision. Bodily health good. M.S.B.

May 11th Since last entry patient had a slight
Wt. lost 1 lb. fit, during which she vomited slightly and became
exhausted. She remained in bed a few days
is now about as usual, with apparently
none ill effects resulting. No physical
signs of organic disease are to be found on
examination. Mentally she is unchanged. M.S.B.

Aug 21st Pt. is demented incapable of sustained
Wt 9 st. 6 lbs. conversation or occupation - needs
much supervision - Physical health good
Nov. 8th Patient continues demented - quite unoccupied
Wt 8 st. 12 lbs incapable of connection needing much supervision
Is very troublesome in the Gallery always
wanting to move the furniture &c. Physical
health good - has had seven fits - S.B.

1910 May 6. 10th Patient is demented when seen & to be
Wt. 8 st. 0 lb. constantly looked after Is troublesome
mischievous breaking everything &c. Had a
very bad fit the other day - twitchings
lasted for 2 - 3 hrs - did not remember
much about it afterwards. Physical
health fairly good.

May 25th Patient is demented. Incoherent - Destructive
Wt 8 st 3½ lbs Incapable of connection or occupation needs much
supervision - Since last entry had had two fits
one lasting about 8 hrs & the other 15 minutes. S.H.P.

Aug. 17th Mentally is unchanged - has had two fits since
last entry. Physical health fairly good. S.B.

p. 313.

Adm. 22 Aug 1906. **Schooley**. Mary Jane
R.O. 21 Aug 1906. Female 46. Married. Eng E.
Second attack.
Age on 1st attack 46.
At Camberwell House 1 Jan 1906 - 4 Feb. 1906.
Duration of present attack - 6 weeks.
Supposed cause Change of life.
Not Epileptic suicidal or dangerous.

Family Hist. None of insanity.
Personal Hist. Has been a cheerful amiable woman good wife & mother. Six children all healthy.
12 months ago became rather excitable & hysterical (used to think & say she had fainted when she had not!) Travelled in Germany without benefit. In December 1905 developed delusions about the identity of her husband & family. Was certified & sent to Camberwell House for 1 month went from there to Bournemouth for 1 month & returned home well. Kept well for 3 months - now relapsed.
No history of intemperance. No history of serious illness. Has lately suffered from menorrhagia.

Med. Certif. She does not know her husband. She believes her medical attendant Dr Groom of Leinsham is her husband. She told me she had just seen her mother. Her mother has been dead some years. Refuses to take her food & medicine. Thinks her nurse is trying to poison her. Says her daughters are murderers &c.

Bond or Adm. Physical. Ht. 5 ft 5. Wt.
She is a thin pleasant looking woman with light brown hair & grey eyes. Expression placid. Complexion pale. Chest resonant, breath sounds heard vesicular no adv. accompaniments.
Heart sounds loud - some systolic roughness in the mitral area.
Arteries not palpable. Pulse regular in force & rhythm.
Abdominal organs present no physical signs of disease. Tongue dirty. Teeth defective - wears a plate.
Pupils equal - react equally to L. & A: consensually & to skin stimulation.
Knee jerks brisk.
Gait & speech good.

Mental. Patient is deluded as to the identity of her husband & children; states that she does not think she has ever seen the latter. Her memory for recent events appears to be very defective.

Aug. 29 The delusions as to husband and children persist. Though she receives and reads letters from her children yet she declares they are not really hers. She is eating and sleeping fairly well but is very contemplative. S.H.P.

Sept. 5 Patient yesterday asked the House Committee that her family and daughters in particular had repeatedly tried to poison her and a few days ago used the syringe & P. that this house belonged to her husband a man of unbounded wealth. Her physical health is good. S.H.P.

Sept. 12 Patient continues very deluded - Her delusions being very various of great wealth of repeated conspiracy & attempts to poison her etc. She is now getting a mixture of Tinct. Nux. V. & Belladonna. V. is Ars constipated S.H.P.

Sept. 19 There is no mental change, but patient is in better physical health, much less constipated S.P.P.

Oct. 14 Patient continues to have delusions of jealousy that her husband owns this place - that she has boundless wealth etc. etc. She also has many delusions as to immoral behaving on part of her Drs. Nurses Visitors around her and talks so disgustingly about this that she has frequently to be taken out of the sitting room apart from the others - Answered letter to S. P. from her former medical attendant shows that she still regards him as her husband S.P.P.

Nov. 17 There is no mental change — S.P.P.

1907 Jan. 27 Patient had an attack of Syncope at 3.45 pm to-day preceded by sickness. She had taken two rhubarb pills in the morning. She had quite recovered at night and stated that she has frequently fainted before. Mentally she is full of delusions of grandeur - says today that she is a very sacred personage - S.P.P.

April 27 Patient for six past physical health mentally unchanged S.P.P.

May 28 Patient retains delusions of grandeur is placid and very self satisfied believing herself a most sacred personage. Her physical health is good S.P.P.

21 Aug. left on leave of absence on trial S.P.P.

27 Sept. Discharged from trial "recovered" S.P.P.

Discharged

Ruth Bristas cont from p 382

Dec. 16th Wr. 7064 Patient is very weak minded & is under the influence of constant auditory hallucinations. Is incapable of much occupation. Sewing, hides bread and bun & eats it in common. Dr... pale ... S.B.

1912 March 22nd ... in a chair ... head, & will ...

June 30th ... j.

Aug. 17th P... to-day. E.m.j.

1914 June 25th ... to-day in ...

Aug. 31st ... ars contented ... Weight ... lth. E.m.j.

Nov. 24th ... hange, ... st. 3 lb ...

1915 Feb. 27th ... ht 7st. 7½ lb. E.m.j. ... unspeakable, ... questioned, ... ation at all ... very E.m.j.

May 31st ... little with ... sewing, but is incapable also lacks initiative, Physical health quite good. E.m.j.

Aug. 14th Demented, will seldom converse, but scribbles many incoherent letters shews little interest in her surroundings, Physical health fair. E.m.j.

Dec. 13th Suffers from auditory hallucinations & mentions a girl who talks to her from a distance. She is solitary and unsociable. Her general health is fair. E.m.j.

Continued on page 206

To Dr. Shuttleworth from Matron Holloway Sanatorium Virginia Water

Holloway Sanatorium
Virginia Water
Oct 9 1906

Mrs Schooley

My dearest Husband, to-day. E.m.j.
Loveo deareo peleo
Darlingo precioso Peereo ars contented
Prince of Virginia water Weight—
To me: let it be co. ange,
Combeo Combeo come st. 3 lb
And c me. your
Advice best for me
Tired of waiting for
Letter from you write to
Please only a word

Sept. 19 There is no mental change, but patient is in better physical health, much less constipated. Sept.

Oct. 14 Patient continues to have delusions of wealth that her husband owns this place - that she has boundless wealth etc. etc. She also has many delusions as to [illegible] on part of her Sister-in-law [illegible] her and talks so disgust[illegible] she has frequent [illegible] letter about apart from [illegible] letter to Dr. [illegible] shows that she still regards

Nov. 7 There is no mental change

1907 Jan. 27 Patient had an attack of [illegible] to-day preceded by sickness [illegible] two rhubarb pies in the [illegible] quite recovered at night and [illegible] frequently painted before. [illegible] of delusions of grandeur [illegible] in a very sacred parentage

April 27 Patient is in good physical health

May 28 Patient retains delusions of grandeur very self satisfied behaviour [illegible] parentage. Its physical health [illegible]

21 Aug. Left on leave of absence

27 Sept. Discharged from trial [illegible]

Discharged

Ruth Bristas cont from p 382

Dec. 16th 1904 Patient is very weak minded & is under the influence of constant auditory hallucinations. Is incapable of much occupation. Sensibly [illegible] conversation. [illegible] Physical health good. E.m.j.

Aug. 14th Demented, will seldom converse, but scribbles many incoherent letters shews little interest in her surroundings. Physical health fair. E.m.j.

Dec. 13th Suffers from auditory hallucinations & mentions a girl who talks to her from a distance. She is solitary and unsociable. Her general health is fair. E.m.j.

Continued on page 206

Holloway Sanatorium
Virginia Water
Oct 9 1904

Mrs Schooley

My dearest Husband
Loveo deareo peleo
Darlingo preciouso Peareo
Prince of Virginia water
To me, let it be co.
Combeo Combeo come
And c me. your
Advice best for me
Tired of waiting for
Letter from you write
Please only a word

To say when you will
Fetch me. Loveo coo
Prince imperial, Yeot
Smile aweel of
Wile. Pol- Une Francie
Pair away a promise
Land go buy your
Oil & be ready ready
For. Bridegroom wait
Grounds are very fine
Hereo neareo garden
Of edeneo roleo loveo
How are our stars in
The east west. O,
For those galeoe grand
Lea in frount of us

Sept. 19 There is no mental change, but patient is in better physical health, much less constipated Sept. 19

Oct. 14 Patient continues to have delusions of wealth that her husband owns this place - that she has boundless wealth &c. &c. She also has many delusions as to immorality behaving on part of her husband &c. &c. She abuses her and talks so disgustingly that she has frequently to be left alone. She is kept apart from the other patients & her room, her food is brought to her. She still expresses delusions that she will regain her position in society.

Nov. 17 There is no mental change

1907 Jan. 29 Patient had an attack of influenza to-day preceded by sickness & diarrhoea. She has had two rhubarb pills in the morning. She is quite recovered at night and has not had any frequents fainted before. She still has delusions of grandeur & that she is to be married to a very sacred personage.

April 27 Patient is in good physical health

May 28 Patient retains delusions of grandeur & is very self-satisfied believing herself to be a personage. Her physical health is good.

21 Aug. Left on leave of absence

27 Sept. Discharged from trial

Discharged

Ruth Bristow cont from p 382

Dec. 16th Patient is very weak minded & is under the influence of some auditory hallucinations. Is incapable of much occupation. Is usually hidden away from 17.02 in a corner.

What will it be have You seen Silvester love What are they doing at 67 Wal is away Ele Prowhite going to pay Me Visit on caturday With Bert coper do you mind my Pet Such a good Boy to Me going to bring 2 Rlouces for me girleo Making them for me You dont mind a bit Do you. I hope it wont Mind Mal brining bottle Perfume i chose

Did it act in that Glory on caturday night Forget me not do you for Get me I never do it o Love of mine do it Love gay Paris c— Liberty. Paris it on Apemine mode phy Let daffodil grow In profucon Blow Blow thou winter Windeo Wirneo to Groweo puceo on To peaceo let it rect Give it to Venus to Plant from your ever Loving Wife o

Physical health quite good. E.m.j.

Aug. 14th Demented, will seldom converse, but scribbles many incoherent letters shews little interest in her surroundings. Physical health fair. E.m.j.

Dec. 13th Suffers from auditory hallucinations & mentions a girl who talks to her from a distance. She is solitary and unsociable. Her general health is fair. E.m.j.

Continued on page 206

Sept. 19 There is no mental change, but patient is in better physical health, much less constipated S.M.P.

Oct. 14 Patient continues to have delusions of wealth that her husband owns this place - that he has hundreds more etc. etc. She also has many delusions as to immorality obtaining on part of her fellow patients those around her and talks so disgusting about this that she has frequently to be taken out of the sitting room apart from the others - Answered letter to S. A. from her former medical attendant shows that she still regards him as her husband S.M.P.

Nov. 17 There is no mental change — S.M.P.

1907 Jan. 27 Patient had an attack of syncope at 3.45 p.m. to-day preceded by dizziness. She had taken two rhubarb pills in the morning. She had quite recovered at night and states that she has frequently fainted before. Mentally she is full of delusions of grandeur - says today that she is a very sacred personage - S.M.P.

April 27 Patient is in good physical health - mentally unchanged S.M.P.

May 28 Patient retains delusions of grandeur is flighty and very self satisfied believing herself a most sacred personage. Her physical health is good S.M.P.

21 Aug. Left on leave of absence on trial S.M.P.

27 Sept. Discharged from trial "recovered" S.M.P.

Discharged

Ruth Bristow cont from p 382

Dec. 16th 1911 Patient is very weak minded & is under the influence of constant auditory hallucinations. Is incapable of any occupation. Generally hides herself away from view in a corner. Does not take to food very well & is pale & thin S.B.

1912 March 22nd. Demented, spends most of her day in a chair behind a door, with a shawl over her head, & will not talk. Physical health fair (E.m.).

June 30th. No mental or physical change. E.m.

Aug. 17th. Patient went to S. Ann's, Bournemouth, today. E.m.

1914 June 25th. Returned from Bournemouth to-day in good physical health. E.m.

Aug. 31st. Silent, demented, unoccupied, appears contented. General health quite good. E.m.). Weight — Gained 11½ lb. while at Bournemouth. E.m.

Nov. 24th. There is no mental or physical change, except the weight, which is now 7 st. 3 lb. E.m.

1915 Feb. 27th. Physical health quite good, weight 7 st. 7½ lb. is seldom occupied, demented, unsociable, will make brief answers when questioned, but does not enter into conversation at all. E.m.

May 31st. Demented, silent, unsociable, writes very incoherent letters, occupies herself a little with sewing, but is lethargic and lacks initiative. Physical health quite good. E.m.

Aug. 14th. Demented, will seldom converse, but scribbles many incoherent letters, shews little interest in her surroundings. Physical health fair. E.m.

Dec. 13th. Suffers from auditory hallucinations & mentions a girl who talks to her from a distance. She is solitary and unsociable. General health is fair. E.m.

Continued on page 206

3002

Qd. Aug 24. 1906
4 D Aug 23 1906

Mariam Thompson.
61 - single no occupation Unitarian - The address The Bell Golden Common Winchester
Fourth attack. age on first 56 - Has been under private care at D. Bays St Albans
Present attack acute last three days
Not E. S. D -

Front
Medical Cert

Her appearance is dejected & her manner restless She told me that her throat was completely closed & that she was unable to swallow solids & only a piece of bread and butter. She told me that she was quite poorly stricken & should go to the Workhouse & that it was impossible for her to work while she was working backwards up & down

First

Second

23 Aug. 1906
correct to date

P. C. Shepard M.D
Golden Common
Geo Gordon Smith

Previous Hist from brother D. A. H. Thompson

Patient is the only daughter in a family of eight. Attached had "bilateral convulsions of the chest" and was kept in bed for two days. In 1891-2 she was seen by D. Paladin on account of neuralgia he diagnosed fibro-myoma found it to be inoperable Recovered for about 3 years ceasing at menopause - No trouble since 1st mental attack at 56 - (menopause) similar to the present attack Lasting 3-4 months. Treated in House of D. Days Healthy Previous Had drunk something & the thing it to be poison - was fed by tube 3 times
2nd attack about 3 years ago - similar - certified in
3rd attack Last year Rather.
This string a brother died suddenly - has not felt herself since the Six weeks ago felt depressed went to room in Farnham - to D. Shepard July 26 - Hypochondriacal Religious Mother had similar attacks - Yo Mother dy.

Family History

Condition on admission. A. Physical.

Pall
W. 5 H 3.
Dr. 9 H 3.

Patient is a well developed well nourished woman with pleasant expression grey hair, blue eyes good colour - teeth defective (artificial upper & lower set) mucous membranes healthy tongue rather furred and fissured.
Heart and lungs present no physical signs of disease - Pulse 75, regular - in rate and rhythm Vessel wall healthy Tension low.
Abdomen - Patient has a healthy scar extending from umbilicus to pubis - the result of an operation for fibro-myoma (not removed as too adherent) She complains of tenderness on palpation over it, but this does not appear to be genuine and neurologica has now ceased - There is slight dulness extending 2 in. above the pubis No other abnormalities Bowels constipated Urine 1024, acid, light brown no albumen sugar or abnormal deposit
The pupils are equal and regular concentrate contracted, react slowly to L.A. consensually and to skin stimulation. The knee jerks are present but slight, no ankle clonus superficial reflexes healthy —
Patient is a right-hander —

B - Mental -

Patient has a dull expression but brightens up at intervals - when her attention is diverted from herself and her imaginary complaints
Her manner is dejected - her speech slow and she is inclined to be querulous and discontented if her requests are not instantly granted.
Patient is very hypochondriacal - States that her brain requires much care on her part to make it

work," that her throat is choked up and she cannot swallow, her food accumulating in the gullet - that her breath is feetid & throat sore to touch etc - etc. —
She also states that she is severely stricken (not the case)
No delusions or visual hallucinations could be elicited on enquiry.
Patient has taken food well since admission but denies this - She has also slept pretty well, but says she gets no sleep at all —

Aug. 31 Patient still maintains that her throat is choked up though taking all meals, except breakfast well, the pressure and is sleeping pretty well — S.H.P.

Sept. 7 Patient is taking her food better, though her delusions persist. As yet she is quite unoccupied. S.H.P.

Sept. 14 Patient still very full of delusions that her throat is blocked - that she is wasting away, but taking her food well and sleeping well. S.H.P.

Sept. 21 There is no mental change. S.H.P.

Oct. 14 Patient is improving slightly no longer dwells on her delusions is beginning to occupy herself with plaiting etc. She sleeps well. S.H.P.

Nov. 16 Patient what discharged recovered to-day admitting great physical as well as mental improvement. She was examined before leaving and found to be in good physical health and free from marks and bruises. S.H.P.

Discharged

Mrs Ellis (370)

Nov 16 at 12.15 noon — 6 p.m. No urine passed since yesterday morning, patient refusing to pass it
T. 102.7 P. 100 4 p.m. 10 ounces withdrawn by catheter - Light brown and 1025 - Heavy deposit of ~~albumin~~ nitrate of urea no albumin, urea 2 p.c. —

Nov. 17 Patient slept 4 hours last night - took milk pretty well all day - for hours - says it was painful asking to be burned etc — passed urine freely and had one motion - Fetid offensive (bowel washed out yesterday - 6 p.m. with normal saline) Blood examined Hb. 30 p.c. R.B.C. 1.314.762. W.B.C. no leucocytosis S.H.P.
T. 101.8 10 a.m. P. 100 —

Nov. 19 Patient much quieter, passing urine freely - refused to retain milk once yesterday - quantity was according to record, has declined to 4 oz. hourly today. Varied by Panopepton 3ss two hourly. S.H.P.

Much Nov. 21 Patient put on Sanatogen 3ii t.i.d. today. (bowel washed out with saline -) S.H.P.
Longer sentences Nov. 24 Patient has been sleeping increasingly well since the 21st 5 - 6½ - 7½ hours. She is now taking milk, Panopepton, and a little bread and butter and there has been absolutely no sickness since the 18th (very slight.) Diarrhoea has also quite ceased, patient tending now to constipation. Since the 22nd the urine has been ammoniacal in reaction with a thick deposit of phosphates (chiefly earthy with a few crystals of triple phosphates) Patient now responds normally to questions regarding diet, sensations etc but is very depressed saying she will never recover - she is very tearful etc. S.H.P.
22nd Nov. Rx Urotropine gr. 5 t.i.d.
Saline per Enema
Nov. 26th Champagne stopped as it made patient feel sick. The pulse was extremely feeble today

30034 Emma Godbold.

Adm. Aug 28 1906
D/D Aug. 27 1906

62. married housewife. Ch. of Eng. Rec'd. 17 Beverley Rd. Barnes. The mental disorder has been occurring for the last six years very gradually. supposed to be change of life. Dr F. S. D.

First certificate

She is voluble and excited, rushes frantically about the room when approached. refuses to enter into conversation and declares I am here for some immoral purpose

F. P. Crookshank
27 The Terrace, Barnes SW

24 Aug. 1906

Second

corroborates.

G. H. H. Seward.
65 Chelmsford Rd. Richmond
Surrey

25. Aug. 1906

Past History

The cause of present attack is unknown. Patient has hallucinations of hearing and sight and ideas of suspicion. She takes her food well. is cleanly in habits, gets excited towards evening but sleeps fairly well.

Family History

Sister insane

Condition on admission. A. Physical.

Edl. III
8st. 3¼ lbs
10st 4½

Patient is thin wiry old woman with grey hair, greyish blue eyes faded complexion. Tongue clean but rather tremulous, mucous membrane pale, teeth all gone (uppers & lowers artificial teeth.)

The breathing anteriorly is somewhat harsh and both apices are slightly dull but there are no crepitations to be heard.

The heart is dilated - the apex beat being felt in the 7th left interspace 4 in. from M.S. The left border extends 4 in from M.S. at the level of the 4th left rib - The right heart is not enlarged. Pulse 80, vessel wall much thickened, tension high. There is a loud systolic murmur accompanying and in part replacing the first sound in the mitral area & traceable into the axilla. The second sound in the aortic area is diminished. There is a linear scar 3-4 in long, recent in the left inguinal region - the result patient says of an operation for hernia some months ago. There is no pain on palpation over the abdomen - Liver and stomach are not enlarged.

The menopause occurred many years ago. There is some prolapsus uteri which causes patient no inconvenience - the os being visible at the vulva.

Urine

The pupils are equal & regular, react to L. & Accom. & consensually. The knee jerks are present - slight. There is no ankle clonus - superficial reflexes lack. Triceps jerks present but very slight.

Speech & gait good.

B. Mental-

Patient has a nervous excited manner and offers explanations of the intentions of those around by hinting from the doctors who she says mean to cut her up. When examined she enters readily into conversation which she interrupts to answer imaginary voices, which appeal to her help and at once hurl blame the doctors - She says she has been "cut up" attacked and cruelly assaulted by doctors at night (this never happened for she was a girl) - who have tampered with her head and wronged her in many ways. and fearing

She has hallucinations of sight - Fancies seeing friends (not here) since her arrival - Her memory for recent events is somewhat impaired -

Her appetite is good - She grows excited towards evening, but sleeps fairly well -

Sept. 4 Patient is very restless constantly wandering about looking for her husband whom she fears to speak to both by day and by night. She is taking her food fairly well and sleeping well. S.H.P.

Sept. 11 Patient still very restless with many hallucinations of hearing - quite unoccupied constantly muttering - She is sleeping well. S.H.P.

Sept. 18 Patient is somewhat less restless and begins to occupy herself a little, helping the nurses with light duties &c. - muttering less, but still very active hallucinations of hearing - S.H.P.

Sept. 25 Patient continues to improve slightly S.H.P.

Oct. 14 The auditory hallucinations are still very active and patient now declares that

she sees her husband here. She is restless crying to go to him. She takes her food well and sleeps well — S.H.P.

Nov. 4 There is no mental change - S.H.P.

1907 Feb 28 Patient still has constant auditory hallucinations hearing her husband's voice constantly, seeing him. She is unusually quiet + unoccupied Her physical health is fair. S.H.P.

May 27 Patient still has constant auditory and visual hallucinations. Her physical health is fair - S.H.P.

Aug 31 There is no mental or physical change - S.H.P.

Nov 30 Patient persists in delusions and hallucinations is occasionally violent if not allowed to do what she wishes. Her physical health is fair S.H.P.

1908 Feb 29 Patient's auditory hallucinations are still most acute. She believes firmly that her husband is in this house and is occasionally violent if not allowed to go to him. Her physical health is fair — S.H.P.

May 18 Went to Home Villa. S.H.P.

Aug 1 Returned from Home Villa improved physical health mental unchanged — S.H.P.

Aug 7 Patient's auditory hallucinations continue very acute. She constantly hears her husband's voice and is sometimes violent if not allowed to go to him - She constantly remarks in an argumentative way "I am a married woman - Her physical health is good. S.H.P.

Nov 27 There is no change in mental or physical state M.S.B.

1909 Feb 13 Patient continues very deluded - believes that everyone is wearing her clothes, that parcels which come for the gallery are all hers + stolen by change hands. Refused to see her husband - son who came to visit her. Is rude + violent at times Bodily health good. M.S.B.

Continued Page 334.

3007 Eliza Willes.

Ad Sept. 11 1886 65, Spinster, no occupation Ch. of Eng. Read. 33
P.D. Sept. 9 1886 Vermont Grove, East Bulwick Nr. Lindattack - classed unknown. Supposed cause through living alone Not E. might throw herself out of window 2nd D.

Lindcert. She made me close both windows and speak in a whisper as the said people next door were listening and moved certain stools for her as soon as I was gone. She fears this plots and because she knows what they are after she must be shot. To-day the fence next door there is shot her through the window, but missed not fire through glass.

Henry Head
4 Sept. 1886 — 14 S. Hanley St. W.

Leaud. corroborates

H. G. Chittenden
5 Sept. 1886 127 Peckham Rye S.E.

Past. History

Fam. History No history of Insanity

Condition on admission. A. Physical—

Gall III
Ht. 5ft 7½
Wt.

Patient is a well developed, well nourished woman with brown hair, turning grey, brown eyes, tall and complexion, teeth defective (artificial upper and lower set) tongue clean, mucous membranes healthy.
The heart's action is slightly irregular and patient says she suffers at times from palpitation. The first sound in the mitral area is impure — Pulse 78 regular in rate & rhythm, vessel wall healthy, tension low.
There are no signs of physical disease in the lungs.
There are no abnormalities to be noted in abdomen.
Urine light brown, acid, clear, specific gravity 1022, acid, no abnormal constituents in urine.
The pupils are equal and regular and react well both to light & accommodation and consensually. The deep reflexes are present not exaggerated. The superficial reflexes are healthy.
On the left leg the S.S. vein is varicose.

B. Mental.

Patient has a pleasant expression, enters readily into conversation and shows good power of attention.
Her memory for recent events is slightly impaired — for remote good.
She talks freely of her delusions. States that for some time past the people next door have been trying to shoot her because she knows too much about them". She has heard them talk of it and has seen the muzzle of the gun or pistol directed at her. The fence also thrown stones at her and her life is made a burden to her by them.
Patient attends well to dress and person.
Takes her food well and sleeps well.

Sept. 18 Fall. VII — Patient is now fairly well occupied, talking much less of her delusions and eating and sleeping well. S.H.P.

Sept. 25 — Patient's delusions are less active. She is in fairly good health but somewhat feeble in walking about getting in and out of bath &c. S.H.P.

Oct. 2 — Patient's mental state is unchanged. She has complained of difficulty in passing urine. The urine is feeble (1025, acid, no albumin) and the difficulty seems to be entirely due to nervousness. S.H.P.

Oct. 9 — Patient is overcoming the nervous spasm above referred to and dwells less on her delusions of persecution which are still all present. S.H.P.

Nov. 17 — Patient still refuses or alleges inability to use lavatory — retains delusions in a modified form. S.H.P.

1907 Feb. 28 — There is no mental change — apparently has auditory hallucinations — physical health is good. S.H.P.

May 1 — Patient went on leave of absence on trial today. She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Aug 1 — Patient was discharged today from the relieved. S.H.P.

Discharged.

Emma Godbold. (m) from page 330.

May 9th Gallery IV — Patient is somewhat excited just now. Resistive and abusive. Is very deluded accusing those about her of being very wicked. Is restless & unoccupied. Physical health is fair. M.S.B.

Aug. 21st. Wr. 6st 12½lbs. — Patient is mildly excited. resistive very abusive at times. Has many delusions will not allow some of the nurses to touch her because they are so wicked. Is always asking a.m. or ote "are you a Christian woman?" this being something especially wicked. S.H.

Nov. 13th Wr. 7st. 0lbs. — Patient continues excited at times resistive & abusive. Has many delusions chiefly accusing all those around her of being very wicked. Physical health fairly good.

1910 Feb. 10th Wr. 7st 0lbs. — There is no mental change. Physical health fair.

May 25th Wr. 6st. 9½lbs. — Patient is mildly excited rather difficult to manage resp. at times abusive. Has many delusions chiefly about the people surrounding her they are wicked etc. Patient has not been eating well lately & looks pale & thin. Has will not allow herself to be examined or treated says she is quite well. S.H.

Aug. 17th Wr. 6st. 7lbs. — There is no mental change. Physical health fair but looks thin & unhealthy S.H.

Dec. 15-16th Wr. 6st. 6lbs. — Patient continues very deluded, but is quiet at present occasionally abusive & resistive. Does not take her food very well & is thin & anaemic. S.H.

1911 March 16th. — Patient is very deluded accusing the people around her of mine keeping etc. Unoccupied. Refuses her food & is much emaciated & weak. Physical health fair. S.H.

p. 309.

3008

Ann Harding

Rec.11 Sept. 1906
Pd.10 Sept. 1906

68, single, schoolmistress, Ch. of Eng. P. 6 St Marks RD Windsor, Date of first attack unknown, Reticent Quaked Dr Effra House date unknown Bethlehem Hospital 1878 Bethlehem Hospital Discht.-June 1882. Pa. has lapsed two months, supposed course living alone Pat. has threatened suicide, has threatened violence

First cert. She states that she thinks she is a murderess that she has gone away from God and he does not take any notice / that she will never be forgiven

Com. has taken an knife & made passes with it towards her head

W. F. Lloyd.

7 Sept. 1906 c/o Alma RD - Windsor

Second corroborates

Rec. Visitor from St. Cary Windsor

Patient has been three in Lunatic asylums. The first occasion was two years ago when she was a patient in Bethlem for about two months for melancholia. Since then until recently she has been well but during the last two months she has again shown symptoms of insanity. She has been and still is very restless & excitable much to control her gestures. She has once or twice spoken of injuring herself or others, sometimes thinks unkindly of God on the ground of poverty & complains that she has lost some of her property or that she has committed some sin

from brother in law

Patient is a retired schoolmistress of a private school and has a small income from Cottage Property has been living alone. -

Fam. History

Brother & Uncle insane

Condition on admission

Pall. Mall Gaz. 14/9/06 p. 2 col. 1.

Patient is a small woman, much emaciated, with dark rationally curly grey hair, grey eyes, sallow unintelligent features deficient (upper artificial set) tongue flabby furred hard palate shallow.

The heart is not enlarged but there is a slight systolic murmur accompanying the first sound in the mitral area traceable towards the axilla. The pulse 72 is regular in rate and rhythm, tension low, vessel wall slightly thickened.

The breathing generally is somewhat harsh but there are no further physical signs of disease in the lungs.

No abnormalities to be noted in abdomen. Constipated Urine 1st Sample, 1012 measures 6 pints, no abnormal constituents. The pupils are somewhat contracted but react freely to L.A. Skin stimulation and consensually. The knee jerks are very active. The superficial reflexes are healthy.

There are varicose veins on both legs. marked on the left. Patient wears elastic stockings

There are slight bruises over the sternum where patient has been beating her chest.

Left femur broken some years ago. slight stiffness at hip

B. Mental

Patient is very depressed, self conscious uncontrolled in her gestures wringing her hands beating her chest shaking up wildly &c. &c. - She asserts that she is a most wicked woman, has committed great sins and can never be forgiven. that God has forgotten her -

She asks wildly if she has come here to be killed, if she will ever be allowed to leave again. She admits that she has threatened suicide by drowning & strangling and even taken steps & a knife with that intent but did so chiefly to annoy the woman with her. She does not think now she would have courage to attempt suicide, though her life is

Suicidal Caution

3008

Ann Harding

Adm. 11 Sept. 1906
Rd. 10 Sept. 1906

68 single, schoolmistress, Ch. of Eng. P.N. 6 St Johns RD Windsor. Date of first attack unknown, Perhaps started by Effra House date unknown Bethlehem Hospital 1878 Bethlehem Hospital March - June 1882. Pa. has lapsed two months, - supposed course living alone Lost. has threatened suicide, has threatened violence

First cert. She states that she thinks she is a murderess that she has gone away from home and he does not take any notice / that she will never be forgiven

Com. has taken a knife & made passes with it towards her head

W. F. Lloyd.

7 Sept. 1906 c/o Alma RD - Windsor

Second corroborates

Rec. History from Dr. Carey Windsor

Patient has been three in Lunatic asylums. The first occasion was five years ago when she was a patient in Bethlehem for about five months for melancholia. Since then until recently she has been well but during the last two months she has again shown symptoms of insanity. She has been and still is very restless & excitable and to control her gestures. She has once or twice spoken of injuring herself or others, sometimes stands lately & pleads on the ground of poverty & complains that she has lost some her property. & that she has committed some sin

from brother in law

Patient is a retired schoolmistress of a private school and has a small income from cottage property has been living alone. -

Fam. History

Brother & Sister insane

Condition on admission

Pall. Mall Nov. 7th. 1906

Patient is a small woman, much emaciated, with clay coloured hair, grey eyes, sallow unintelligent face, defective (upper artificial set) tongue rather furred hard palate shallow.

The heart is not enlarged but there is a slight systolic murmur accompanying the first sound in the mitral area traceable towards the axilla. The pulse 72 is regular in rate and rhythm, tension low, vessel wall slightly thickened.

The breathing generally is somewhat harsh but there are no further physical signs of disease in the lungs.

No abnormalities to be noted in abdomen. Constipated since September, 1902 measures different, no abnormal contents. The pupils are somewhat contracted but react freely to L.A. Skin stimulation and consensually. The kneejerks are very active. The superficial reflexes are healthy.

There are varicose veins on both legs. marked on the left. Patient wears elastic bandage

There are slight bruises over the sternum where patient has been beating her chest.

Left femur broken some years ago. slight stiffness at hip

B. Mental

Patient is very depressed, vindictive uncontrolled in her gestures wringing her hands beating her chest beating up against etc. etc. - She asserts that she is a most wicked woman, has committed great sins and can never be forgiven. that God has forgotten her -

She asks much if she has come here to be killed, if she will ever be allowed to leave again. She admits that she has threatened suicide & drowning & strangling and even taken to a knife with that intent but did so chiefly to annoy the woman watching her. She does not think now she would have courage to attempt suicide, though her life is

Suicidal Caution

Lord-walk Lunacy—

Attention is good and conversation enjoyed Memory is good - both for recent and remote events.

Patient attends to dress and person, is cleanly in habits, takes her food well and sleeps pretty

18 Sept. Regardless P.I.d. 25 Sept. Patient is somewhat less restless but still uncontrolled in gesture, asking constantly if she is to be kept here for ever. S.H.P.

Patient is much better controlled, but is still nervous and suspicious doubtful if she will ever leave here and sometimes refuses her medicine and extra milk for which she sees no need. S.H.P.

Oct. 2 Patient continues to improve but is still doubtful as to her ever being allowed to leave H.S. Her physical health has improved S.H.P.

Oct. 9 Patient is again more depressed weeps when she thinks she can never leave here and is restless at night. S.H.P.

Nov. 17 Patient much improved mentally - no longer restless, well occupied joining in all Hospital amusements and delusions & fulness etc almost gone. S.H.P.

Dec. 11 Patient was discharged to-day recovered She was examined before leaving and found to be free from marks and bruises but improved physical health (systolic aero murmur, heard all over chordae area) S.H.P.

Discharged.

May 30 (contd.) 1908 Mrs. Lush. from 386 and that her children are ill this house and are being vaccinated. Very sleepless at night. S.H.P.

Aug. 7 Patient continues restless and excited - Mrs. Lush queer remarks, says fretful things frequently wanders noisy at night - She has marked delusions of identity S.H.P.

Sept. 28 Patient was discharged today not improved to-day going to Clarence Lodge Clapham Park. She therefore refused medical examination was reported by the nurse to have no bruises S.H.P.

Discharged

3009 Jessie Annan

Adm 18 Sept. 1906 — 5'6, single, of no occupation, Ch. of Eng. 11 Empress Gate, South Kensington, first attack, not practising treated duration two weeks - Cause not known. Not G. - stated to be suicidal - Is liable to attack other patients -

Transferred from Horton Asylum

First certificate — She is rambling and incoherent in her conversation, says she is starved for want of food can give no reason for throwing things out of window

11 June 1906 — M. Lawrence, 24 Upper Phillimore Pl. Kensington

Second — corroborates and adds that patient has attempted to throw herself out of the window

11 June 1906 — E. T. Gregory M.R.C.S.

Previous history (from patient) — Lived at home till father died. Ten years ago. Has now no family ties. Has led a wandering life for the last few years. This year before her illness has been travelling in Italy & much worried by not knowing Italian - came to Paris feeling very ill got much excited by journey to London & there fussed over packing & unpacking - everything seems to turn to numbers - cannot remember why she was first sent to Infirmary of St Mary Abbots, Kensington

Family History — No history of insanity

Condition on admission A. Physical

Full fl. — Patient is a rabbit faced pale complexioned woman of middle height. She is well nourished, muscles & bones - teeth all gone, tongue clean

Ht. 5ft 4½ — Wt 8st 10½

The heart is somewhat enlarged $\frac{III}{\frac{1}{2}-64}$

There is a slight presystolic murmur and a loud systolic murmur accompanying the first sound in the mitral area traceable into the axilla - The apex beat is feeble -

Pulse 65, regular in rate & rhythm, vessel wall slightly thickened, tension medium.

The breath sounds at both apices are loud there are no further physical signs of disease in the lungs -

Menopause said to have occurred eight to nine years ago

Urine 1022, light amber, acid, no abnormal constituents

The pupils are equal and regular & react to L.A. skin stimulation & consensually. The deep reflexes are present not exaggerated - superficial reflexes healthy.

No abnormalities to be noted in abdomen.

B. Mental.

Patient is evidently recovering from an acute attack of mania. She is now somewhat depressed, feels "of feeling herself de trop" in the world - one woman too many in this miserable life etc - etc but says she would on no account voluntarily leave life. She is still much confused knows she has had a severe mental illness and can state fairly accurately the events leading up to it

15 Sept. — Patient continues to improve - is now much clearer in her account of events leading up to her illness

Oct. 2 — She is taking food well and sleeping well S.H.P.

Oct. 9 — Patient continues to improve S.H.P.

Oct. 16 — Patient is beginning to be better occupied more interested and less languid generally is taking food well and sleeping well

Nov. 17 — Patient continues to improve mentally and physically. S.H.P.

Stopped — Patient perfectly coherent but rarely depressed and worried and somewhat dependent on surroundings. Much improved in physical health. S.H.P.

1907 Feb. 28 — Patient is always well occupied - joins in amusements and goes out regularly but is rarely depressed and worried by small matters and apt to take a very gloomy view of her future. Her physical health is good. S.H.P.

5 April — Went on leave of absence on trial. S.H.P.

June 4 — Patient was discharged today from trial recovered S.H.P.

Discharged

Mary Machin Hannon (438)

April 30 — Patient has been in very restless, excited in Hall 3. That she was sent to Hall 1 yesterday (has been sleeping in strong dress in padded room for some weeks, as she tore up ordinary night dresses and attempted to strangle herself) She maintains her food is poisoned has to be fed [illegible] awake at [illegible] Lappens to [illegible] that [illegible] suicide [illegible] S.H.P.

May 27 — [illegible] S.H.P.

Aug. 31 — [illegible] very quiet [illegible] beyond [illegible] S.H.P.

Nov. 30 Feb. 1 — [illegible] all night [illegible] hers four [illegible] all the time [illegible] has strong [illegible] sleeping S.H.P.

1908 Feb. 14 — [illegible] improved [illegible] She was [illegible] and to be in [illegible] marks and [illegible] the night time S.H.P.

Holloway Sanatorium
Virginia Water
October 14. 1906.

Dear Sir

Finding myself amongst people who are unable and unwilling to "keep the Sabbath" I should feel greatly obliged if you would get several of my Church friends to choose some brief tracts, and high-class leaflets for distribution and circulation in this establishment. Please recollect that a wholesome tone, in matters of Religion and Literature, is as of much consequence as the food

Discharged

Oct. 2 She is taking food well and sleeping well S&P
6 Oct. 9 Patient continues to improve S&P
Request Visit Oct. 9 Patient is beginning to be better occupied
Oct. 11 more interested and less languid generally
is taking food well and sleeping well
Oct. 16 Patient continues to improve mentally and
physically. S&P
Nov. 17 Patient perfectly coherent
Stopped and rational and some
surroundings. Much i
physical health.
1857 Feb. 28 Patient is always well
amusements and goes
easily depressed and
and apt to take a very
that physical health
Want on leave of absen
5 April Patient was discharge
June 4 recovered

Discharged

Mary Machin Hannon (438)

April 30 Patient has been to very recent time) excited
in talk &c. that she was sent to Gall & yesterday
has been sleeping in strong dress in padded
room for some weeks, as she tore up various
night dresses and attempted to strangle herself.
She maintains her food is poisoned has to be fed

partaken by the body. I mention
this as perhaps you are not fully
aware of my tastes & opinions
concerning this subject. The British &
Foreign Bible Society had a short
conversation (over the counter) one
day with me, but the same Society
always gives me such freedom
in the Depôt that I have picked
& chosen & selected in order to
examine & read for myself. As I
am now situated (with no money &
locked doors & gates) I can only
request you & happily & the leading
Baptist Ministers, and & the
Clergymen in London whose Churches
I have frequently attended. Four
or many copies of the Gospels (with many
pictures or the cross would be useful
and I think the "young Soldier" published
by the Salvation Army would be a
good thing for some of the patients!
The Christian Banner & Sunday Circle
& Sunday Companion & Baptist
Missionary Herald & particularly
the Olive Mission Magazine, and
Ragged School Union Journal (of
the Shaftesbury Society) would be
an immense interest & to the
people who frequently idle away
the whole of Sunday, distressing
themselves & distressing others
for I believe, most unfairly treated.
The earth is the Lords & the
fulness thereof." The withholding
of the hand or the unwise usage
of it, has condemned many a
human being unable to plead
for themselves. Bad language
may offend our ears but if we
refuse the sight & hearing of the

Discharged.

Oct. 2 — She is taking food well and sleeping well S.H.P.

Oct. 9 — Patient continues to improve S.H.P.

Oct. 16 — Patient is beginning to be better occupied more interested and less languid generally is taking food well and sleeping well

Patient continues to improve mentally and physically. S.H.P.

Nov. 17 — Patient perfectly coherent but rambling and worried and somewhat dependent on surroundings. Much improved in physical health. S.H.P.

1907 Feb. 28 — Patient is always well occupied - joins in amusements and goes out regularly but is easily depressed and worried by small matters and apt to take a very gloomy view of her future. Physical health good. S.H.P.

5 April — Went on leave of absence on trial. S.H.P.

June 4 — Patient was discharged today from trial recovered S.H.P.

Discharged

Mary Machin Hanson (1438)

April 30 — Patient has been to very recent time resident in Hall III. That she was sent to Hall I yesterday (Has been sleeping in strong dress in padded room for some weeks, as she tore up obviously right dresses and attempted to strangle herself) She maintains her food is poisoned - has to be fed

May 27

Aug. 31

Nov. 30 (Leave)

1908 Feb. 14

best Language in the world, are not we to blame more than the profane babbler himself? When the lump is large a good bundle of leaves is the more necessary.

With happy remembrances of the Track Society, and a firm belief in the Harvest of track distribution, I remain, Sir,

Yours faithfully

Edith Castle

To the Treasurer of the Religious Track Society.

P.S.

(Don't forget North London & my love thereto.

Discharged

Oct. 2 She is taking food well and sleeping well S.H.P.
Oct. 9 Patient continues to improve S.H.P.
Oct. 9 Patient is beginning to be better occupied more interested and less languid generally is taking food well and sleeping well
Oct. 16 Patient continues to improve mentally and physically. S.H.P.
Nov. 17 Patient perfectly coherent but rarely depressed and worried and somewhat dependent on surroundings. Much improved in physical health. S.H.P.
1907 Feb. 28 Patient is always well occupied - joins in amusements and goes out regularly but is easily depressed and worried by trifles and apt to take a very gloomy view of her future. Her physical health is good. S.H.P.
5 April Went on leave of absence on trial. S.H.P.
June 4 Patient was discharged today from trial recovered S.H.P.

Discharged

Mary Machin Hanson (438)

April 30 Patient has been in very restless excited condition in Hall III. When she was sent to Hall I yesterday (has been sleeping in strong dress in padded room for some weeks, as she tore up ordinary night dresses and attempted to strangle herself) She maintains her food is poisoned has to be fed with T. Does all in her power to keep awake at night as she is sure something evil happens then - has most distressing delusions that she gives birth to kittens etc - is very excitable
May 27 Patient is sleeping much better, but her delusions remain unchanged. S.H.P.
Aug. 31 Patient is now sleeping well. She is very good in day, constantly reading, refuses to speak beyond yes and no apparently retains delusions S.H.P.
Nov. 30 Patient is extremely restless especially at night (says her room is not right) requires four nurses to undress her and holds all the time. She is destructive of own clothing. Has strong delusion of persecutions and is sleeping less well S.H.P.
1908 Feb. 14 Patient was discharged today "not improved" going to Northumberland House. She was examined before leaving and found to be in good physical health. Blue pin marks and bruises except one small one on the right knee S.H.P.

Discharged

30/1

Edith Eastley.

Adm. 24 Sept. 1906
R.O. 22 Sept. 1906

30, single, formerly mistress in secondary school Protestant 44 Upper Grange Rd Bermondsey - Recent attack - 'at eighteen a slight attack of hysteria has not previously been under treatment of such a kind. Present attack has been gradually coming on for three or four years. No assignable cause. Not S. D.

Last cert.

That her manner was wild and excited speech incoherent and unrestrainable. In a sudden fury she cut the name out of a towel with a pair of scissors, thus spoiling it and threw the said name on to a table at which she was sitting exclaiming 'another lie'.

21 Sept. 1906 — B. B. Conolly C.B. M.D. Brockley S.E.

Second cert. corroborates

21 Sept. 1906 — C. Sterling Bermondsey

Previous History

Hysterical for several years - ugly for several years. Very suspicious believes that her letters are tampered with and that she has been watched. Has become very plain

Family Hist. Cousin insane - Uncle (father's brother) insane

Condition on admission. A. Physical

Cell III
14 Apl 23/4
Oct. 4 1/2

Patient is a small thin woman, with dark hair turning grey, blue eyes sharp features, teeth deficient tongue somewhat furred -

Patient resisted physical examination strongly and talked at the pitch of her voice throughout the

- Holloway Sanatorium
Virginia Water
Oct. 13. 1906.

Sir

I should feel greatly obliged if you would send (as a gift) enough Bibles to supply each dormitory with one; each Sitting-room with one, each pew in the Church with one; each private room with a New Testament, or a copy of the Psalms; and as many copies of the Separate books of the Bible as you

examination

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...regular in

...thickened

...ouder worked

...present day

...abdomen

...and bowels

...amination

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...ither have

...ave been

...cuses the

nurses present of trying to steal her clothes and threatens all around with legal proceedings.

No hallucinations cannot be elicited.

Patient's habits are clean and she attends to dress and person. She takes her food well and sleeps fairly well.

30/11

Edith Eastley.

Adm. 24 Sept. 1906 — 30, single, formerly mistress in secondary school
R.O. 22 Sept. 1906 — Protestant. 44 Upper Grange Rd Bermondsey. Second attack. 'At eighteen a slight attack of hysteria has not previously been under treatment of such a kind. Present attack has been gradually coming on for [illegible] unassignable cause.

Lunacy cert. — That her manner was [illegible] demeanour and unconnected she cut the name out of [illegible] scissors, thus spoiling it. name on to a patch and exclaiming 'another lie'.

21 Sept. 1906

Second cert. — corroborates

21 Sept. 1906

Previous History — Hysterical for several years. Very suspicious. Are hampered with an [illegible] watched. Has become

Family Hist. — Cousin insane. Uncle (father's brother) insane

Condition on admission. A. Physical

Gall III — Patient is a small thin woman, with dark hair turning grey, blue eyes sharp features, teeth defective
Ht. 4ft 9½ in
Wt. 6 st
tongue coated and furred.

Patient resisted physical examination strongly and talked at the top of her voice throughout the [illegible] and the cries disease [illegible] booming [illegible] 72, regular [illegible] thickened

[illegible] said no

[illegible] reported [illegible] presented [illegible]

[illegible] in addition

[illegible] milk and bath examination [illegible] ordered [illegible] letters have been [illegible] accuses the nurses present of trying to steal her clothes and threatens all round with legal proceedings.

No hallucinations could be elicited. Patient's habits are clean and she attends to dress and person. She takes her food well and sleeps fairly well.

can, so that each patient has a nice little book of good reading at any time whether they are in bed, sitting, standing, or walking in the grounds. Can you do this for me? You will have to attend to it yourselves, or I feel sure there will be some omissions or mistakes. It needs doing: it is the Lord's work and in obedience to His commands. "Go ye into all the world, and preach the gospel to every creature."
The Missionary Spirit is not enough without the missionary's work:

the Colporteur and Bible-woman in England have a hard task: the houses of the people are sunken in wickedness. There is none that doeth good: no, not one. The people need visiting from house to house in all the Slums of London and the Word of God must be put into their own hands at their own doors by a true believer of the Gospel. How grievous it is when the Seed sown is trodden under foot and gobbled up by the fowl!
Awaiting an early reply, and with confidences in the

30/11

Edith Eastley.

Adm. 24 Sept. 1906
R.O. 22 Sept. 1906

10, single, formerly mistress in secondary school, Protestant, 44 Upper Grange Rd Bermondsey – Second attack – 'at eighteen a first attack of hysteria has not previously been under treatment of such a kind. Present attack has been gradually coming on for five or four years. No assignable cause. Not G.S.D.

First cert.

That her manner was wild and excited, speech incoherent and unintelligible. In a sudden fury she cut the name out of a Bible with a pair of scissors, thus spoiling it, and threw the said name on to a table at which she was sitting exclaiming 'another lie'.

21 Sept. 1906 B. B. Conolly C.B. M.D. Brockley S.E.

Second cert. corroborates

21 Sept. 1906 C. Stirling Bermondsey

Previous History

Hysterical for several years – right for several years. Very suspicious believes that her letters are tampered with and that she has been watched. Has become very thin

Family Hist.

Cousin insane – Uncle (father's brother) insane

Conclusion or admission A. Physical

Cell III
M. 4 ft 2½
Vol. 4 ½

Patient is a small thin woman, with dark hair turning grey, blue eyes sharp features, teeth decayed tongue somewhat furred.

Patient resisted physical examination strongly ... examination ... the lungs ... ecaee ... booming ... no, regular in ... thickened ... ead no ... ...puted wasted ... present bad ... n adenoid ... ...ck and black ...amination ... ...ened thready ... letters have ... have been ... stealing all her possessions. She accuses the nurses present of trying to steal her clothes and threatens all around with legal proceedings.

No hallucinations could be elicited. Patient's habits are cleanly and she attends fairly to dress and person. She takes her food well and sleeps fairly well.

Spirit of your Society;
I remain, Gentlemen,
Your obedient Servant
Editha Eastley.

To the Treasurer and
Secretary of the British +
Foreign Bible Society.
Queen Victoria Street
London. E.C.

30/11

Edith Eastley.

Adm. 24 Sept. 1906
R.O. 22 Sept. 1906

10, single, formerly mistress in secondary school, Protestant, 44 Upper Grange Rd Bermondsey – Second attack – 'at eighteen a short attack of hysteria has not previously been under treatment of such a kind. Present attack has been gradually coming on for five or four years. No assignable cause. Not S. D.

First cert.

That her manner was wild and excited, speech incoherent and unintelligible. In a sudden fury she cut the name out of a towel with a pair of scissors, thus spoiling it, and threw the said name on to a table at which she was sitting exclaiming 'another lie'.

21 Sept. 1906 — B. B. Conolly C.B. M.D. Brockley S.E.

Second cert. corroborates

21 Sept. 1906 — C. Stirling Bermondsey

Previous history

Hysterical for several years – right for several years. Very suspicious believes that her letters are tampered with and that she has been watched. Has become very thin

Family hist.

Anemic mania – Uncle (father's brother) insane

Condition on admission A. Physical

Full III
M.M. 3½
Vol. 4 ½

Patient is a small thin woman, with dark hair turning grey, blue eyes sharp features, teeth defective, tongue somewhat furred.

Patient resisted physical examination strongly and talked at the pitch of her voice throughout.

As far as could be ascertained the lungs presented no physical signs of disease.

The first sound in the M.A. was booming. The heart was not enlarged. Pulse 72, regular in rate and rhythm, vessel wall slightly thickened. Tension low.

Urine very pale, deposit of mucous, no casts and no abnormal constituents.

Menopause – some years ago.

The pupils were dilated, equal and regular, reacted to L. and A. The deep reflexes were present not exaggerated.

No abnormalities to be detected in abdomen.

B. Mental.

Patient is much excited, talking constantly and voluble. She resented and resisted physical examination.

She states that of late she has endured shameful treatment from all around her – her letters have been tampered with and people have been stealing all her possessions. She accuses the nurses present of trying to steal her clothes and threatens all around with legal proceedings.

No hallucinations could be elicited.

Patient's habits are cleanly and she attends to dress and person. She takes her food well and sleeps fairly well.

Oct. 1 Patient is still very suspicious of the motives of all around her, very haughty in manner when addressed, becoming abusive if persons to answers and somewhat noisy at night. She is taking her food well S.H.P.

Oct. 8 Patient is slightly less suspicious, but still somewhat eccentric in conduct. She has been noisy at night singing and whistling. S.H.P.

Oct. 15 Patient quieter at night, but still suspicious haughty and unsuitable in speech - accuses those around her of the basest motives. S.H.P.

Oct. 22 Patient still very unsuited to nurses and patients, very suspicious, occasionally noisy at night. She is taking her food very well. S.H.P.

Nov. 17 Patient very aggressive and abusive, noisy at night. Continues suspicious - S.H.P.

Dec. 18 Patient continues aggressive and abusive, occasionally violence. She is very troublesome, refuses to wear certain articles of clothing to go out occasionally and is always importuning with requests for quantities of bibles, &c. to various authorities S.H.P.

1907 Feb. 28 Patient continues very aggressive and abusive - will throw all portable articles out of the window when excited - is always accusing staff of stealing her possessions and is very unwilling to take - refuses drugs or any medical examination. S.H.P.

March 13 Patient was discharged today as improved. She was examined before leaving and found to be free from marks and bruises, heart slightly irregular but with no valvular murmurs and not enlarged. Lungs healthy S.H.P.

Discharged

Mrs. Anne Davis. cont'd from p. 404.

Dec. 15th 1911. Patient is well occupied - but variable - generally cheerful - but at times irritable & full of complaints. Physical health good. S.B.

1911. March 16th. Patient is variable but fairly cheerful & pleasant just now. Has delusions of unworthiness. Physical health fairly good. S.B.

W. 116. 7 1/2

June 12th. Patient has been at the Red House the last three months - when kept fairly well down here. Cheerful at times & pleasant. Still has ideas of unworthiness. Physical health fairly good - S.B.

Sept. 15th. Patient is back in full VI. Living in and W. 114. 8 lbs. she would back again. She found it so dull at the Red House. She is fairly cheerful at times mildly depressed with ideas of unworthiness - Physical health good. S.B.

Dec. 16th. Patient has got a slight cold & bronchitis W. 114. 12 1/2 lbs. she is in good physical health except for her usual slight chronic bronchitis. Fairly cheerful at present well occupied.

March 25th. Quiet, cheerful as a rule, very well occupied. Physical health quite good - E.M.J.

June 30th. Very pleasant & cheerful as rule, but is liable to outbursts of "temper." Has a slight chronic cough, but is well nourished & health good on the whole. E.M.J.

Sept. 30th. No mental or physical change. E.M.J.

Dec. 30th. Patient has suffered much natural depression from the death of her husband. She is, however, well occupied & her mental condition is about as usual. General health fair - E.M.J.

1913. March 15th. Patient is quiet as a rule, but has

Continued on page 278.

3010

Jessie Lavinia Bradbury

Oct. 24 Sept. 1906 Ludlow. 41. of no occupation. Ch. of Eng. Prot.
P.O. 3 Oct 1906 address 19 Compayne Gardens. Married. Third attack. Certificated.
cause death of husband through recent accident
Not E.S.D.

First certificate. She is in a state of mental excitement. She is restless becoming excited at times. She is obstinate and will not always give an answer to questions. Her conversation has a tendency to become incoherent. She denies that she is Mrs. Bradbury but will not say who she is.

W. W. Hayes.
Ilford.

24 Sept. 1906 -

Second corroborates

G. G. Hodgson.
Chertsey.

26 Sept. 1906

Previous history See Casebook XV page 53 - 299
Adm. W.H. Nov 7 - 1902 excited maniacal was discharged from Canal Dune 27 - 1903
Adm. again W.H. Sept. 4 1903 excited maniacal discharged recovered Aug 3 - 1906

Present attack has lasted one week. The determining cause being the death of her husband through a recent accident at Blenheim

Family History (see Casebook XV) Mother neurotic and hysterical - and probably committed suicide - Father very excitable - Three brothers very intemperate & eccentric. One brother has now left Ilford

Condition on admission A. Physical

Sept. 10 Patient is well developed and well nourished
Oct. 3 ft 1 Her hair dark, eyes brown, good complexion, mucous
Oct. 2 caused membranes healthy. Tongue rather furred
not be ascertained teeth well cared for.

Heart and lungs present no physical signs of disease. Pulse Regular in rate & rhythm, Vessel wall healthy, Venous medium -
Uterus removed for fibroids Jan. 16 - 1906 -
Urine
The pupils are equal and regular and react to L.A. consensually. The deep reflexes are present not exaggerated - superficial reflexes healthy. There is a healthy scar from left of umbilicus to middle line to pubis - result of operation already mentioned.
Rounds waist line anteriorly are grouped shattered papules. Varying in size from pin head to size of shilling - about which patient can give no information. There are also one or two shattered papules over abdomen.

B. Mental.

Patient is in a state of much excitement pacing up and down the room throwing things about and out of the window. She can answer a few simple questions - then becomes incoherent - or shuts eyes and gasps. She has been very noisy at night shouting and singing. Her habits so far are cleanly. She is destructive of clothes -

Oct. 2 Patient continues excited, destructive and dirty now in habits. She is taking her food well.
S.H.P.

Oct. 9 Patient is distinctly improving, is no longer destructive, is able to mix with the other patients by day, though still somewhat noisy at night. Her tears untethered and now clean in habits. S.H.P.

Oct. 16 Patient continues to improve; though still excitable and lachadine she is beginning to occupy herself and be interested in others. Her physical health is good. S.H.P.

Oct. 23 Patient now in Hall II. still excitable and lachadine with a tendency to mischievousness. S.H.P.

Nov. 7 Patient much quieter and better controlled, well occupied and in good physical health. S.H.P.

Dec 5 Patient went on trial today was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

1907
March 5 Patient was discharged recovered.
Ass by from trial S.H.P.

Discharged

Gertrude Ellen Inglis (from 436)

March 12 Patient retains her letters and exhibits [illegible] constantly and without reserve - has had to be removed to Hall II. as she cannot be left [illegible] S.H.P.

March 17 [illegible] S.H.P.

October 1906

To Dr Dobson,

Things seem somewhat confused. What is your suggestion? Have you caught that person Percy Smith at last. It is exceedingly uncomfortable for me, head-ache very bad indeed. I've not a single ring to turn my false teeth yet. Why in the name of dickens don't they hand on a fresh

March 29 [illegible] S.H.P.

April 15 [illegible] S.H.P.

By [illegible] Patient [illegible] Sept 6th

May 27 [illegible] S.H.P.

Aug 19 Went on trial today from Hall I considerably improved mentally - S.H.P.

7 Aug. Returned from leave - mental improvement well maintained. Physical health good S.H.P.

Sept. 5 Went on trial S.H.P.

1908. Jan. 10 Discharged recovered from trial

Discharged. S.H.P.

Oct 9 Patient is distinctly improving, is no longer destructive, is able to mix with the other patients by day, though still somewhat noisy at night - his tears - incoherent and now always in bed.

Oct 16 Patient continues to remain tractable and tasked to occupy herself and her physical health

Oct 23 Patient now in Hall I

Nov 7 Patient much quiet well occupied and health.

Dec 5 Patient went on trial examined before leaving in good physical health

1907 March 5 Patient was discharged on trial from

Discharged

double dose of chloroform. Jenkins nfs + Jenkins says down would do as well as this or not.

Miss Conaby has gone away for a holiday. She has lost her mother recently. The Pair of Spectacles would not be bad. I trust that Mon he comes from Sheffield. Send me your opinion via London + remember no deception. I wrote to S. Hawkes yesterday so think you had better come if you can be spared. I shall send this to Wakefield, can't remember the Ealing address with out my address books.

My poor husband was a Unitarian + his death must have been very merciful but it was as much as I could stand seeing him so near the end. S. Armstrong was such a nice kind man. Must poor old Freddo went to fetch him in the Red car.

With love from

Yrs Sincerely

Flossie D. Bradberry.

Gertrude Ellen Inglis (from 1/36)

March 12 Patient exhibited very restless and excited behaviour constantly and without reserve - has had to be removed to Hall II as she cannot be left

S.H.P.

Aug 19 Went on trial today from Hall I considerably improved mentally -

S.H.P.

7 Aug. Returned from leave - mental improvement well maintained. Physical health good

S.H.P.

Sept 5 Went on trial

S.H.P.

1908 Jan 10 Discharged recovered from trial

Discharged.

S.H.P.

Oct. 9 Patient is distinctly improving, is no longer destructive, is able to mix with the other patients by day, though still somewhat noisy at night - his tears untidy and need care in habits. S.H.P.

Oct. 16 Patient continues to improve; though still excitable and quarrelsome she is beginning to occupy herself and be interested in others. Her physical health is good. S.H.P.

Oct. 23 Patient now in Hall III still excitable and talkative with a tendency to incoherence. S.H.P.

Nov. 7 Patient much quieter and better controlled, well occupied and in good physical health. S.H.P.

Dec 6 Patient went on trial today was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

1907 March 5 Patient was discharged "recovered". S.H.P.

Ada by from trial

Discharged

Gertrude Ellen Inglis (from 436)

March 12 Patient acted very restless and excited during [illegible] constantly and without reserve - has had to be removed to Hall VI as she cannot not be left [illegible] S.H.P.

March 17 [illegible] restless [illegible] very ill [illegible] quieted but [illegible] Sleeping S.H.P.

March 24 [illegible] unoccupied [illegible] writing [illegible] to Hall to S.H.P.

Bradburn.

Miss M. Austin Dobson, M.D.
West Riding Asylum
Wakefield
Yorks.

April 15 [illegible] be removed [illegible] Hall and to this [illegible] S.H.P.

May 27 [illegible] cheerful [illegible] without any S.H.P.

Aug 19 Went on trial today from Hall I considerably improved mentally - S.H.P.

7 Aug. Returned from leave - mental improvement well maintained. Physical health good S.H.P.

Sept. 5 Went on trial S.H.P.

1908 Jan. 10 Discharged "recovered" from trial

Discharged. S.H.P.

Oct. 9 Patient is distinctly improving is no longer destructive, is able to mix with the other patients by day though still somewhat noisy at night- his tears increased and now clean in habits. S.H.P.

Oct. 16 Patient continues to improve; though still excitable and vacillating she is beginning to occupy herself and be interested in others her physical health is good. S.H.P.

Oct. 23 Patient now in Hall III still excitable and talkative with a tendency to incoherence. S.H.P.

Nov. 7 Patient much quieter and better controlled well occupied and in good physical health. S.H.P.

Dec 5 Patient went on trial today was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

1907
March 5 Patient was discharged "recovered" to stay from trial S.H.P.

Discharged

Gertrude Ellen Inglis (from 436)

March 12 Patient excited very restless and excited talking constantly and without reserve - has had to be removed to Hall. VI as she cannot be sent to the Trial Discharge owing to her behaviour (wrote to the gentleman etc. etc.) S.H.P.

March 17 Patient somewhat less excited but restless unrestrained in talk and action, frequently very rude to patients and staff - Have well occupied but with about a dozen pieces of work on hand - Sleeps better. S.H.P.

March 24 Patient slightly less excited but she is unrestrained not realising her position in the Asylum - writing constantly to men to whom she thinks she is engaged etc. S.H.P.

April 15 Patient is uncontrolled that she had to be removed to Hall. V. She is very childish, frequently violent occasionally violent, writes constantly to two men to whom she thinks she is engaged and frequent letters to friends describing the attentions she is receiving during her rest cure - giving London addresses. S.H.P.

Patient Restored to Self

May 27 Patient is now in Hall III still very childish, wanting in reserve and refinement, without any recognition of her position S.H.P.

Aug 19 Went on trial today from Hall. I considerably improved mentally - S.H.P.

7 Aug. Returned from above - mental improvement well maintained. Physical health good H.W.

Sept. 5 Went on trial S.H.P.

1908 Jan. 10 Discharged "recovered" from trial

Discharged. S.H.P.

8012 Jessie Eveline Bell

20/Sept 35 1906 24 single Private Secretary - until 4½ mos ago previously a Hospital nurse, Presbyterian, Parents address 26 Heathfield Park, Cricklewood. First attack. During present attack has been 9 days at 9 St. and 14 days as a V.B. at St. Helen Bayles's Home at 3 Palmeira Terrace. Hove.

First certificate She lies for hours in her chair with head thrown back and eyes directed to the right. remains silent for weeks - with said characteristic of mental derangement tells me she has a new theory of life, which she cannot propound to me. asked why she behaved in the bath as described declined to explain. the condition being one of hysterical mania.

Communicated - has attempted suicide by strangling and drowning

E. H. Coley M.D.
Ealing

22 Sept. 1906

Second corroborates

H. E. Boalby M.D.
Ealing

Previous history Per Dr. Smith

First attack - duration nine months. Was certified and went to St. Lukes for one week. Discharged relieved and went to St. Bayles Brighton for one fortnight. Came to London to nursing home 14 days ago. Yesterday last attempt suicide by strangling herself with handkerchief and again on Thursday. Believes that she is a great medium, that the world is degenerate and her mission is to save it.

Private secretary to literary man up to three months ago. Was hospital nurse for a little while.

Patient is reserved not fanciful or hysterical. Onset of attack gradual. for some years has been developing ideas of general excess.

Dr MAW'S (SMALL) CLINICAL CHART

Name Miss J. Bell

Sex

Age

Disease

Complications

NOTES OF CASE Feb 9.

Diet:- Milk:

Weight 5st. 10½ lbs
" 5st. 9 Feb 11
" 5st. 5 Feb 14

Case Book No

DATE 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th

DAY OF DISEASE

PULSE

RESP.

B.O.

AMT. OF URINE

S.P. GR.

ALBUMEN

SUGAR

REACT.

Entered at Stationers' Hall

inheritance of acquired characters, or there has been no evolution.

She has to be spoonfed. Her habits under supervision are cleanly - She sleeps well -

3012 Jessie Eveline Bell

20 Sept. 25 1906 24 single Private secretary until 4½ mos ago previously a Hospital nurse, Presbyterian Previous address 26 Hertsfield Park, Cricklewood. First attack During present attack has been 9 days at St Luke's and 14 days as a V.B. at Dr Helen Boyle's house at 3 Palmeira Terrace Hove —

First certificate She lies for hours in her chair with head thrown back and eyes directed to the right remains silent weeks with said characteristic of mental derangement tells me she has a new theory of life which she cannot propound to me. asked why she behaved in the bath as described declined to explain. the condition being one of hysterical mania

Communicated - has attempted suicide by strangling and drowning

E. H. Coley M.D.
Ealing

22 Sept. 1906

Second corroborates

H. E. Boalby M.D.
Ealing

Previous history Per Dr Smith

First attack - duration five months. Was certified and went to St Luke's one week discharged relieved and went to Dr Boyle's Brighton for one fortnight. Came to London to nursing home 14 days ago. Yesterday first attempt suicide by strangling herself with handkerchief and again on Thursday. Delusion that she is a great medium, that the world is degenerate and her mission is to save it.

Private secretary to literary man up to three months ago. Was hospital nurse for a little while.

Patient is reserved not forceful or hysterical

Onset of attack gradual - for some years has been

developing ideas of general excess.

Catamenia - regular and normal until about 3 weeks months ago. Amenorrhoea since then —

Dr MAW'S (SMALL) CLINICAL CHART

Name Miss J. Bell Age

Sex Disease

Complications

NOTES OF CASE Feby.

Diet:- Milk:

Weight 5st 10½ lbs

" 5st - 9 7lb 11

" 5st½ - 5 7lb 19

DATE 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th

DAY OF DISEASE

F. M E M E M E M E M E M E M E M E M E M E M E

105° 104° 103° 102° 101° 100° 99° 98° 97° 96°

Temperature

PULSE

RESP.

B.O.

AMT. OF URINE

S.P. GR.

ALBUMEN

SUGAR

REACTN

Case Book No

Entered at Stationers' Hall

Suicidal attempt (strangling)

indication that she has lobed them. She responds slowly to commands putting out her tongue and turning a little in bed.

She has to be spoonfed. Her habits under supervision are cleanly - She sleeps well -

3012 Jessie Eveline Bell

"It is not reason makes full hearts, but life." (Ingelow.)

= matter?

DATA.

1. Existent in matter certain amount of physical life (generative or the reverse - cf. 1. table.)
2. Continual increase of matter, hence decrease of physical life "en masse". - amount of wild disintegration.
3. Nature's law forbids excess - whether of material or function.
4. Existent although to some extent in matter, mental and spiritual life.
5. The present physical conditions of the existence of physical matter permeated by physical life are distinctly parasitical.
6. A certain amount of physical life or energy is required before the brain can assert its function of thinking.
7. (?No.6) The teachings (?) of science and the law of evolution point to an ultimate homogeneity and unity in nature.
8. Herbert Spencer declares:- That either there has been inheritance of acquired characters, or there has been no evolution.

developing ideas of general excess.

BRIEF SUMMARY OF PHYSICAL MATTER THEORY.

The result of a short but somewhat varied and comprehensive experience of the life of the unit and the individual has been the formulation of a theory. The life of this sphere as it is at the present time consists of a post parasitical organism governed by the most perfect laws, the perversion of which by excessive reproduction has rendered a perfect individual life impossible, and should such perversion still continue must ultimately render the universe a prey upon itself. One remedy remains. The wrong of excessive reproduction must be stopped and in the meantime mediumship (?) must be employed for the physical matter existent. Without such the future holds not the survival of the fittest, but the survival of physical matter minus life. The moon and its condition may perhaps yet warn man against being his own destruction. The mediumship in the meantime must be the free gift of the one life for which few (?) but a condition carefully studied and universally accepted. The fact that the moon may be peopled by creatures of a higher calibre is not to the point but it is known to us as a dead world but for the mineral, vegetable and animal matter existent in this world one cannot but propagate an existence without life should not the wrong be righted.

3012 Lernie Eveline Bell
Adl Sub. 35 Nat 24 single Private [illegible]

Conditions of a medium.

Was hospital Nurse for a little while -
Patient is reserved not fanciful - or hysterical
Onset of attack gradual - for some years has been

developing ideas of general excess.

HYPOTHESES.

2 ? Can the sum of physical life be increased in any degree and if so, proportionately to increase of physical matter?

3. Are not the present conditions of the higher animal life an abuse of this law by reason of excessive production of physical matter and excessive development of such functions?

" Where a natural law is abused this perversion and wrong become an existent condition until -

(1) The abused be removed and

(2) Time be granted for law again to take its natural course.

4. (a) Does this exist apart from matter? (b) Does its higher and fuller development increase its sum total. (cf. with physical life) (c) Does the increase of mental matter (brain) increase mental life? (d) Is there an existent spiritual matter apart from spiritual life? (e) Is either mental or spiritual life in any sense impaired by disintegration?

5. (a) Would not one of the first outcomes of the cessation of the abuse of law and the restoration of natural law to take its course (the work of generations) be that each physical entity which reaches maturity would be able to lead a healthy, separate existence not necessarily, but possibly? (Prove the parts by their perfect whole)

She has to be prompted. Her habits under supervision are clean - She sleeps well -

Serial Evol: - Roll

3. (a) Is it not possible that the increase of matter without proportionate increase of life may lead to a condition in which brain will no longer have the power to assert its function as an intellectual .....(?) (and is not an old age decay of the faculties, which renders knowledge useless). Does the moral decay of the race or high development lead to the diminution of the physical over the higher, not lead to a condition in which man - an individual - can no longer absorbe intellect but has degenerated "en masse"

(b) Our planet of the earth is but one of many organisms - is it not possible that man, by excessive perversion of natural law may forfeit his right to attain perfection in this sphere individually or "en masse", and the best years of life go to simplify or entrance the conditions of another sphere tending towards individual perfection and finally a perfection in toto? ("To him that hath shall be given and he shall have more abundance").

According to the exactions of the natural law which require that nature shall know no rest or waste is it not probable that all physical matter in this as any other sphere will ultimately reach perfection, though not perhaps in the kind which merely physical man would aspire to?

7. Excess whether of a (fusion ?) or its (?) is in direct opposition to such an issue.

Private secretary to Literary man - up to time married
Was Hospital Nurse for a little while -
Patient is reserved not forceful - or hysterical
Onset of attack gradual - for some years has been

8. If a character is first to be acquired (from environment) and then transmitted, will it not lose by a heterogeneous rather than a homogeneous transmission? (of giraffe and bird)

and thinning a little in bed.
She has to be prompted. Her habits under supervision are cleanly - She sleeps well -

3012 Jessie Evelina Bell

private secretary to literary man—up to three months ago
Was Hospital Nurse for a little while -
Patient is reserved not fanciful or hysterical
Onset of attack gradual - for some years has been

developing ideas of general excess.

Miss Bell

She has to be prompted. Her habits under supervision are cleanly - She sleeps well -

8012 Jessie Eveline Bell

Adm Sept 25 1906 24, single, Private Secretary until ½ mos ago previously a Hospital nurse, Presbyterian, Previous address 25 Heathfield Park, Cricklewood. First attack. During present attack has been 9 days at St Luke's and 14 days as a V.B. at Dr Helen Boyle's house at 3 Palmeira Terrace. Hove.

First certificate She lies for hours in her chair with head thrown back and eyes directed to the right, remains silent unless with said characteristic of mental derangement tells me she has a new theory of life which she cannot propound to me: asked how she detained in the bath as described declined to explain, the condition being one of hysterical mania.

Communicated. has attempted suicide by strangling and drowning.

E. H. Coley MD
Ealing

22 Sept 1906

Second corroborates

H. E. Boalby MD
Ealing

Previous history Per Dr Smith. First attack - duration four months. Was certified and went to St Luke's one week. Discharged relieved and went to Dr Boyle's Brighton for one fortnight. Came to London to nursing home 14 days ago. Yesterday tore bandkerchief & suicide by strangling herself with handkerchief and again on Thursday. Delusion that she is a great medium, that the world is degenerate and her mission is to save it.

Private secretary to literary man up to three months ago. Was hospital nurse for a little while.

Patient is reserved not fanciful or hysterical. Onset of attack gradual - for some years has been

developing ideas of general excess.

Catamenia - regular and normal until about 3 months ago - Amenorrhoea since then.

Family History Daughter insane (not certified)

Condition on admission. A. Physical

Pallid Patient is a small slight girl fairly well developed poorly nourished with red disheveled hair, green eyes, pale complexion, mucous membranes rather pale tongue furred teeth fairly good, hard palate arched.

Heart and lungs present no physical signs of disease. Pulse 70 regular in rate & rhythm, vessels well healthy tension medium.

No abnormalities to be noted in abdomen

There is scoliosis dorsal right sided

Amenorrhoea for three months -

The pupils are dilated equal and regular, react slowly to L.A. skin stimulation & consensually

The deep reflexes are present not exaggerated superficial reflexes healthy. No abnormalities can be observed of the special senses or common sensation

Urine light coloured 1030, acid, heavy deposit of urates? No albumin sugar indoxyl —

B. Mental

Patient lies in bed without moving head raised and eyes turned to the right, absolutely silent and giving no response to questions or any indication that she has heard them. She responds slowly to commands putting out her tongue and turning a little in bed.

Suicidal caution (strangling)

She has to be spoonfed. Her habits under supervision are cleanly - She sleeps well -

Oct. 2 Patient continues silent perversely maintaining the attitude previously described. She is spoon fed but takes sufficient nourishment is cleanly in habits under supervision. She has written two letters this week taken hours to do it — in which she asks her sister to take her away as she does not like the other patients

Oct. 9 There is no mental change. She is anæmic S.H.P. in the extremities especially in the left hand which is very poor. S.H.P.

Faradic Oct. 16 Patient still sits with closed eyes as in a trance for hours — has to be spoonfed, washed etc. She occasionally speaks, but right she cried when the faradic current was applied and afterwards said to nurse that her crying had nothing to do with the battery — she was thinking of something else. S.H.P.

Oct. 23 There is no mental or physical change S.H.P.

Nov. 17 Patient is slightly more animated smiles frequently at things said and occasionally laughs. Knee jerks keep fairly good. Throat back, eyes shut and body temp. all day. Her circulation has much improved the faradisation of muscles. S.H.P.

Dec. 8 Patient was put to bed yesterday preparatory to a course of Thyroid treatment. Her temperature in the morning was subnormal, at night 101·6, pulse 112. She had complained of nothing, had been spoonfed as usual. On examination dulness was found posteriorly extending from the spine to the clavicle right side with tubular breathing and increased vocal resonance. Breath sounds inaudible. 3rd serous fluid S.H.P.

Dec. 11 Patient in Ward VIII dulness diminishing in the axillary area (6th instead of 4th rib) enlarged posteriorly, breath sounds now faintly audible. Pulse less raised and stronger. S.H.P.

Dec. 14 The physical signs are unchanged S.H.P.

Dec. 16 Patient's temperature 101·4 last night. Morning temperature for last few days normal. Her bed was wheeled out today and diet increased. S.H.P.

Dec. 20 Temperature at night 99°7 morning temperature subnormal respirations still 22. There is a slight diminution in dulness posteriorly. Patient is very troublesome to feed, though she takes milk fairly well. Her mental state is unchanged S.H.P.

Dec. 27 Patient is now up for a few hours daily temperature having been normal for a week. The dulness continues to diminish is now at the 9th rib posteriorly right. There is no mental change and patient refuses all solid food. S.H.P.

Jan. 7 1907 There are now no signs of effusion in the right pleura. Mentally patient is unchanged silent with closed eyes, very troublesome over food. S.H.P.

Feb. 9 Patient today began course of thyroid — kept in bed on milk diet. Heart and lungs healthy. Wt on beginning treatment 5 st. 10½ lbs. Mentally patient is absolutely silent, constantly maintaining an attitude of opisthotony with head fully extended & eyes tightly closed refusing food & spoon fed.

Feb. 18 Treatment stopped, patient having shown no mental reaction. Physically the quickening of pulse was practically the only reaction shown. Wt. Feb. 19 5 st. 5. S.H.P.

Feb. 19 Patient was discharged today relieved (practically) physically as above reported — free from bruises — taken to nursing home at Ealing S.H.P.

Discharged

3013 Catherine Mary Finch -

Adm. 26 Sept. 1906 48, single, no occupation, C. of Eng. Previous address
D.C. 23 June 1905 29 Queen Anne St W. First attack 4 6, Not
previously treated, duration unknown Supposed
cause worry and anxiety after father's death
Not P. S.D.-

First certificate She talks incoherently and is continually
saying that people are being killed and that she is
on their dead bodies and she is accused of
killing the people

J. Woods -
29 P. O. Street -

20 June 1905

Second corroborates

L. F. Keeethorn
Belgrave Sq.

21 June 1905

Prev. History

Family History None of insanity

Condition on admission A. Physical

Call 11th Patient is a small slight woman, well developed
Adm. 26th very poorly nourished with dark hair turning grey
Oct 6th 1905 grey eyes, pale complexion, teeth fair, tongue furred
Enlargement of thyroid, enlarged and firm no bruits
heard over it. Neck measurement 13 in.

Heart and lungs present no physical signs
of disease - Pulse 72 regular in rate & rhythm
Vessel wall healthy, tension low -
No abnormalities to be detected in abdomen
Last menstrual period a years ago -
Urine 1015; acid, light amber, no abnormal constituents
The pupils are slightly unequal, the left being larger
than the right. They react well to L. A. Skin normal
and consensual. The deep reflexes are present
not exaggerated. The organic and superficial reflexes
are healthy.

B. Mental

Patient has an anxious expression and constant
restless movements. She converses in a low
frightened voice and always on the one theme
that people are being killed and she is made
to eat their dead bodies, is in her food
which she takes with reluctance. She also
says that she is accused of doing wrong to
people, inquiring their trials.

Her attention is poor and memory is
impaired.

She attends to dress and person and is
cleanly in habits. She takes food badly
but sleeps fairly well -

Oct 3. Patient is very troublesome over food which she says is "wrong" and not right" and will spill her and contains dead matter. She is unoccupied and restless but sleeps well at night. S.H.P.

Oct. 10 Patient is still very troublesome over food maintains people are wicked in giving it to her etc. etc. and frequently has to be spoon fed. She is now ill (Rash &c) S.H.P.

Oct. 17 There is no mental change. S.H.P.

Oct 24 Patient still persists that her food contains dead matter and is very troublesome over taking it - Her appearance is anxious and miserable and she will talk of nothing else but the wickedness of people in giving her bad food. S.H.P.

Nov. 17 Patient's delusions unchanged she is very troublesome over food. S.H.P.

Dec. 18 Patient's delusions are unchanged but she is taking her food a little better, though still requires to be spoon fed with certain articles of diet. S.H.P.

1907 Feb. 28 There is no change in patient's mental state and she is still most troublesome over food. S.H.P.

May 27 There is no mental or physical change. S.H.P.

June 25 Patient is still very troublesome over food and takes very little. She is restless and agitated and believes she is being poisoned and that her food is the flesh of human beings. The heart's action is very rapid (pulse 98) and there is some tremor of the hands. S.H.P.

17th Aug Patient is showing signs of Exophthalmic Goitre the pulse is rapid (95-100 per minute) and there are the various ocular signs of the disease

Entered at Stationers' Hall. Printed and Publd.

DISEASE.

Notes of Case.

Name Miss Finch

Age

Diet

Case Book No.

Date of admission July

Result

Time. M E M E M E M E M E M E M E

Bowels

Urine

Temperature (Fahrenheit)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Normal Temperature of body

Day of Dis

Pulse.

Resp.

Date 25 26 27 28 29 30 31

Hospital,

1905.

day of

One Thousand

PATIENT.

Finch

80, W.

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 — 5.20 am. No unusual circumstances. No bruises or injuries

Duration of disease of which patient died - at least 10 months.

Names and description of persons present at the death - miss Edith Kingsley Cooke (Lady Nurse)

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 Geo. W. Smith Acting Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Oct 3. Patient is very troublesome over food which she says is "wrong" and not right" and will not feed herself and contains dead matter. She is unoccupied and restless but sleeps well at night. S.H.P.

Oct 10 Patient is still very troublesome over food maintains people are wicked in giving it to her &c. &c. and frequently has to be spoon fed. She is now in Ward III. S.H.P.

Oct 17 There is no mental change. S.H.P.

Oct 24 Patient still persists that her food contains dead matter and is very troublesome over taking it. Her appearance is anaemic and miserable and she will talk of nothing else but the wickedness of people in putting dead food. S.H.P.

Nov 17 Patient's delusions unchanged. She is very troublesome over food. S.H.P.

Dec. 18 Patient's delusions are unchanged but she is taking her food a little better, though still requires to be spoon fed with certain articles of diet. S.H.P.

1907 Feb 28 There is no change in patient's mental state and she is still most troublesome over food. S.H.P.

May 27 There is no mental or physical change. S.H.P.

June 25 Patient is still very troublesome over food and takes very little. She is restless and hysterical and believes she is being poisoned and that her food is the flesh of human beings. The heart's action is very rapid (pulse 98) and there is some tremor of the hands. S.H.P.

1st Aug Patient is showing signs of Exophthalmic Goitre the pulse is rapid (95-100 per minute) and there are the various ocular signs of the disease

Evidence of Post

3

Holloway Sanatorium Hospital,

Virginia Water

3013

Coff

NOTICE OF DEATH

Date of Reception Order, the 23rd day of June 1905.

I hereby give you Notice, That Catherine Mary Finch a Private Patient, received into this Hospital on the 26th day of September 1906 died therein on the 31st day of July 1907

Signed Geo. W. Smith
Acting Medical Officer.

Dated the 1st day of August One Thousand nine hundred and seven

~~To the Commissioners in Lunacy.~~

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Catherine Mary Finch
Sex and age	Female 50 years
Married, single, or widowed	Single
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	29 Queen Anne St, W.
Apparent cause of death	Graves' Disease
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	5.20 am No unusual circumstances no bruises or injuries
Duration of disease of which patient died	at least 10 months.
Names and description of persons present at the death	miss Edith Kingsley Cooke (Lady Nurse)
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 Geo. W. Smith
Acting Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Oct 3. Patient is very troublesome over food which she says is "strong" and not right" and will spit her food out & contains dead matter. She is unoccupied and restless but sleeps well at night. S.H.P.

Oct 10 Patient is still very troublesome over food maintains people are "wicked" in giving it to her &c. &c. and frequently has to be spoon fed. She is now like "Ball" S.H.P.

Oct 17 There is no mental change. S.H.P.

Oct 24 Patient still persists that her food contains dead matter and is very troublesome over taking it - Her expression is anxious and miserable and she will talk of nothing else but the wickedness of people in giving her bad food. S.H.P.

Nov 17 Patient's delusions unchanged she is very troublesome over food. S.H.P.

Dec. 18 Patient's delusions are unchanged but she is taking her food a little better, though still requires to be spoon fed with certain articles of diet. S.H.P.

1907 Feb 28 There is no change in patient's mental state and she is still most troublesome over food. S.H.P.

May 27 There is no mental or physical change. S.H.P.

June 25 Patient is still very troublesome over food and takes very little. She is restless and excited and believes she is being poisoned and that her food is the flesh of human beings. The cardiac action is very rapid (pulse 98) and there is some tremor of the hands. S.H.P.

17th Aug Patient is showing signs of Exophthalmic Goitre the pulse is rapid (95-100 per minute) and there are the various ocular signs of the disease T.S. Skellungs Sign [illegible] — with tremor of the outstretched hands. S.H.P.

19th Aug Patient is complaining of sickness can retain no food was sent to bed and ordered rectal feeding

22nd Aug Patient has attacks of rapid and difficult breathing with palpitation. Now has vomiting & diarrhoea is again taking food by mouth - milk &c.

23rd Aug Patient vomiting & collapsed this evening & was given ½ pint normal saline solution into thigh but gradually grew weaker and died at 5.20 a.m. 24th Aug. S.H.P.

P.M. No disease in thorax or abdomen. Much atrophy of all organs Right lobe of thyroid - fibro cystic. Cause of death Exophthalmic Goitre Heart failure

Died

3075

Florence Howson

Ad Oct. 6 1906
P.O. Oct. 6 1906

S. single of 20 occupation A. of England
4th certified fit work. Previous address 86 Rowcester Rd Sd
age on first attack unknown. Previous stroke
at Holloway Sanatorium, Present attack has lasted
ten weeks or more. Cause "indefinite" Not P. or
recently suicidal, not D.

First cert.

Absolute apathy, would not answer questions or answer
in monosyllables having little relation to question asked
during most of the interview stared into vacancy. Has
nervous twitching of the face & mouth makes odd expressions
Herbert Rhodes
4 Oct. 1906 S. Kensington

Second—

corroborates
C. P. Baker.
4 Oct. 1906

Previous Entry

Here as Patient left 88 — Jan 89 see Page book
176 carried discharged recovered.
Slight "relapse" two years later treated at home
Was readmitted June 4-'98 Case book XI p 17
melancholia cum stupore. discharged recovered
Nov 4-98.
Readmitted Nov 29-1902 with melancholia
cum stupore — discharged March 22-1904
since then patient has been fairly well but
always dreamy and listless. Her sister
Isabel had an operation for cancer and patient
began to show present symptoms after this. sister
Letters refusing to see ex-
Doctor called in a few days ago advised removal
to Mental Hospital.
Patient has menstruated three weeks Isabel
She is not constipated.

Family History

Patient's parents were first cousins
Mother had a paralytic stroke.
One sister died in Asylum

Case III

Condition on admission A. Physical

Ht. 5ft 5in
Wt. 7st 5lb

Patient is a weakly looking girl poorly developed and
poorly nourished complexion sallow mucous membranes
rather anaemic tongue furry clean hair dark eyes brown
The head and lungs present no physical signs of
disease Pulse 80 regular in rate & rhythm vessel
wall healthy tension medium
No abnormalities to be noted in abdomen
Catamenia Menses of late three weeks no
menorrhagia.
Urine acid light brown 1020, no abnormal constituents
The pupils are dilated. The left shows condensation of
lens and patient cannot tell number of fingers
at a distance of one foot. The right knee shows
V. A. Patient is rather myopic & wears glasses
The knee jerks are exaggerated. There is slight
ankle clonus and extensor plantar on the left foot.
There are slight bruises on legs.

B. Mental.

Patient's expression is dull and listless and her
manner anergic.
She sits for hours with head bent and hands folded quite
unoccupied. Her actions are jerky and automatic
and her response to commands very slow.
She does not speak voluntarily and only answers
questions in monosyllables with effort.
She washes & dresses under supervision and
requires urging to do it. Her habits are cleanly
No delusions or hallucinations noted to exist.

Oct. 13 Patient is still very automatic in conduct but is taking her food (under supervision) and sleeping well. S.H.P.

Oct 20 Patient is slightly less automatic in conduct and beginning to occupy herself. S.H.P.

Oct. 27 Patient is beginning to do things for herself, walks around the cabin alone etc. but still never speaks voluntarily and only answers questions in low monosyllables. She is taking food fairly well and sleeps well. S.H.P.

Nov. 3 Patient continues to make slow mental progress. S.H.P.

Dec. 18 Patient is still very quiet, but is now well occupied, taking her food well, acting voluntarily

1907 Feb. 28 Patient continues to improve - though still very quiet and reserved - rarely speaking unless she is constantly occupied and no longer requires supervision and direction in all her actions. S.H.P.

May 27 Patient still automatic at times, but well occupied and less lethargic - (Paul) - speaks voluntarily and converses in the manner of a boy. Her physical health is good. S.H.P.

23rd Aug Patient was today discharged "recovered" S.H.P.

Discharged

Maud Wilford Kibbing (Page 366)

1907 Aug 7 Patient has shown more self control & self regard since last seen - former hysterical attacks. Her physical health is fairly good - patient is troublesome over food - (tries to be interesting by darkening her face under the eyes and not eating) her ankles swell occasionally from general flabbiness apparently, there being no other ascertainable cause. S.H.P.

Sept 14 Patient discharged recovered, remains as V.B.

Discharged. S.H.P.

3014

Mrs. Wilford Kitching

Ad. Oct. 6-1906
D.D. Oct. 4 1906

3/2 single, teacher Ch. of Eng. Previous admn. Auckland House Clinks. 2 attacks. Puerperal attack, not before treated as lunatic. Present attack lasted nine months. Supposed cause - Sleeplessness and over anxiety about her work. Not S. Suicidal slightly & dangerous -

First certificate - She sits with downcast head in a state of apathy, refuses to speak except to say that "everyone knows about me and cannot be trusted" without persistently desiring to be left alone - (2) says "I am being stuffed" when food is suggested. Communicated has made determined attempts to throw herself out of window, to strangle herself

Second - 2 Oct. 1906 H. A. Samson
Corroborates

R. R. Warwicke
West Hampstead

Previous history (from father) Patient is one of four - elder healthy married - two brothers healthy. She was educated at the North London Collegiate School and holds the Cambridge Higher Local diploma. She began to teach about 20 - taught in school at Tackestone Kent 28 broke down physically 3 years ago - slightly then - but recovered fresh -
In March 1906 went to Sinah to teach in a school there - broke down physically and mentally a fortnight after (extract from letter of doctor in charge - Major Macnab I.M.S.) "her mental state

July 11-1906 has been an interesting and indeed a puzzling one for with a previous history of well marked recurrent attacks she became melancholic & was for about a fortnight in a state of melancholia - stupor from which she could not be roused, then developed paraplegic symptoms and has now recovered much of her mental equilibrium and the present condition is mainly I believe hysterical -"

She refused all food during voyage & was fed by oesophageal tube twice daily - Enema given every 4 days - patient frequently passed urine in bed. her feet were very swollen all the time. Patient tried to throw herself overboard several times.

She was admitted to a nursing home in N. Hampstead on Aug. 12 - and remained there till admission here. There she was massaged, given ½ pts milk daily besides fish, eggs etc but continued depressed & making attempts at suicide i.e. tried to strangle herself throw herself out of the window &c - from Sept 30th she went out daily for as long as possible - At home she expressed delusions that she was not herself - that she had been killing people and her bed was full of killed people -
Amenorrhoea since May 1906 -

Condition on admission. A. Physical

Gait ✓✓ Patient is a slight small woman - poorly
P.V. 3ff 4/4 nourished, and developed. Her hair is dk brown, age
W. 6ft 2½ blonde grey, complexion pale, mucous membranes rather pale, teeth very dark in colour and carious, gums bleed readily, hard palate arched. Tongue not enlarged and presents no physical signs of disease. Pulse 80 regular in rate & rhythm. Vessel wall healthy, tension good. No physical signs of disease in lungs or abdomen. Amenorrhoea since May 1906
Urine 1025 pale, no abnormal constituents. The pupils are much dilated, equal in size, regular.

and react well to L.A. Knee jerks cannot be obtained
there is no ankle clonus - superficial reflexes
healthy.
No tenderness on pressure over mammae
or ovaries -
Patient walks feebly but does not now
present paraplegic symptoms -

B. Mental.

Patient's expression is one of deep depression. She sits
with head bent eyes cast down, rarely speaks voluntarily
and mutters slowly monosyllabic replies to questions.
She shakes her head when asked about her family
mutters that she knows is very wicked and that
nothing matters. No delusions or hallucinations
can be elicited.
Patient washes & dresses under supervision
requires urging to eat - Her habits are clean
also she sleeps fairly well -

Several cautions (general attempt drowning) thoughts of suicide

Oct 13 - Patient is still very depressed, sits with head
bent quite unoccupied mutters a monosyllabic
reply to questions. She takes her food under compulsion
and is sleeping well. S.M.R.

Oct 20 Patient still unoccupied and very depressed
While being fed today she said the food was not
"right" - it was not hers but other peoples and
also that her relations were all dead. S.M.R.

Oct 27 Patient still persists that her people are all dead
that she has killed them vide annexed letter

Nov 3 Patient persists that her people are all dead, that
she is eating them in her food and yesterday
asked that she might be given the battery to

bring them to life. She sits with head bent, quite
unoccupied all day S.M.R.

Dec 18 Patient now recognises her delusions as such,
Coll. II states that she believes she was devouring
a person at each mouthful. She is now
cheerful, well occupied, joining in all
[illegible] eats her food well -
S.M.R.

1917 Jan 26

St Anne's Health [illegible]
Jan 25th

Dear Miss Ismay

Please write again directly
as I cannot be true you are
well when I feel sure I
have done some injury to
you & all those I know. Tell
me how Ada is, if I could only
have a little note from her
would be glad. I can never
believe all is right until I
can be with you. I suppose

III

Feb 1 while under observation fasted 4 days and was anaemic.
II Patient is taking food very badly since the third
week of January. S.M.R.

May 27 Patient has occasional attacks of hysteria? Hysterical
362 complains of pain in back of head and says she cannot
walk - at the attacks occur every 3 or 4 weeks &
pass off after a few hours rest S.M.R.

and react well to L.A. skin stimulation and consensually. No knee jerks could be obtained there is no ankle clonus - superficial reflexes healthy.

No tenderness on pressure over mammae or ovaries -

Patient walks feebly but does not now present paraplegic symptoms -

B. Mental -

Patient's expression is one of deep depression. She sits with head bent eyes cast down - quite unoccupied and mutters slowly more syllables replies to questions. She shakes her head when asked about her family matters that she knows is very wicked and that nothing matters. No delusions or hallucinations can be elicited.

Patient washes & dresses under supervision requires urging to eat - Her habits medically also she sleeps fairly well -

Several consultations [illegible] about treatment [illegible] prescription

Oct 13. Patient is still very depressed sits with head bent quite unoccupied mutters a monosyllabic reply to questions. She takes her food under compulsion and to sleeping well. S.H.P.

Complete Mental Report

Oct. 20 Patient still unoccupied and very depressed While being fed today she said the food was not "right" - it was not hers but other peoples and also that her relations were all dead. S.H.P.

Oct. 27 Patient still persists that her people are all dead that she has killed them vide annexed Letter

Nov. 3 Patient persists that her people are all dead that she is eating them in her food and yesterday asked that she might be given the battery to

bring them to life. She sits with head bent quite unoccupied all day S.H.P.

Dec. 18 Patient now recognises her delusions as such, states that she believes she was devouring a person at each mouthful. She is now [illegible] in all

Coll. II

Ry Patient [illegible] bed [illegible]

Or

1917 Jan 26 [illegible] food well - S.H.P.

[illegible] in the left [illegible] a graving [illegible] standing [illegible] a neurotic [illegible] tion, Wass. 87. 1022, acu [illegible] blood when [illegible] 000 B.B.C. [illegible] epsation there [illegible] th & 12 clocks [illegible] of ends. There [illegible] pressure [illegible]. The Wasser [illegible] palpable. [illegible] Klebs and [illegible] depth in bed [illegible] put to bed [illegible] ters appeared S.H.P.

St Anne's Health [illegible]
Jan 28th

Dear Miss Ismay

Please write as one directly it cannot be true you are well, when I feel sure I have done some injury to you & all those I know. Tell me how Ada is, if I could only have a little note from her I would be glad. I can never believe all is right until I can be with you, I suppose

III

Feb. 1 Patient out of bed, pain much relieved while in bed. Menstrual period came on - first since admission lasted 4 days and was normal. Patient is taking food very badly since the third week of January. S.H.P.

II

May 27 Patient has occasional attacks of hysteria? Hysterics complains of pain in back of head and says she cannot walk or eat. These attacks occur every 3 or 4 weeks & pass off with a few hours rest S.H.P.

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and read well to L.A. stem stimulation and consensually. No knee jerks could be obtained there is no ankle clonus - superficial reflexes healthy.
No tenderness on pressure over mammae or ovaries -
Patient walks feebly but does not now present paraplegic symptoms -

B. Mental -

Patient's expression is one of deep depression. She sits with head bent eyes half shut, never speaks voluntarily and mutters slowly more syllabic replies to questions. She shakes her head when asked about her family mutters that she knows it is very wicked and that nothing matters. No delusions or hallucinations can be elicited.
Patient washes & dresses under supervision requires urging to eat - Her habits bowels & she sleeps fairly well -

Several Cautions [illegible] drowsy thoughts [illegible]

Oct 13. Patient is still very depressed sits with head bent quite unoccupied mutters a monosyllabic reply to questions. She takes her food under compulsion & sleeping well. S.M.P.

Oct. 20 Patient still unoccupied and very depressed While being fed today she said the food was not right - it was not hers but other peoples and also that her relations were all dead. S.M.P.

Oct. 27 Patient still persists that her people are all dead that she has killed them she annexed Cathay

Nov. 3 Patient persists that her people are all dead that she is eating them in her food and yesterday asked that she might be given the battery to

bring them to life. She sits with head bent quite unoccupied all day. S.M.P.

Dec. 18 Patient now recognises her delusions as such, states that she believes she was devouring a person at each mouthful. She is now cheerful [illegible] in all

1917 Jan 26 [illegible] food well - S.M.P.

[illegible] in the left [illegible] drawing [illegible] sion, pleurisy [illegible] 1922, acute [illegible] blood urea [illegible] 88 [illegible] [illegible] 8 12 [illegible] [illegible] there [illegible] [illegible] presume [illegible]. The [illegible] [illegible] knee and [illegible] bed [illegible] put to bed [illegible] appeared S.M.P.

you cannot come see me. it is all so sad here get I know I am not ordinary like the others, do please write at once. did you hear from my Mother, I feel sure I have killed them until I can be with them, can you assure me they are all right too

Yours
M. Kitching.

Feb. 1 Patient out of bed pain much relieved while in bed menstrual period came on - first since admission lasted 4 days and was normal. Patient is taking food very well since the third week of January. S.M.P.

May 27 Patient has occasional attacks of hysteria? Hysteria complains of pain in back of head and says she cannot walk or eat. These attacks occur every 3 or 4 weeks & pass off after a few hours rest S.M.P.

and read well to L.A. stem stimulation and consensually. No knee jerks could be obtained there is no ankle clonus - superficial reflexes Lead ++.
No tenderness on pressure over mammae or ovaries -

St Anne's Heath
Surrey.

Dear Mrs. Hunter
Will you tell me where Miss Hickey is, & if she is all right. I have felt sure I have brought some harm to her, let me have a line from someone to tell me that she is not dead & that you are all well too.
M. Kitching

Lumbar Puncture [cerebral attempt at draining through perception]

Oct 13. Emesis of blood

Oct. 20

Oct. 27

Nov. 3

bring them to life. She eats with head bent, quite unoccupied all day. S.H.P.

Dec. 18 Coll. II

Patient now recognises her delusions as such, states that she believes she was devouring a person at each mouthful. She is now cheerful well occupied, joining in all [illegible] food well - S.H.P.

1917 Jan 26

Holloway Sanatorium

Dear Miss Denny
Can you give me any news of yourself & of my people. I believe I have killed you all.
Yours
M. Kitching.

III

Feb. 1

II

Patient out of bed, pain much relieved while in bed. Menstrual period came on - first since admission lasted 4 days and was normal. Patient is taking food very well since the third week of January. S.H.P.

May 27

362

Patient has occasional attacks of hysteria? Hunter complains of pain in back of head and says she cannot walk. These attacks occur every 3 or 4 weeks & pass off after a few hours rest. S.H.P.

and react well to L.A. Skin stimulation and consensually. No knee jerks can be obtained There is no ankle clonus - superficial reflexes Lead Pl.

No tenderness on pressure over mammae or ovaries -

Patient walks feebly but does not now present paraplegic symptoms -

B. Mental.

Patient's expression is one of deep depression. She sits with head bent eyes cast down, rarely speaks voluntarily and mutters slowly monosyllabic replies to questions. She shakes her head when asked about her family mutters that she knows us very wicked and that nothing matters. No delusions or hallucinations can be elicited.

Patient washes & dresses under supervision requires urging to eat - Her habits are cleanly after she sleeps fairly well -

Several Conditions [illegible] Abnormal thoughts perception

Oct 13. Emphasis of Mark 9 Oct. 20

Patient is still very depressed, sits with head bent quite unoccupied mutters a monosyllabic reply to questions. She takes her food under coaxing & sleeping well. S.H.P.

Patient still unoccupied and very depressed While being fed today she said the food was not "right" - it was not hers but other peoples and also that her relatives were all dead. S.H.P.

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Nov. 3 Patient persists that her people are all dead, that she is eating them in her food and yesterday asked that she might be given the battery to bring them to life. She sits with head bent quite unoccupied all day S.H.P.

Dec. 18 Call II

Patient now recognises her delusions as such, states that she believes she was devouring a person at each mouthful. She is now cheerful well occupied joining in all Hospital amusements, takes her food well and sleeping well. S.H.P.

1917 Jan 26 Patient is complaining of a pain in the left lumbar region which is of a constant gnawing character, made worse by walking or standing. It is not connected with micturition, the is not constipated. The urine is Sp. gr. 1022, acid with no abnormal constituents - The blood when examined gives Hb. 70. R.B.C. 5.420000 W.B.C. film shows normal blood. On palpation there is distinct tenderness over the 11th & 12th ribs about two cm. from their abdominal ends. There is also pain felt at this spot on pressure over the corresponding dorsal spines. The kidney is not enlarged nor the kidney palpable. Patient has had similar pain three and two years ago - when she was kept in bed on convalescent diet - She was put to bed yesterday and a belladonna plaster applied to painful area S.H.P.

III

Feb. 1 Patient out of bed, pain much relieved while in bed menstrual period came on - first since admission, lasted 4 days and was normal

II Patient is taking food very badly since the third week of January. S.H.P.

May 27 Patient has occasional attacks of hysteria? Hysterical complains of pain in back of head and says she cannot walk or eat These attacks occur every 3 or 4 weeks & pass off after a few hours rest S.H.P.

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3017

Marion Elizabeth Ellis

Adm. Oct 10. 1906
D. & Oct 9 1906

(8 8 married no occupation Ch of Eng Protestant
Meadhouse Baynes Park. Surrey. Date of attack ago
of first attack 8 7. not previously Attack has
been acute since 25th August Cause unascertained
Pain brought on by illness
Pain by which order her son who suffers from Pt. Paralysis
Paralysis. Not G. Talks much of suicide
not D.

96 first cert

She refused to see her husband who was with me, because she was excited and said that the only thing to do was to end her life. She said crossed she not looked at her & stopped because of her excitement she said that at night when in bed the Lord people & speaking of her excitement, and she should surely hang herself.

9 Oct 1906

G. H. Bishop
Wimbledon

Second

corroborates

W. Travers Smyth

Fam. History

Father died of heart disease act 59
Mother certified insane 8 years before death act 66
Cancer has Hatkins

Past History from Husband

Patient is the youngest of seven children all healthy and lived at home till her marriage in happy health surrounding
In 1891 patient married in 1892 a daughter was born in 1894 in Dec. 1900 a son - all pregnancies normal
In 1901 the eldest son developed pseudo-hypertrophic muscular paralysis. This was a great shock to his mother and she slightly broke down with grief and anxiety. The year following her husband took her to the Continent - France, Spain - there she developed typhoid & husband "blood poisoning" Later she has had sore mouth & colitis - For this she consulted Professor Morris this year - who sent her to Bonnières in May. The colitis is now quite gone. Marked mental symptoms developed in June Patient then in court great excitement She so far recovered that husband went to Sweden in Aug Patient's worse & has had nurse since 25th Aug Patient says she attempted suicide a fortnight ago & secreted a knife to accomplish purpose last night

Condition on admission. A. Physical.

Pall. III
Ht 5ft 1½
Wt 7st 10½

Patient is a small-eight woman with dark hair turning grey, dark blue eyes, sallow complexion, much pale, tongue clean teeth fair (well stopped)
The heart presents no physical signs of disease Pulse 80 regular in rate & rhythm, vessel wall healthy, tension medium.
Patient is suffering at present from slight bronchitis
No abnormalities to be noted in abdomen not examined
Patamenia has been irregular & excessive flow ? now said to be normal
Urine ad 1025, light brown, no albumen, sugar, indoxyl etc
The pupils are much dilated, equal in size and regular, react to L. A. skin stimulation and anaesthesia. The knee jerks are active, not exaggerated
The superficial reflexes healthy

Suicidal caution

B. Mental

Patient has a dejected, nervous expression, and listless manner.
She enters readily into conversation and at once refers to her conduct in attempting to destroy herself at an hotel - says everyone will know of it and that she cannot live to bear the shame of it. Everyone she declares is looking at her & her guilt is written on her face which she tries to cover with a handkerchief. Her "wickedness" has been becoming more & more of a reality to her for months and because of it she tried to kill herself. No hallucinations were elicited
Patient's attention is poor - She constantly reverts to the one subject of her wickedness

3017

Adm. Oct 10. 1906
D. 6. Oct 9 1906

Marion Elizabeth Ellis
(38 married) no occupation Ch. of Eng Resi
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or first attack 6 7. not previously Present Attack
been acute since 25th August. Cause unascert
Patient brought on by illness
& worry by which order her son who suffers from Pt. Incon
Paralysis. Not D. Talks much of suicide
not D.

9 6 Oct cert She refused to see her husband who was with me, because she
wished and said that the only thing to do was to end her life She
confused she not looked at her & scoffed because she knew
that thought when in bed She had people & speaking of her wicke
and she stayed sweet long herself.

9 Oct 1906 G. H. Bishop
corroborates Winstanley
W. Treves Hoyle

Second

Fam. History Father died of Heart disease act. 59
Mother certified insane 8 years before death act 6
Cousins has Phthisis

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Urine sp 1025. light brown, no albumen, sugar, indican etc -
The pupils are much dilated, equal in size and
regular, react to L. A. skin stimulation and
Sneezing. The knee jerks are active, not exaggerated
The superficial reflexes healthy -

B. Mental

Patient has a dejected, nervous expression and
listless manners -
She enters readily into conversation and at once
refers to her conduct in attempting to bring
herself at an hotel - says everyone will
know of it and that she cannot live to
bear the shame of it. Everyone she declares
is looking at her & her guilt is written on
her face which she tries to cover with a
veil or shawl. Her wickedness has been
becoming more & more of a reality to her for
months and because of it she tried to kill
herself. No hallucinations were elicited
Patient's attention is poor - She constantly
reverts to the one subject of her wickedness

Suicidal caution (dangerous and must not be left alone)

Memory is good—
Last night (Oct. 14) she again attempted suicide by swallowing (she declares) a hairpin—two pieces of wire & a bit of glass from a tumbler which she broke.
Patient sleeps badly but takes food fairly well.

Oct. 17 The wire and hairpin swallowed by patient have been recovered. She is still very depressed and restless at night. S.H.P.

Easton Syrup Hypophos. 1½ Pt. Oct. 18 24 Patient is somewhat less depressed and is sleeping much better — Yesterday she fainted when going to breakfast — states that she has frequently fainted before but recovered quickly. S.H.P.

Oct. 23 Nov. 3 Pt. Liq. Cocaine ℥ i. d. Patient continues to improve is taking her food well and sleeping well, no longer suspects people of scoffing at her, nor constantly talks of her wickedness. She is now in bed I.

Nov. 7 Pt. Liq. Arsenic Strych. ℥ ij Patient complains of "being bilious" vomited yesterday and was sick on several occasions with a tendency to diarrhoea. She is being kept in bed on mutton & fowl diet for 24 hours. The heart is not dilated and there are no murmurs. Patient is very anaemic. Hb. 35% R.B.C. 1·760,000 W.B.C. no Anonymous S.H.P.

Nov. 10 Patient still sick at intervals - bringing up about one ounce at a time of light yellow bilious - very depressed - saying she has pulled herself & swallowing wire, glass? hairpin? last night she was very excited kicking and screaming & the two rectal injections given were returned also some faeces light offensive since Nov. 9 patient has been on Rectal injection ¼ oz (peptonoid milk, egg, 3iii Brandy) 4 hourly administered by Cox, tube and funnel & well retained last night. She is now getting saline injections one ½ pint 4 hourly - retained so far. S.H.P.

Nov. 11 Rectal injections stopped Patient very excited last night refusing all injections, mildly excited all the morning refusing to be fed at times, shouting that she has killed God that his creation is no use - that a wicked little woman has made it all of no avail &c &c - At 2 p.m. she was so excited that ½ gr. Morph. Hyd. was administered the milk previously taken in teaspoonfuls half hourly was slightly increased and patient was fed at 4 p.m - consequently milk again diminished.

Nov. 12 P. Sodii Salicyl. 9 iij 8 hourly Pt. Liq. Arsen. Strych. ℥ ij 8 hourly Patient has had a bad night and been excited all day but has no sickness or diarrhoea. Vomited ℥ iiij once at night. 30 Strych. Hyd. at 10 pm 8 pm 2 am 6 am Nov. 13 Patient taking milk well now 2½ hourly increased to 3½ this afternoon. Still very excited very at times destructive language. Talking terrible - she has killed God &c &c. Strych. ℥ ij 3 hourly Nov. 14 Patient had slept one hours last night and has been very excited all day. Bowel washed out with saline injection at 3 p.m. passed light very offensive Veronal gr. XII queen at night but patient spat out several mouthfuls. She has required spoonfeeding with milk but has retained it well. Strych. repeated. S.H.P.

Nov. 15 Patient had 7 hours sleep last night and has been drowsy all day - taken 2 pints of milk. Strych. repeated. S.H.P.

Nov. 16 Patient again slept 7 hours. She is still very excited though not so restless and appears much exhausted - has to be fed with milk. Saline infusion (4 pints) by Hughes given this morning

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S020

Amy Constance Whymark

Adm'd Oct 27. 1906 — single, 37, spinster, C. of England, Resid in Sidmouth
Pd'd Oct 25 1906 — St Andrews Home, Portsmouth. First attack as far as known, lasting since she was 25 — Not previously treated. No cause known Not E. or D. Professes to have taken poison.

First certificate — She told me that she had recently written exciting fabulous stories about having to undergo an operation and having broken her ankle, She said there was no motive for this but that she saw these things in visions and believed them to be true. She said she was under the power of some power delusion or power which impelled her to do this that she is often depressed & recently took Belladonna as she wanted to die.
Com. patient left home to undergo an operation at Torquay, wrote saying one of the doctors had diagnosed her case wrongly & wrote from doctor that operation was postponed. She was found living quietly in rooms at Babbacombe.

R. Bary Smith
23rd Oct. 1906

Second. — corroborates
25th Oct. 1906 — T. A. Munro Foote

Past History — See answers letter from Deaconess Superior of St Andrews Home Portsmouth

Confidential

Miss Amy Constance Whymark came to St Andrews Home, Portsea at the end of August or the beginning of September 1904.
She previously applied to S.P.G. as she was anxious to do Mission work in Japan, where she was born & where she had some times property. She was not accepted by the Society as she failed to pass the Medical Examination, the doctor considering her in too nervous a condition to be fit for work in Japan. She was supposed to be run down on account of long nursing her Mother who died I believe in the Spring of 1904. Her case was brought before my notice & I was willing to allow her to come to our Training Home on the understanding that she should not do much work but be taken care of until she regained her strength.
Shortly after her arrival I received a letter purporting to be from a Madame Varney marked private in which she gave me the following information: -
That she & her Husband Professor Varney were much attached to the girl to whom they had offered a home, but that as she considered that mission work was her vocation she refused their offer. That Amy had not really explained her case to the S.P.G. doctor, for her nervous condition was due to her having seen a terrible accident which had caused the death of Lieutenant Elliot to whom she was engaged. I do not recollect the exact details but my impression is that they were out together & when crossing a railway line she saw him dashed down & his brains scattered. Madame Varney begged me to be watchful about an impediment in the speech which came when Amy was tired or excited, as she believed it was in the power of the girl to overcome it. That she & her husband were shortly going to S. Africa & they wished specially to commend her to my care. That they were enormously indebted to her, as she & her husband had accepted the Christian Faith in consequence of Amy's conversion

Christian life. As they had no children their intention was to leave her all their property, which was considerable. I think but I am not certain that Amy went to Southampton to see them leave for abroad towards the end of September.

On Christmas Eve 1900 I received a letter from S. Afric purporting to be from Professor Torrey signed George Tor asking me to break the sad news of his wife's death to Amy mentioning that she had left £12,000 & he pro that he was shortly returning home. In March or April Amy told me that she had received a cable saying that the Professor was extremely ill that it was unlikely that he would live to reach Southampton; the message was sent from Madeira. He was suffering from cancer & begged that she might be at Southampton when he arrived. This was arranged. He had his own doctor travelling with him, & the name of Frere she was to be joined at Southampton by Dr. & Mrs. Jansen, the latter a lady doctor having taken her degree abroad. The Professor underwent an operation from which he made a fair recovery. While she was staying with them, these various doctors decided that Amy must undergo an operation. I think Mrs Jansen wrote to me on the subject saying that they greatly feared cancer, caused by a twist in the abdomen by her sister who was immoral & drank. She begged that I should not let her know that she had told me this. The Professor preferred to see a German Specialist under Mrs Jansen's care she was sent abroad. I heard that it was decided to perform an operation & that a Dr. D'Arcy was engaged by the Professor to come from the S. of France to operate. Lodgings were taken at Torquay & the Professor, Dr. & Mrs Jansen, Dr. Frere, & Dr. D'Arcy all went there

for the time. I received a telegram that it had been successfully performed & that a full report should follow. This report stood that an abdominal incision of 4½ inches was made, that there was no cancer, but that a solid tumour on the ovary had been removed.
To my surprise she returned here in July having been away altogether about ten weeks; this included going abroad. Dr. Janson considered that he was not responsible for her & begged that our doctor should not see the wound, as she was sensitive about it, but merely give her a tonic if necessary.
In August, I think, she came to me in great trouble to tell me that the Professor was dying & that any coat or stick & herself she must go to be with him.
She was away very few days & came home very troubled & sorrowful saying that Dr. Janson would not let her stay for the funeral, that the Professor had died in her arms & she must have perfect rest & quiet. Shortly after this death she told me that the Professor had left her the sum of £28,000 with the wish that it should be used for rescue work among better class girls.
She was not to have even the interest of this money until she was thirty, it was left in the hands of Dr. Janson in trust for her. We wished much to assure her in the best method of using it, she was anxious that before she was thirty, she should become a clairvoyant thus proving the steadfastness of her purpose. I forgot to mention that in the matter of the £12,000 from Madame Varney, she refused to receive it telling me that she considered the will unjust as Madame Varney had poor relations to whom it should have been left. That in the presence of the Professor she had torn the will up & thrown it in the fire

In January 1906 she was in great sorrow for Dr. Jansen's daughter died to whom she was greatly attached not long after I heard of Mrs Jansen's death (I cannot be certain that the order of these deaths is correct)
In April she came to me saying that a brother from S. Africa who was coming home in a troop-ship was put into hospital at Gibraltar. That Dr. Jansen very kindly offered to go to see after him that she felt she must go to. I objected strongly to this as I said it was quite impossible for a girl to go & stay in Gibraltar except under the care of another woman. As she could not be content to accept my ruling that her go to Southampton although I had received a letter from Dr Jansen begging me on no account to allow her to go abroad. She was away two days & came back saying that Dr Jansen had said that it was impossible in her state of health for her to go abroad, that she quite trusted to his kindness to see after her brother. Amy told me that Dr Jansen wished a Specialist in Tropical Diseases to go out that she had paid £50 for his fee which rather crippled her funds. The Specialist advised him to return to Africa & Dr Jansen travelled to the Cape with him.
Early in July 1906 when I was in Scotland she wrote to say that she knew she had done wrong in not telling me that she had to undergo another operation. That when she went to Southampton to see about going abroad she was examined by Dr D Acey, who happened to be in England & he told her that if she was ever to be in fairly good health the uterus must be removed. When I suggested another opinion before making any definite arrangements, she said that was quite impossible, as she knew the Professor to whom she owed every thing had implicit confidence in Dr Jansen

would wish her to follow his advice. Dr Jansen arranged that Mrs Elliot the mother of the Lieutenant to whom she was engaged should take a house at Torquay that Dr D'Arcy should come to England for the operation, that the nurse who had attended her before should be engaged. She left me on September 15th for Southampton where Dr Jansen arranged that she should meet the French lawyer who had drawn up the Empress's will, & was told to see Mr Blatch to make her own will. The arrangement was that she was to go to Torquay on Sept: 18th & that the operation should be on the 22nd. She found she could not get through her business at Southampton in time & wrote to put Dr D'Arcy off for two days.

In the evening of the 22nd I received a telegram signed Nurse Allison stating "Accident occurred, worst feared. Letter to follow."

Monday the 24th, the first post brought a letter from Nurse Allison saying that on the Friday evening they went with Dr Jansen this grand-child for a drive to Babbacombe. To please the child they got out to walk, the child slipped over the edge & they going hastily to save her fell over the cliff into the water, was taken up unconscious & the worst was feared.

A later post brought a letter signed Dr D'Arcy in which he mentioned that the condition was more serious complying took place.

On the 26th I telegraphed to Dr D'Arcy saying unless he forbade it I should arrive in the afternoon to see her. I received reply "Sincere apologies, impossible to allow you to see patient. Mrs Elliot ill, House dis-organized." I telegraphed - "Kindly meet me at Torquay Station 4. 5. The Warden the Rev. A. A. Robinson accompanied me & so on

inexpressible surprise, when we had to change trains at Exeter we found Miss Whymark awaiting us on the platform. She returned with us after having told me that it was no accident, but that Dr Jansen had taken her by the shoulders & tried to murder her.

In order to deceive Dr D'Arcy who had befriended her Dr Jansen put up her ankle in plaster of Paris & she believed it to have been broken. On our return from Exeter I found a telegram "Most forbid your coming. Shock would kill patient D'Arcy."

The Bishop of Winchester on hearing our account employed a confidential agent from Messrs Lewis, Ely Place, the result of the investigation being that there was found to be no truth in any of the statements, that all the letters & telegrams had been sent by Amy Whymark also the letters from Professor & Madame Varney, Dr & Mrs Jansen Dr D'Arcy & Miss Allison. That no operation had ever been performed that no such persons ever resided as Professor & Madame Varney, Dr & Mrs Jansen, Dr Frere, Dr D'Arcy, Miss Allison & Lieutenant Elliot. That she had taken rooms at Babbacombe where she had behaved with the utmost quietness & apparent discretion. Various other letters purporting to be from a cousin were sent home. She has since said that all these people were creatures of her imagination & were born in her mind in October 1904.

I think what I have said gives a fairly complete account of the case, if in addition you consider the statements on the Medical Certificates.

Condition on admission A. Physical.

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brown eyes

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s - Suspecting

ed ankle

Shiel stiff?

ional and

weeps as

she talks of the past two years - when she

thinks that bad motives have been

imputed to her, she adopts a sad, resigned

tone and speaks of her "fake illness" Her

confusion of mind and hopes that when

Suicidal Caution

Miss Whymark.

5020

Amy Constance Wynmark

Adj. Oct 27. 1906 — single 27, spinster, C.E. of England, Previous addn
Op'd Oct 25 1906 — St Andrews Home, Portsmouth. First attack as far as known, lasting since she was 25 — Not frequently dreaded. No cause known Not T. or D. professes to have taken poison.

First certificate — She told me that she had recently written entirely fabulous stories about having to undergo an operation and having broken her ankle. She said there was no motive in this but that she saw these things in dreams and believed them to be true. She said she was under the power of some power delusion & power which impelled her to do this that she is often depressed & recently took Belladonna as she wanted to die.
Com. patient left home to undergo an operation at 7 today, wrote saying one of the doctors had due to mistake her, subsequently wrote from doctor that operation was postponed. She was found very quietly in rooms at Babbacombe.

R. Percy Smith

23rd Oct. 1906

Second. — corroborates
25th Oct. 1906 — T. A. Munro Forde

Past history — See annexed letter from Deaconess Superior of St Andrews Home Portsmouth

Family History — Condition on admission A. Physical.
Tall. I.
Wt. 9st 3½
Vol. 8st. 3 — Patient is a slight well nourished well developed girl with light brown hair, good complexion, brown eyes mucous membranes good colour, hard palate arched teeth lower pair incisors upper artificial set. Heart and lungs present no physical signs of disease Pulse 72 regular in rate & rhythm, vessel wall healthy tension medium.
There are no signs of disease in the abdominal organs (no pain on pressure over ovaries or mammae)
Catamenia said to be regular.
Urine
The pupils are somewhat dilated equal and regular, react normally to L. & skin stimulation and unremarkable. The knee jerks are somewhat exaggerated, there is no ankle clonus - Superficial reflexes healthy.
Patient states that she sprained her right ankle about 8 weeks ago and that it is still stiff?

B. Mental.
Patient's manner is rather emotional, and her eyes fill with tears and she weeps as she talks of the last two years - when she thinks that bad motives have been imputed to her, she adopts a sad resigned tone and speaks of her "take illness" Her confusion of mind and hopes that when

Suicidal Caution.

her mind has recovered - she may continue Christian work - this time in Japan. She admits that she has written entirely fabulous stories concerning them frequently during the last two years, both of these letters purporting to come from other Doctors - and referring to operations to be performed on her, but states when she wrote these she was not herself but seemed to be some one else and always by the post "confused" and wrote these letters. She had "a numb feeling" down the left side (neck arm and leg) She admits having told the Medical Superintendent that she did not write these letters that her cousin wrote them - but says she was "confused" when she said so - Any contradiction in her statements she explains thus.

Patient says she took Belladonna to poison herself recently, but only took a little that she might die above and make her confession in agony - she had not courage enough to do so without some aid.

Her memory is good and her conduct as far as has been observed, quiet and orderly. She attends well to duties and person - takes her food well, and sleeps fairly well.

Nov. 3 Patient has been quiet and well conducted since admission. She still says that this numb feeling down the left side edges her at times but the thoughts which used to arise when it was present, have not occurred - S.M.R.

Suicidal Question Removed Nov. 8

Nov. 16 Patient continues quiet rather languid complains of headache and states that numb feeling is still continues S.M.R.

Nov. 18 Patient continues as described in Admn. Note. On Nov. 15 patient had an hysterical attack. awoke complaining of a pain in her right shoulder, but took breakfast well - then about 11 a.m. wept copiously and stretched her legs out stiffly and said she was paralysed and could not move. She was walked up and down by a nurse and ten minutes afterwards put on her jacket and went out - S.M.R.

Dec. 18 Patient has had no further hysterical attacks. She still complains occasionally of numbness in the left side. Her conduct has been quiet and orderly since last note. She still keeps pathetic to her "late illness" S.M.R.

1907 Jan. 21 Patient told the Medical Superintendent two weeks ago that she had not acted in the deceitful way reported but that some girl very like her had done so and she had simply been on the spot and continued the deception. She grew confused, wept and refused to tell more as it was so painful to her when pressed to explain this statement further -

She has had no further hysterical attacks is always well occupied, goes out freely joins in games and is very tractable. S.M.R.

Feb. 22 Patient was discharged today recovered. She is going to Japan to live with mother. She was examined before leaving and found to be in good physical health & free from marks & bruises S.M.R.

Discharged.

3621

Oct Cct 27-1906
PO Oct 26 1906

Charlotte Elizabeth Deakin
47, married, Bathers, Ch. of Eng. 4 Clifton Parade, Westcliff-on-Sea. First attack age when 45½ not previously treated. Present attack has lasted about 18 months. Supposed cause, change of life, Pat. P or D. has tried at suicide.

First certificate

Is extremely restless. Says her face is growing rapidly like a pumpkin, Asks for some medicine to put an end to misery. Makes a number of wild statements as to her past which she afterwards cannot justify.
Com. picked up a knife saying that she must put an end to misery.

Sydney Rumsey
Coroner

21st Oct 1906

Second

corroborates.
and adds that she threatened to drown herself

John Hopkins

22-10-06

Previous history (from husband)

Seven months child - three sisters and one brother - excitable and eccentric.
Was educated at home - had severe attack of typhoid fever at 15 years.
Well on stage at 22 - married at 26.
Before birth of first child there were several miscarriages - one on birth of first child 2½ child strong and healthy - later a severe miscarriage (5 mos.) about 29 or 30.
Since then Patient has been healthy except for [illegible] attacks of nervous symptoms began about 12 years ago. had idea of crusade to set world right - then began to have ideas of persecutions. Read Paragraph at head. Firmly fixed delusion of toothsome disease arose 2 months ago.

Condition on admission A. Physical

Pall II
Wt 5st 5lbs
Ht 5ft 12½

Patient is a tall thin woman, well developed and fairly well nourished. She has brown hair and eyes, mucous membranes are healthy, tongue slightly furred. Teeth very carious and edges worn away. Breath disagreeable.
The heart and lungs present no physical signs of disease. Pulse 72, regular in rate & rhythm, vessel wall healthy, tension medium.
Catamenia said to be now slightly irregular.
Urine, light coloured with deposit of urates, 1035 acid, no albumin, sugar - indoxyl etc.
The pupils are equal and regular, react normally to L. A. skin stimulation and consensually. The deep reflexes are present, no ankle clonus.
No abnormalities to be noted in abdomen

B. Mental

Patient is extremely restless, paces up and down with extreme agitation then throws herself on a seat buries her face in her hands and weeps saying she is growing worse and worse, her body is a mass of ulcers she is suffering the most agonising pain etc etc. She then states that after taking one teaspoonful of the medicine ordered her (Pot. Bromide) ammoniation her hands smelled and tasted awfully and her body tingled for hours afterwards. She can talk of nothing else but this loathsome disease from which she is suffering (Syphilis) constantly asks if she will be kept here and refers to the part when she may have contracted it. She says she will kill herself rather than endure it.
Memory for recent and remote events is good.

Suicidal caution

attention very poor -
Patient is very troublesome over food and medicine refusing both altogether at times
She sleeps fairly well -

Nov 11 — Patient now in Path. III restless and troublesome constantly maintaining that she is one mass of ulcers, in agonizing pain, refusing meals that she may die and noisy at night. S.H.P.

Of Syph Hyperthermia 38 t. M.D.

Nov. 10 — Patient still restless, noisy at night frequently requiring a hypnotic, and maintaining that she is one mass of ulcers, in frightful agony, quite unoccupied and lying on a bed of ulcers made to take a wash. S.H.P.

Nov. 17 — Patient restless noisy at night always according to herself in mortal agony. Very troublesome over food. S.H.P.

Of Syph Hospl. t. M.D. 38

Nov. 24 — There is no change in patient's mental state - S.H.P.

Dec. 18 — Patient has had rather quieter days - occupying herself a little going to chapel and joining in the service but retains her delusions as to syphilitic disease, is constantly on the outlook for new symptoms, blotches - eruptions etc. and constantly wailing over her agony. S.H.P.

Of Insect Office t. M.D.

1907 Jan. 22 — Patient is still wholly given up to the delusion of a mortal disease / and is now centering her attention chiefly upon her nose, lips and tongue. Her nose she alleges - is suppurating growing out of all proportion - her lips are bloated etc etc. She was carefully examined this month, no trace of disease found. The pupils react normally to L. and A. The deep reflexes are slightly exaggerated eq. S.H.P.

Leg. Hospl. Rennes 37 t. M.D.

Feb 28 — There is no mental change - patient still convinced she has syphilis S.H.P.

Pit Lunac Hosp.

May 27 — Patient grows more restless and agitated - convinced her eyes are being dragged out - her nose going to pieces - cranks for drugs to end her misery. Sleeps four or five hours nightly without drugs S.H.P.

Aug. 31 — Patient still restless and agitated - no change in delusions, sleeps now fairly well. S.H.P.

Oct. 25 — Patient slipped off couch this afternoon and dislocated right elbow (outward lateral dislocation) The right elbow had been fractured dislocated before admission Under paraldehyde and with a wolf's plaster the dislocation was easily reduced S.H.P.

Nov. 30 — Arm being massaged, can be fully flexed extended etc. There is no mental improvement S.H.P.

1908 Feb 29 — Patient has now full use of her right arm her delusions persist - she spends most of her day lying on a sofa fingering her nose and eyes which she says show traces of the most loathsome disease. She cannot be induced to occupy herself and only shows a certain amount of cooperation when visited by her husband or son. Her physical health is fair. S.H.P.

May 30 — There is no mental or physical change. S.H.P.

Aug. 7 — Patient persists that she is wrecked by a contagious loathsome disease and that her nose is wasted away. She spends the whole day fingering / unoccupied & groaning. She occasionally pulls herself together & writes when her husband or son visit her. Her physical health is fair S.H.P.

Dec 12 — Delusion that her nose is ulcerating still persists Patient is unoccupied & restless, constantly asking for sleeping powders, she sleeps fairly well.

High Stocks — Bodily health fair. M.S.B.

Continued page 80

3022 Ruth Bristow

Ad. 6 Nov 1906
(F.O 5 Nov. 1906

30, single, no occupation, Ch. of Eng. Res. address 37 Stanford Avenue Brighton. Third attack age then 28, not previously treated - Present attack has lasted two months, supposed cause Love affair Not S. S. Has threatened violence to others

Certificate

She says when she goes out for a walk people whom she does not know talk about her & make disagreeable remarks - this is hallucination She is apathetic indifferent to her surroundings and has a vacant expression -

D. H. Leslie M.D.
Bexley Heath.

3 Nov 1906

Second

corroborates

Frank Pearce

3 Nov. 1906

Family History

Nil -

Previous history (per D. Hayes)

Patient has been strange for 3 years, worse for the last eight months. Present attack said to be due to love affair
Has auditory hallucinations, is suspicious not suicidal or dangerous - eats and sleeps badly.

Condition on admission. H. Physical

Patient is a well developed well nourished young woman with light brown hair grey blue eyes good complexion, teeth carious, mucous membranes healthy
Heart and lungs present no physical signs of disease, Pulse 78 regular in rate & rhythm, vessel wall healthy tension low
No abnormalities to be noted in abdomen
Catamenia said to be normal
Urine, amber 1020 acid no albumin, bile sugar indoxyl etc -
The pupils are typical and regular quite reacting to L. H. Skin clammy and consumptive. The deep reflexes are present not exaggerated the superficial reflexes are healthy
There is a small stye on the left corner (lower lid) of the right eye -

Gall. III
III. Oft. 3m
W. 88. 6

B. Mental -

Patient has a rather vacant expression and her manner is childish She will say little but that she is going home in a few days and constantly asks to know she is going with a feeble persistence. She can see no reason why she is here and apart from the constant expressed desire to go home is apathetic and indifferent to what happens. She states that she has heard people talking disagreeably about her (not here) and that she begs to be left as following her constantly. No serious hallucination could be elicited.
She attends well to dress and person, takes her food well and sleeps well S.H.P.

Nov. 13 Patient dreamy and confused constantly asking when she may go home can see no reason for staying here - S.H.P.

Nov. 20 Patient somewhat less confused - still hears mysterious sounds at night. S.H.P.

Nov. 27 Patient still very confused, poorly occupied still hearing voices S.H.P.

Dec. 4 There is little mental change - patient is dreamy, confused - poor occupied occasionally restless - restless at night - occasionally resists when taken to the dentist refused to open her mouth and had to be led to her room. S.H.P.

1907 Jan. 7 Patient is convalescing from very mild attack of influenza. S.H.P.

Feb 28 Patient is less anaemic and more enlarged since beginning course of Iron and Strychnine She is still very dreamy and confused, still hears people talk of her (talking of her) and is incapable of sustained conversation. S.H.P.

May 29 Patient still very energic, chooses the darkest corner she can find and sits there doing nothing for hours. She is incapable of sustained conversation and her talk which begin well suddenly become rambling and confused after a few sentences. Still has auditory hallucinations. S.H.P.

Aug. 31 There is no mental or physical change. S.H.P.

Sept. 11 Went to Stone Villa. S.H.P.

1908 April 3rd Patient returned from Stone Villa - unimproved mentally - auditory hallucinations persisting - and still anaemic - S.H.P.

May 30 Weak minded, with auditory hallucinations Less anaemic S.H.P.

Aug 7 There is no mental change Physical health improving slowly - S.H.P.

Dec 2 Patient is incapable of sustained conversation she is silent & sits for hours unoccupied, is confused & hallucinations persist. Bodily health fair M.B.

1909 Feb 15th Patient continues weak minded, at times wildly excited & troublesome, at other times

unoccupied & silent for hours. Is she hearing voices? Bodily health fair M.S.B.

May 4th Went to Stone Villa M.S.B.

Sept 8th Returned today from the villa in good physical health. Is mentally unoccupied weak minded, at present quiet unoccupied will not speak much Has auditory hallucinations S.H.

Nov. 13th Wt. 8st. 2lb. There is no mental or physical change - S.H. Patient is in gallery VII.

1910. Feb. 10th Wt. 8st. 2lb. Pt. is weak minded silent & quiet occupied Cannot sustain any conversation Has auditory hallucinations. Bodily health fairly good except for anaemia - S.H.

May 25th Wt. 8st. 0½lb. There is no mental change. Physical health fair.

Aug. 17th Wt. 7st. 6½lb. Since last entry Patient has been at Stone Villa for a month. On Saturday she has had a good deal of pain with vomiting & has appetite. She was kept in bed in villa but passed days in gallery III. Looking better has not much appetite - Is very weak minded & unoccupied S.H.

Dec. 15th Wt. 7st. 7½lb. Patient is weak minded quiet at present - usually unoccupied walks about by herself. Appetite poor - but takes her food rather better. S.H.

1911. March 6th Wt. 7st. 7lb. Patient is very weak minded somewhat confused. Auditory hallucinations are well marked mostly unoccupied. Physical health fair. S.H.

June 12th Wt. 7st. 5½lb. There is no mental change. Patient is very anaemic & does not take her food well S.H.

Sept. 12th Wt. 6st. 13½lb. Patient is weak minded deluded keeps entirely to herself & generally hides herself at times. Auditory hallucinations continue. Patient losing weight. S.H.

P 39

3023 - Annie Yonge Lusk -
Ad. 10 Nov. 1906 51, married, Ch. of England. Resides address
R.O. 9 Nov. 1906 Burghfield, Nr Drive Chingford. Third attack -
age on first 42 - twice previously treated
at Hollaway Sanatorium 1897 - 1901 - Present
attack has lasted four days - supposed cause
Menopause Not S.S.D.

First certificate Delusions as to her husband and daughters
being followed and attempts made on their lives
People always listening outside door. People
saying unkind things about her husband

J. W. Cruickshank
8 Nov. 1906 Park Hill, Chingford Surg.

Second corroborates

F. Norman M.D.

Previous history Here as patient June - Nov. 1897 see X. p. 195
hysterical and hypochondriacal with delusions of
suspicion & hallucinations of hearing -
Again as patient May 7 - 1901 with delusions of
impending harm to herself and children - hallucinations
of sight and hearing - Certificated. Date for week
then on S.C. Discharged recovered Oct. 5. 1901

Family History Father insane.

Condition on Admission A Physical

Tall. VI Patient is a tall thin woman, with brown
Wt. 9st. 7½ hair quite grey in front, brown eyes, sallow
complexion, muscles, members rather pale, teeth
defective, hard palate rather arched.

Patient complains of her heart beating too fast.
On inspection there is pulsation in the 4th left
interspace just below the nipple, extending up to
the 3rd extra cardially there is marked S.C. pulsation
on both sides and slight epigastric pulsation
There is no thrill on palpation
Percussion 4th
2 - 4½
Auscultation - 1st. First sound booming, second accentuated
but area - First sound accompanied by very slight
systolic murmur audible outwards -
Aortic area - A systolic murmur accompanies first sound
audible down the sternum and outwards along
the 2nd left interspace - Second sound accentuated.
Pulmonic area - A systolic murmur replaces second sound
& first sound
Pulse 82, regular in rate and rhythm, vessel wall
feeble, tension low -
There are no physical signs of disease in the lungs
or abdomen -
Menopause said to have occurred this year.
Urine N.R. acid, no abnormal constituents
The pupils are equal and regular & react well to L. & accommodation and concurrently - The deep reflexes
are present not exaggerated - superficial reflexes barely
The knees (2nd 4th) tend to be melted on both
feet.

B Mental

Patient is a state of great confusion and somewhat
resistive during the taking of the history & examination
etc. She did not comment on recent physical examination
Her memory is much impaired - She knew she had
been here twice before and after some effort
recalled the names of the doctors but then said
she had delusions then - but was very hazy

as to dates and as to what has happened. Says she remembers Lawrence her children ages & circumstances of their birth. When questioned it was continually interrupting to ask if they were safe. Kept repeating they were the most beautiful children ever seen and in the midst of some question relating to recent events would answer "I always rubbed their chests with oil at night". Or something equally irrelevant relating to her children.
She has delusions that they are in danger and hallucinations of sight - she has seen them here - and hearing - She hears them cry.
She takes her food under compulsion & is very restless at night - as far cleanly in her habits but seems to have neglected her person lately -

Nov. 17 Patient very restless and resistive - most troublesome over food - declares that she hears her daughters voices at night &c - S.M.P.

Nov. 21 Patient still very restless complaining that injections are secretly made here into her children & God tells her so and she hears his voice constantly. She is taking her food somewhat better and sleeping well - S.M.P.

Fall III

Nov. Dec. 1 Patient showing distinct improvement recognizes that her children are not dead or being hurt in any way, is well occupied, enjoys to the other patients and recognizes her mental state to be improving S.M.P.

Dec. 7 Patient maintains the above noted improvement S.M.P.

Dec. 18 Patient again hearing voices - "Dr. Moore murdered at night" and "restless. S.M.P.

1907 Jan. 7 Patient is convalescent from mild attack of influenza - has been excited talkative - full of delusions about the staff - very restless and noisy. S.M.P.

Feb. 28 Patient is now free from excitement and no longer has delusions about the staff. She is quiet, well occupied, going out for walks regularly and in good physical health. S.M.P.

Fall II

4 April. Improvement steadily continued and she was today sent on leave of absence on trial S.M.P.

May 10 Patient returned from leave of absence today excited, with auditory hallucinations. Heart's action somewhat irregular and pulse rapid 100 per minute first sound in the mitral area booming. S.M.P.

Aug. 31 Patient has been very excited and restless since taking Liq. Morph. Bimc. 38 t.i.d. She is fairly well nourished, sleeps well and takes her food well — S.M.P.

Nov. 30 Patient slightly very restless and depressed for last fortnight. Before that sleeping very badly and very disturbed — S.M.P.

Liq. Morph. Bimc. 6-10 t.i.d.

1908 Jan 22 Patient who has improved considerably lately mentally went on leave today. S.M.P.

Feb. 12 Returned today excited S.M.P.

Feb. 29 Patient very excited and disagreable, has attacked the nurses and on the 26th inst. was sent to Gall. V. She is resistive, refuses food and retains all her former delusions that her children are dead and being tortured &c. S.M.P.

Liq. Morph. Bimc.

May 30 Patient still very excited, disagreable, making constant groundless accusations against the nurses occasionally striking them. They excluded Dr. Mc Intosh one of the Medical officers to be her Dr.

Gall III

Gall V 38

3024 Helena Louise Blackburn
Adm 15 Nov. 1906 47 single, artist, Christian, Presbyterian address
Pd 10 Aug 1906 1, Limmerston St Chelsea, First attack age 44
Previously treated Bethlem Hospital & Grenshaws
House from Nov. 1903 - April 1904 as a person
of unsound mind. Duration of existing
attack not known, cause not known. Pat. S.
has spoken of suicide, not D —

Lunt certificate I - She stated on that day that the King was
coming following her about for evil purposes
also that other men were doing so —
II She said that there was always a
sensation in her vagina, in order that she
should have a child

D. H. Daniells
Camden Med Grad

7 Aug 1906

Second corroborates.

Gertrude Kirk

Rec. Henley

Fanny Kirby Rec

Condition on admission A. Physical

Gall St — Patient is a small thin woman wearing a dark
Hy. Dy mug, eyes dark complexion sallow, teeth defective
5ft 2½ Et 10 coated artificial tongue clean - mucous membranes
rather pale
The lungs present no physical signs of disease
The first sound in the mitral area of the heart is
somewhat booming heart not enlarged Pulse
78 regular in rate & rhythm, tension medium vessel wall thick
Urine 1020 amber, acid no abnormal constituents
Catamenia said to be regular
There are no abnormalities to be detected in
the abdomen
The pupils are equal & regular & react to L. A. skin
stimulation & consensually The deep reflexes
are present not exaggerated —

B. Mental

Patient who has a cross sullen expression
is restless in manner She enters readily into
conversation and at once begins to make complaints
about nurses, all of which turn out to be
unfounded She spoke out about Wells
Cachet Asylum from which she has just come
and says she only went there because she
was run down in health She interferes
constantly with the other patients and
says she has already found out that they
are neglected She alleges a system of mild
assaultation is to be pursued here (and in Wells
Bethlem) for the purpose of seeing how much
patients can stand and states that she
has feigned madness to find this out. Patient told
the Medical superintendent that the King (disguised as

one of the actors in the Amateur Theatricals of the 17th inst.) had followed her Leve – No hallucinations were elicited; patient takes her food fairly well and sleeps well

Nov. 22 Patient has expressed her delusions regarding the King much more freely today. She follows her so constantly that she longs to sleep in a room without furniture or windows! She is extremely irritable and interfering S.H.P.

Nov. 29 Patient talking much about the King and his persecution of her one day this week. She is refusing medicine and generally rather troublesome – S.H.P.

Dec. 6 Patient continues irritable and troublesome objecting to any medicine and interfering with the other patients. She now states that for six years she has been persecuted by men S.H.P.

Dec. 13 Patient has been more troublesome of late abusive and very interfering. The delusions persist unchanged – S.H.P.

1907 Jan. 21 Patient sometimes talks all day of her delusions frequently in a revolting manner – persecuted by men – by the King etc. She is very quarrelsome imitates the other patients and annoys them is frequently late for meals, troublesome over dressing late – and very untidy personally – has refused medicine ordered for two months. S.H.P.

Feb. 28 Patient continues full of delusions generally is very abusive and a constant source of trouble in the gallery – annoying the other patients and annoying them. S.H.P.

May 31 No mental change S.H.P.

Aug. 31 Patient's delusions unchanged. She is somewhat quieter and less abusive at present. S.H.P.

Sept. 4 Patient was discharged to-day not improved to Long Grove Asylum, Epsom under Sec. 19 Lun. Acts. She was examined before leaving and found to be in good physical health, free from marks and bruises.

Discharged. S.H.P.

1907 Miss Haydon – Page 396

22 April Patient who had manifested mental improvement previously noted went on trial to-day. S.H.P.

4 May Patient was discharged to-day recovered by authority of petitioners. S.H.P.

Discharged.

3027 Annie Maud Hallkrecht.

Ad. Dec. 4-1906 36, single, of no occupation, Ch. of Eng. Religious
P.O. Dec. 4-1906 address Holloway Sanatorium, Virginia Water S.
The cottage, Wentbott, Surrey, First attack, duration
two months not previously treated Supposed
cause, unknown. Not H. S. D.

First certificate She believes she has a special mission. She
told me she was the Handmaid of the Lord and
that the clergy of the High Church first wanted
to marry her, then suggested she was not
good enough.

S. H. Savage

30 Nov. 1906 —

Second certificate corroborates—
1 Dec. 1906 W. W. Hayes.

Prev. History See B 3. page 247.
Admitted as boarder Nov. 7-1906 grading
became more & more confused and
irresponsible — certified Dec. 4-1906

Family History None of insanity.

Condition on admission

Tall. I
Wt. 5 ft. 3
Bst. 18st. 10½

Patient is a well developed, well nourished
woman, muscles somewhat flabby. Hair
dark eyes blue, good complexion, mucous
membranes healthy, tongue clean, teeth defective
wears artificial plate.
Heart and Lungs present no physical signs
of disease.
Pulse 78 regular in rate & rhythm, vessel

wall healthy, tension low.
No abnormalities to be noted in abdomen
Catamenia fairly normal. Slight dysmenorrhea
no organic disease $\frac{28}{4\cdot5}$ periods sometimes
advance 2-3 days.
Urine 1020, acid, pale amber, no abnormal
constituents
The pupils are equal and regular and react to light
skin sensation and consensually.
The knee jerks are somewhat exaggerated. There is
no ankle clonus. Skin reflexes healthy.

B. Mental.

Patient has an emotional irresponsible manner and
very rarely hesitates to a grading or suggestion
(Work &c) she replies "Behold the Handmaid of the Lord
be it unto me according as thou wilt" and explains this
at one time as of secret meaning again as self
castigation. She is extremely religious, keeps reading
& morning prayers and believes it to be ordained by
God she should marry a High Church clergyman.
She is very confused cannot maintain a sustained
conversation, cannot decide on action.
She is also extremely hypochondriacal though
apparently in good physical health, says
she is so "weak" and is "cruelly
exhausted" by a few minutes walk.
No hallucinations could be elicited
She takes her food well and sleeps well.

Dec. 11 Patient still very confused, irrational in conduct
constantly referring to herself as "the handmaid of the
Lord" Working after the Medical Staff and keeps
in bed for menstrual period this month.

Dec. 18 There is no mental change. S.H.P.

Dec. 25 Patient has been very confused & restless, constantly trying to push through doors to get to "someone" who was in the building shortly after the medical staff had left last night broke her window at 2 a.m. & became she said she saw a light in the chapel and wanted to go there. S.H.P.

1907

4th Jan. Patient has been struggling violently with the nurses whenever her door was opened and getting bruised in the struggle - yesterday was in seclusion from 6.30 p.m. ~~7 p.m.~~ Today from 7 a.m. - 7 p.m. with intervals for food S.H.P.

Jan. 5 Seclusion (excitement) 7 a.m - 7 p.m with intervals for food — S.H.P.

Jan. 6 D.H.B — Very excited S.H.P.

Jan. 7 Seclusion 8 7 a.m - 8.30 a.m " S.H.P.

Jan. 8 " 11 a.m - 7 p.m with intervals for food - Very excited - S.H.P.

Jan. 9 Seclusion 4 p.m - 7 p.m with intervals for food S.H.P.

Jan. 10 Ten hours seclusion S.H.P.

Jan. 13 Three quarters of an hours seclusion S.H.P.

Jan. 15 Patient secluded for three hours today - struggling so violently to get through all the doors that four nurses were quite unable to take her to her room. Whenever food is brought her - this struggle is repeated leaving patient and nurses quite exhausted. Patient is anxious to rush to someone she believes in the building but clings like a cat to anyone else (staff especially doctors) in the meantime. S.H.P.

Jan. 16 Seclusion - 10½ hours excitement S.H.P.

" 17 " 7 a.m - 7 p.m " S.H.P.

Jan. 21 Seclusion for one hour - struggling violently S.H.P.

Feb. 4 Patient acutely excited again struggling violently with the nurses - throwing her food utensils at them. Tried yesterday to put her head through a glass window. In seclusion yesterday 1½ hours. S.H.P.

To Physician Attendant 9 p.m. 10 p.m. 10.30 p.m. When Awakened

Feb. 3 S.H.P.

Feb. 6 Patient very violent making constant efforts to escape. Threw a heavy brass flower pot at a nurse today that she might stun her and then escape. In seclusion 10 hours. S.H.P.

Feb. 7 In seclusion 10 hours for excitement S.H.P.

" 8 In seclusion 1 hour for excitement S.H.P.

" 11 In seclusion 3½ hours - very violent, continually on catching sight of the doctors - continuous S.H.P.

Feb. 12 In seclusion 7 hours - extremely violent S.H.P.

" 13 In seclusion 11 hours - extremely violent S.H.P.

" 14 In seclusion 8 hours - very violent S.H.P.

" 18 In seclusion 6 hours S.H.P.

" 20 In seclusion 4 hours attacked nurses most fiercely - throwing cups etc at them S.H.P.

" 21 In seclusion 2 hours - struggling violently with the nurses. S.H.P.

March 13 After continuing secluded for a week in ☿ patient was today let out for walk. S.H.P.

April 17 The mental improvement above noted continued and patient was today discharged recovered. She was examined before leaving and found to be in good physical health - free from marks and bruises. S.H.P.

Discharged

3028

Rf. 10 Dec. 1906
R.O 8 Dec 1906

Emily Trevelyan Haydon
41 single, no occupation Ch. of England, Abbey Déne Torquay, Devon Eighth or ninth attack, age on first 26 or 27, not previously stated under certificates, Present attack has lasted about a month, cause unknown, Not F. S. D.

Limit certificate

She is in a state of mental depression and says She believes herself to be very wicked & that She is going the downward path to destruction because her thoughts and conduct are so abnormal & are unnatural

6 Dec - W. W. Hogers

Second corroborates

E. Hodgson

Previous Limit

Family history

Father insane (dead) Sister here as patient

Condition on admission Physical

Gall. III
HH. 5ft. 5in
Wt. 10st. 11½lb

Patient is a stout well developed woman, of good colour. mucous membranes healthy, dark hair turning grey, dark eyes, teeth defective (worn plate) tongue pleam

Heart and lungs present no physical signs of disease. Pulse 80 regular in rate and rhythm tension medium, vessel wall healthy.

No abnormalities to be detected in abdomen.

Catamenia said to be normal.

Urine 1025 acid, no abnormal constituents

The pupils are equal and regular and react well to L. & Accom. & Convergence and

Patient is slightly built and wears glasses

Mental.

Patient has a nervous agitated manner and is in a state of much mental depression and confusion

She states that she is so wicked that she is unfit to mix with other people that all her thoughts are wicked and that she is going down to destruction She gets very confused if questioned constantly breaking off sentences contradicting herself and returning to her own confusion.

No hallucinations could be elicited

Patient attends well to dress and person takes her food well and sleeps well

Dec. 17 Patient still very depressed but better occupied taking her food well and sleeping well — S.H.P.

Dec. 24 Patient slightly less depressed, well occupied in good physical health. S.H.P.

Dec. 31 Patient talking much to herself, but slightly less depressed S.H.P.

1907 Jan. 7 Patient still depressed, alleging that she is harming everybody ought never to have come here &c &c. S.H.P.

Feb. 21 Patient less depressed but still convinced she is unfit to come does not love them as she ought &c &c. Always well occupied and in good physical health. S.H.P.

March 8 Patient states that depression has fallen from her like a cloud she recognises that there was no cause for it and she was mentally unwell when describing herself as too wicked to live S.H.P.

Pd 3/0

3030

Mary Kirk

Ad. 11 Dec 1906
P.O 10 Dec 1906

57 single, formerly governess Ch. of England
Previous addrs. 22 Herbert Road, St Johns Hill
Battersea First attack, not previously treated
duration about two months, Cause unknown
Not P. S. D.

First certificate

Loss of memory as to all recent events - no
sequence of ideas, Delusions as to King and
Queen, goes long journeys with her father
six years dead.
10 Dec 1906 L. S. MacNamara M.D
S.A.

Second

Corroborates

G. H. Savage.

Family history

None of insanity.

Previous history per Dr Smith

Father died 6 years ago. Patient nursed her father
4 years, supposed to have taken to morphia then.
Mental symptoms appeared about a year ago. Hysteria
and eccentricity.
Has neglected her appearance. Actual delusions about
2 mos. ago. That her father is not dead. That she is fair
of queen etc.
Never went out, lived alone with an old servant. Has
neglected kept numbers of cats.
Absolutely unemployed
Alcoholic either her father died - climacteric passed
(probably deluded that she has not.)

Condition on admission A. Physical

Patient is a thin, poorly developed old lady. Her
hair is dark, turning grey, eyes light brown, complexion
sallow and pasty - mucous membranes poor
colour, teeth - upper gone wears plate, lower defective
The heart presents no physical signs of disease
Pulse 72 regular - rate & rhythm
The weather continues to be harsh and chest symptoms
Urine 1020 light brown acid, no abnormal products
Patient states that since a railway accident some
years ago she mistakes more frequently and has
backache. There is a slight tenderness over the upper
end of the sacrum but no tenderness on palpation
or other sensory symptoms
The pupils are equal and regular and react normally
to accommodation, & to light and convergence
The knee jerks are very slight and elicited with
difficulty. The superficial reflexes readily.

B. Mental -

Patient has a pathetic expression and a
marked loss of memory. She does not know where
she is, nor how she came here, her age or any
recent event.
She states that her father (six years dead) brought
her here yesterday and she has since seen
and heard him. She grows indignant if told
that she nursed him through his last illness.
She also states that she is a personal friend
of the Queen and has spent nights at
Windsor Castle.
Hallucinations of sight and hearing as above stated
Patient has neglected dress and person, states
her food fairly well sleeps well.

Dec. 18 Patient quite unoccupied, always asking for her
ticket that she may "go on the ship" with her
father and step mother - SHP

Dec. 25 There is no mental change. Patient has to be
supervised in every matter like a child. SHP

Jan. 4 — Patient has mild attack of bronchitis - complains of sacral pain - & pain in right wrist without appearance - on examination nothing was found to account for pain. Patient is very confused and her word cannot be relied on. Dr bed. S.H.P.

Jan. 11 — Patient quite convalescent - mentally still quite confused - with many delusions thinks her father alive and about to go on a voyage &c. S.H.P.

1907 Feb. 21 — There is no mental change. S.H.P.

March 27 — Patient still very confused - delusions regarding her father & perfumery - She is in fair physical health. S.H.P.

May 29 — Patient now recognizes that her father is dead but retains delusion as to her friendship with the King frequent exposures at Windsor &c. &c. - She is placid self satisfied in a state of mild dementia - S.H.P.

Aug 29 — Patient went to Red House today S.H.P.

Aug. 31 — Patient weak minded and confused but somewhat clearer than on admission - free from most active delusions - does well at Red House S.H.P.

Nov. 30 — There is no mental or physical change S.H.P.

1908 Feb. 18 — Patient returned to the main building today owing to structural alterations in the Red House. She appears to be free from all active delusions - recognizes that her father is dead but is weak minded - unfit for responsibility Her physical health is good. S.H.P.

May 30 — No mental or physical change. S.H.P.

31 Aug. — The mental state continues much the same: She is well occupied, cheerful amiable & conversational Physical health fair. H.S.T.

9 Dec. — Discharged by "Operation of Law". Remains as Voluntary Boarder

Discharged

1907 Cerise Antoinette Lees. 434

April 30 — Patient has occasionally a few days of comparative clearness, though always weak minded and voluble. Then lapses into a state of religious [illegible] of [illegible] is [illegible] and forbids her [illegible] members of [illegible] asked to [illegible] the [illegible] of [illegible] be [illegible] troubling [illegible] troublesome. relieved S.H.P.

May 16 — [illegible] examined [illegible] in good [illegible] mental [illegible] S.H.P.

June 15 — [illegible]

26.4.07.

Friday

Private.

Dear Doctor Smith

I much enjoyed my Breakfast today and the fresh country Egg.

May I ask you to be so Kind as to do a little commission for me the next time you are in town? if it is not a trouble.

I should like 6d

Jan. 4 — Patient has had attack of bronchitis - complains of sacral pain - & pain in right side without [illegible] on examination nothing was found to account for pain

1907

Patient is very confused and her word cannot be relied on. Dr bed

Jan. 11 — Patient quite convalescent - quite confused - with ma[illegible] thinks her father alive and [illegible] a voyage &c.

Feb. 21 — There is no mental change

March 27 — Patient still very confused. [illegible] her father & perishing. She [illegible] heads.

May 29 — Patient now recognizes that her [illegible] delusion as to her friends [illegible] frequent enquiries at Wants &c. [illegible] self satisfied in a state of mild [illegible]

Aug 29 — Patient must to. Red Hous[illegible]

Aug 31 — Patient weak minded and confused [illegible] clearer than on admission - [illegible] delusions. Does well at [illegible]

Nov. 30 — There is no mental or physical change

1908 Feb. 18 — Patient returned to the Male [illegible] owing to structural alteration [illegible] Hourle. She appears to be free [illegible] delusions - recognizes that her father is dead but is weak minded - unfit for responsibility. Her physical health is good. S.T.P.

May 30 — No mental or physical change. S.T.P.

31 Aug. — The mental state continues much the same. She is well occupied, cheerful amiable & conversational. Physical health fair. S.T.P.

9 Dec. — Discharged by Operation of Law. Remains as Voluntary Boarder.

Discharged.

1907 April 30 — Cerise Antoinette Lees. 434

Patient has occasionally a few days of comparative clearness, though always weak minded and [illegible] when [illegible] a state of religious [illegible] of

"Peppermint Pearls"

They are like Pills still they are very nice little sweets and I promise not to give any to the Patients.

I used to get them at a Chemists in Edinburgh.

You can take four But no more.

I hope it is quite clear to Doctor Moore about the satisfactory state of my money affairs.

A Doctor in Tunbridge Wells gave me long ago this beautiful verse which I pass on to you.

"In malice be ye children, in understanding be men"

Please excuse

Jan. 4 Patient has mild attack of bronchitis - complains of sacral pain - 7 pains in right & left breasts - progress - on examination nothing was found to account for pain
1907 Patient is very confused and her word cannot be relied on. Dr Bed. S.H.P.

Jan. 11 Patient quite convalescent - mentally still quite confused - with many delusions thinks her father alive and about to go on a voyage &c. S.H.P.

Feb. 21 There is no mental change S.H.P.

March 27 Patient still very confused. delusions regarding her father's existence. She is in fair physical health. S.H.P.

May 29 Patient now recognizes that her father is dead but retains delusion as to her friendship with the King frequent returns at Windsor &c. &c. She is placidly self satisfied in a state of mild dementia S.H.P.

Jun 29 Patient went to Red House today S.H.P.

Aug 31 Patient weak minded and confused but somewhat clearer than on admission - free from most of the delusions. Does well at Red House S.H.P.

Nov. 30 There is no mental or physical change. S.H.P.

1908 Feb. 18 Patient returned to the main building today owing to structural alterations in the Red House. She appears to be free from all active delusions - recognizes that her father is dead but is weak minded - unfit for responsible duties. Her physical health is good. S.H.P.

May 30 No mental or physical change. S.H.P.

31 Aug. The mental state continues much the same. She is well occupied, cheerful amiable & conversational. Physical health fair. H.S.T.

9 Dec. Discharged by Operation of Law. Remains as Voluntary Boarder.

Discharged.

1907 Cerise Antoinette Lees. 434

April 30 Patient has occasionally a few days of comparative clearness, though always weak minded and excitable then lapses into a state of religious delusional insanity - Hands in an attitude of religious adoration all night - says she is [illegible] and forbids us to [illegible] members of [illegible] baked to her [illegible] the end of [illegible] she knows [illegible] herself. relieved S.H.P.

May 16 re-examined [illegible] in good [illegible] small [illegible] S.H.P.

June 15

My writing in Pencil, and please regard this letter as confidential, unless you think it would be for God's glory to do the contrary.

With kind regards
Sincerely yours
Cerise A. Lees.

P.S. Please excuse note paper, it is not easy to procure writing materials.

Jan. 4 — Patient has mild attack of bronchitis - complains of sacral pain - T pain in right wrist but no soreness - on examination nothing was found to account for pain - patient is very confused and her word cannot be relied on. Dr Bed. S.H.P.

1907

Jan. 11 — Patient quite convalescent - mentally still quite confused - with many delusions thinks her father alive and about to go on a voyage etc. S.H.P.

Feb. 21 — There is no mental change. S.H.P.

March 27 — Patient still very confused - delusions regarding her father's persistency - She is in fair physical health. S.H.P.

May 29 — Patient now recognizes that her father is dead but retains delusion as to her friendship with the King frequent sojourns at Windsor etc. etc. - She is placid & self-satisfied - in a state of mild dementia - S.H.P.

Aug 29 — Patient went to Red House today S.H.P.

Aug. 31 — Patient unstrung and confused, but somewhat clearer than on admission - free from most active delusions - does well at Red House S.H.P.

Nov. 30 — There is no mental or physical change. S.H.P.

1908 Feb. 18 — Patient returned to the main building today owing to structural alterations in the Red House. She appears to be free from all active delusions - recognizes that her father is dead but is weak minded - unfit for responsibility Her physical health is good. S.H.P.

May 30 — No mental or physical change. S.H.P.

31 Aug. — The mental state continues much the same: She is well occupied, cheerful amiable & conversational Physical health fair. S.H.P.

9 Dec. — Discharged by Order of Visitors. Remains as Voluntary Boarder.

Discharged.

1907 — Cerise Antoinette Lees. 434

April 30 — Patient has occasionally a few days of comparative cleanness though always wets & mines and soils. Then lapses into a state of religious delusional insanity - Stands in an attitude of religious adoration all night - says she is holy & must not be touched - that the Lord forbids her to eat - Sends messages to various members of the staff dictated to her by the Lord Jesus Christ words must stand as if they were dictated to her. S.H.P.

May 16 — Patient refuses food, says it is the will of the Almighty - fed by nasal tube Hands constantly & feet and ankles swollen. S.H.P.

June 15 — Patient was discharged today relieved S.H.P. (going to Camp House) She was examined before leaving and found to be in good physical health with a few small bruises on arms and legs S.H.P.

Discharged.

401

3032 Ann Davie

Ad 19 Dec 1906 57 married, no occupation, Ch of England, Previous
Dis 19 Dec 1906 address Shaftesbury, Hendon Lane, Finchley
Not first attack, first one at 45, previously lived
at Digby's Asylum (Exeter) Present attack has
lasted six weeks - Supposed cause Original
attack, change of life, Not S. suicidal tendency Not

Medical certificates State that she is morbidly despondency. She
believes she has committed some great crime for
which there is no pardon She tells me that she is
dead and at another time she says she is
buried in a drain. She constantly calls out my
God my God why am I brought to this. She
believes that she has ruined her husband and family

Family History Uncle committed suicide

Previous history Has been at Digby's Exeter for 12-14 years. Has
per Dr Smith been home for three times
Delusional insanity believes she is dead, afraid
and fearful
Not suicidal not destructive, Eats well, sleeping badly
general health good

Condition on admission A Physical
Patient is a short very stout old lady with red, bright
mannaca and coppery hair, pendulous abdomen.
Her hair is dark turning grey, complexion sallow eyes
grey-blue, mucous membranes fair colour, teeth upper
all gone (wears plate) tongue clean.
The heart presents no physical signs of disease
Pulse 72 regular in order Lungs, Nervous system

Sall IV
Ht 4ft 10½
Wt 128

17 - 401
5B - 7

HOLLOWAY SANATORIUM, VIRGINIA WATER.

NOTICE OF DEATH.

Date of Reception Order, the 20th day of December 1906

I hereby give you Notice, That Ann: Davie
a private patient, received into this Hospital, on the 19th
day of December 1906, DIED therein on the 28th
day of June 1928.

Signed C Mallet Ford Acting Medical Officer.

Dated the 29th day of June 19 28

To ‡

Statement respecting the above-named Patient.

Name - - - - Ann: Davie
Sex and Age - - - - Female 79 Married, single, or widowed. Widow
Profession or occupation - - None
Usual residence (postal address) before admission. (If the patient has been transferred from another Institution (including Workhouse, &c.), the place of residence before admission to the first Institution should be given.) - - - Church End Shaftesbury, Hendon Lane, Finchley

Cause of Death	Duration of Disease from onset: Years	Months	Days	Hours
I. Immediate cause † - - - - Cerebral Hæmorrhage			12	
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause) - - a / b / c				
II. Other morbid conditions (if important) contributing to death but not related to immediate cause - - - -				

† This means the disease, injury, or complication which caused death—not the mode of dying, as, e.g., heart failure, asphyxia, asthenia, etc.

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, or a statement that there were none - - 10.10 p.m. No unusual Circumstances
No injuries.

Names and description of persons present at the death - - - - Helen Jessie Maude King) Nurses.
Alice Feeney)

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration if so applied - - No

I hereby certify that the particulars contained in the above statement are true to the best of my knowledge and belief.

Signed C Mallet Ford Acting Medical Officer.

* Clerk of Asylum, or Medical Officer of hospital or house or medical attendant of the patient.
‡ Board of Control or as the case may be.
§ Medical Officer of Asylum, or hospital or house or medical attendant of patient.

No. in List, E 29. Shaw & Sons Ltd., Fetter Lane, E.C.4. A106 C28702

Abbreviations Examination

Expiration is prolonged anteriorly, but there are no
anteriorly
moist sounds, and chest generally moves well
Urine 1025 light amber, acid no albumin, sugar
and ketones
Color bowels - Patient complained of slight pain
supra pubically - Vaginal examination revealed
nothing - probably due to constipation -
The pupils are equal and regular, react normally
to light & accommodation.
The deep reflexes are present & exaggerated
superficial reflexes healthy.
There were slight bruises around knees

B

Patient is in a state of much depression groaning
incessantly. She states that she is dead & dying
has ruined everybody, has committed unpardonable
crimes and her powers of attention is much
impaired. Memory for recent events is also impaired
No hallucinations were elicited
She eats well on admission, is taking her food
well

Clinical conditions

Dec. 26 Patient still maintains that she is dead & dying
but is fairly well occupied, sleeps fairly well
and takes her food well. S.H.R.

807

Jan. 2 Patient still very depressed - S.H.R.

Jan. 4 Patient in bed with mild attack of bronchitis
has suppurating patches in hair - Ringworm S.H.R.

Jan. 11 Careful microscopic examination of hair from
all the suspected patches on head revealed no
disease of hair. Patient now quite convalescent but
still very depressed. S.H.R.

Feb. 21 Patient is much less depressed now

attends chapel regularly - is constantly occupied and most helpful to the nurses but still looks depressed and unequal to home life S.M.B.

March 3 Patient is recovering from a slight attack of bronchitis to which she is subject. S.M.B.

May 12 Mental caution removed S.M.B.

Aug 31 Patient continues to show much improvement - Physical health improved S.M.B.

Nov. 30 Patient is well occupied, fairly cheerful, but still feels unequal to home life. Her physical health is good. S.M.B.

1908 Feb. 29 Patient is cheerful, well occupied but has no initiative and does not feel equal to house keeping etc. Except for a little bronchitis, now of early chronic, her physical health is good. S.M.B.

May 30 Patient depressed at times - talking of her sinfulness - weeping - but usually well occupied and fairly cheerful. Her physical health continues fairly good. S.M.B.

Aug. 7 Patient has a slight exacerbation of her chronic bronchitis at present. She is depressed at times but fairly well occupied & takes food well and sleeps well. S.M.B.

Dec 11 Patient is cheerful & well occupied just now. Has delusions of personal unworthiness Is in good physical health. Wt. 12 st. 8 lbs. M.S.B.

1909 Feb 15. Wt. 12 st. 6 lbs. Patient is just now suffering from slight sprain to left foot resulting from a fall. Is fairly cheerful & well occupied. M.S.B.

May 10 Wt. 12 st. 2 lbs. There is some improvement in patients mental condition. She is cheerful and well occupied, has no initiative. Has quite recovered from effect of her fall. Is in good physical health. M.S.B.

Mrs. Baron 4/14

Feb. 2/ Patient continues to improve mentally and physically - is well occupied painting and cheerful. Taking her food well and sleeping well

March 9 Patient was discharged today recovered She was examined before leaving and found to be free from marks and bruises and in much improved physical health. The heart was slightly enlarged 4½ in. from M.S. line in 5th L.I.S. and its action is rapid. The first sound too in the Tricuspid area is of an irregular accentuated character and the right heart is slightly enlarged extending ½ in from M.S. in 4th L.I.S. interspace The lungs present no physical signs of disease S.M.B.

Discharged

Mrs. Anne Davie

Aug. 21st. Wt. 12 st 5½ lbs. Patient is cheerful & well occupied - sociable Fell down in the yard two days a week her knee very bad. Some crackling in both knees. Otherwise physical health good. S.B.

Nov. 30th Wt. 12 st. 2 lbs. Patient continues cheerful & well occupied under supervision. She is slightly depressed at times. Physical health good. S.B.

1910 Feb. 10th Wt. 12 st. 11 lbs. Patient has not been so cheerful lately & rather irritable at times. Is fairly well occupied. Physical health fairly good except for a little chronic bronchitis. S.B.

May 25th Wt. 11 st 6 lbs. Patient is in the whole cheerful & fairly well occupied. Has often a irritable & bad tongue when she is free from complaints. Is in good physical health except for slight chronic bronchitis S.B.

Aug. 17th Wt. 11 st 6 lbs. Mental condition remains unchanged Physical health good. S.B.

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3036

Ada Constance Day

Ad Dec 21 1906
PD 2nd April 1903

32 married, no occupation, Ch of England
Previous addresses, Mendips, Worple Rd, Wimbledon
Not first attack age on first 28, previous kinds at St Hawkins, London St Reading as person of unsound mind. Duration of present attack nine months, Supposed cause Childbirth. Not PSD

Transfer.

First certificate

She told me that I was not the Lord God Almighty, but that she was my mother and that my name was Percy Percy - still she knows who I am quite well. On March 23 when her mother of whom she is very fond stopped her going out, she smacked her face.

2 April 1903 P. Y. Barton

Second

corroborates

Prev. History

See casebook XII page 143
Ad. April 3 - 1903 - was transferred to Eagle care of Miss Foord - Berkhill from leave, Oct 8 1904 has remained there till now, becoming "wet and dirty" in autumn -

Family History

Condition on admission. Physical.

Tall III
Wt 5 st 2 lbs in Cloth. 6 st 15½ lb

Patient is fairly well developed but poorly nourished complexion pale, mucous membranes anaemic hair light brown, long and straight, teeth good wasted not stout tongue
Heart and lungs present no physical signs of disease. Pulse 72 regular in rate & rhythm. Very well healthy tension medium
No abnormalities to be noted in abdomen
Urine specimen could not be obtained
The pupils are equal and regular and react L.A. as far as could be ascertained - patient resisted examination -
The knee jerks are brisk, no ankle clonus, superficial reflexes healthy.
Slight bruises on knees, especially left.

B. Mental.

Patient resisted physical examination, would not stand her tongue took up - or do anything almost that she was asked to do - She refused food on admission, and has been wet and dirty -
She was obstinately silent when examined but shortly after admission stated that she was Eve the mother of all living (her former delusion)

Dec. 28 Patient has been very resistive examination refused all food Dec 26. and was fed by oesophageal tube - Wet S.M.P.

1907 Jan 4 Patient still silent and resistive - tube fed S.M.P.

Jan. 11 Patient still tube fed mainly occasionally taking a meal - fed and regularly but is silent and unoccupied frequently wet. S.M.P.

Jan. 18 Patient tube fed about every second day when she refuses all meals. She is still unoccupied, almost absolutely silent - habits improving slightly - S.M.P.

Feb. 21 Patient still absolutely silent - unoccupied requiring much supervision - has taken food naturally since 5th inst. S.M.P.

27 March Patient silent unoccupied but with habits improved and taking food well - The delusions persist unchanged. S.M.P.

May 29 Patient retains delusions but does not so often speak

of them, takes her food well now is better occupied (sews etc.) and sleeps well. She answers simple questions well and coherently now. S.H.P.

Aug 31 1907 to 30 Patient is in good physical health takes her food well and sleeps well. She is very deluded says she is Eve, and her habits are very degraded. She had in Oct. a short course of cold shower baths, but they did not appear to have any diminishing effect. S.H.P.

1908 Feb. 29 There is no change in patient's delusions Her habits are still degraded. Her physical health is good. S.H.P.

May 30 There is no mental or physical change. S.H.P.

June 13 A fortnight ago patient had a slight attack of faintness (so called by nurse) not falling but losing consciousness for a moment. Since then it has been observed that she carries her head inclined to the right side and will not keep it upright. Patient was kept in bed for a week and carefully examined and observed. no cause for the bending of the head could be found it had been slightly bent before not to same extent — the muscles on the right side of neck are somewhat contracted. She is absolutely silent, will not answer questions, is very degraded in her habits. S.H.P.

Aug 7 Head still marked inclines to the right side patient continues absolutely silent. Very degraded in habits. S.H.P.

Dec 22nd Patient remains silent, & unoccupied. Her habits are degrade. Physical health fair. Wt. 7st 12 lbs. H.S.B.

1909 Feb 23. Patient condition unchanged, she remains Silent & unoccupied. Habits degraded. Physical health fairly good.

May 15th There is no change in patients mental or physical state, she continues silent & unoccupied. Habits are v. dirty. H.S.B.

Aug. 21st Pt. is quite silent & unoccupied. Habits bad. Physical health fair. S.B.

Nov. 20th Patient is demented quite silent & unoccupied. with degraded habits Sits all day bent up with head inclined to right side Circulation poor. Had a peculiar rash a few days which was caused by her urine. Skin has cleared up. urine is better now Patient is taking urotropin.

1910. Feb. 10th Patient continues demented with habits very dirty Circulation bad. Is still taking urotropin. C.R.

May 25th Patient continues quite demented silent & sits all day when she is put. habits very degraded. Circulation poor. Thinner physical health is fair. S.B.

Aug 17th & Sept 14th Patient continues silent unoccupied degraded in her habits. Eats & swallows anything she can get hold of. Physical health fairly good. S.B.

Dec. 15th Nov. Impossible There is no mental or physical change. S.B.

Mch 16th Patient is demented very troublesome always eating anything she can get hold of. Incoherent & habits are degraded. Physical health fair. S.B.

June 12th Patient is very demented degraded in her habits Quite silent. Eats anything she can lay hands on. S.B.

Sept. 12th There is no mental or physical change. S.B.

Oct 31st Patient was discharged today not improved Wt. 8st. 2lbs. Hospital. Northampton. DISCHARGED

of them, takes her food well now is better-occup
(brews etc.) and sleeps well- S[he] answers quest
fairly and coherently now- S[he]

Aug 31 There is no mental or physical change
1908 Nov 30 Patient is in good physical health takes her
well and sleeps well She is very delus
says she is true, and her habits are very
degraded. She had in Oct[r] a shot course o
cold shower baths, but they did not appear to
any stimulating effect S[he]

1908 Feb 29 There is no change in patient's delusions
Her habits are still degraded Her physical
health is good. S[he]

May 30 There is no mental or physical change S[he]
Nov 15 A fortnight ago patient had a slight attac
of faintness (as called by nurse) not fall
but losing consciousness for a moment. Since
it has been observed that she carries her head
inclined to the right side and will not hold it
upright. Patient was kept in bed for a week
and carefully examined and observed no
cause for the bending of the head could be
it had been slightly less before not to same
extent – the muscles on the right neck side are some
contracted She is absorbed silent will not ans
questions, is very degraded in her habits S[he]

Aug 7 Head still marked inclined to the right side
patient continues absorbed silent- Very degra
in habits -

Dec 22[nd] Patient remains silent, v unoccupied. Her habits
are degrade. Physical health fair. Wt. 7st 12¾lbs

1909 Feb 23 Patient condition unchanged, she remains
7st 11¾lbs Silent v unoccupied. Habits degrada.
Physical health fairly good.

May 15[th] There is no change in patient's mental
or physical state, she continues
silent v unoccupied. Habits are veh
and dirty. M.S.B.

Aug. 21[st] Pt. is quite silent & unoccupied - Habit
impossible bad. Physical health fair S.B.
to recite.

Nov. 20[th] Patient is demented quite silent &
Imprvmt Nonja. unoccupied. with degraded habits
Sits all day bent up with head inclined
to right side Circulation poor - Had a
peculiar rash & bedsores which was caused
by her urine - Skin has cleared up - urine
is better now Patient is taking urotropine

1910 Feb. 10[th] Patient continues demented with
Improvmt habits very dirty Circulation bad -
Upright - Is still taking urotropin - S.B.
May 25[th] Patient continues quite demented silent &
Mr. Smith. sits all day where she is put. habits very
degraded - Circulation poor. Nutrition physical
health is fair S.B.

Aug 17[th] Patient continues silent unoccupied -
Wt 8st 1½lbs. degraded in her habits - Eats & swallows
anything she can get hold of. Physical
health fairly good. S.B.

Dec. 15[th] There is no mental or physical change
Wt. Improvmt S.B.
1911 Month 6[th] Patient is demented very troublesome always
eating anything she can get hold of. Incoherent
& habits are degraded. Physical health fair S.B.

June 12[th] Patient is very demented degraded in
her habits Quite silent. Eats anything
she can lay hands on. S.B.

Sept. 12[th] There is no mental or physical change S.B.
Oct 31[st] Patient was discharged today not improved Wt. unknown
Hospital. Northampton. DISCHARGED

3035

Annie Maria Mann.

Oct. 21 Dec. 1906
Oct 14 Oct. 1906
Transfer from Canterbury Borough Asylum

47 married of no occupation, Ch. of Eng. The Vicarage Temple Ewell. First attack never previously treated. Present attack has lasted a few months. Supposed climacteric. Not S. suicidal, probably not dangerous.

Medical certificates state that on entering room she addressed the doctor as Peter the disciple and told him he was a link between Christ and herself. She will only obey orders on his stating it is will of Christ. She has endeavoured to throw herself out of the window, under a moving tramcar.

Family History Father eccentric

Previous Hist. (per Dr. Smith)

For years (probably since menarche) has suffered from affliction of mouth.
During last 2 years has had attacks of depression almost every month.
Delusions, last Spring first appeared again in autumn had delusions during manacal attack.
Has gone into theosophy and Christian Science now probably becoming exalted after depressed phase.
Physical health robust.
Climacteric not yet passed still regular until quite recently.

Condition on admission

Call. VII
H.T.
D.T.

Patient is a small well developed, well nourished woman with grey hair, blue eyes bright complexion, teeth defective but well cared for. Tongue clean, mucous membranes healthy.

Heart and lungs present no physical signs of disease. Pulse 75.
Urine 1035, acid. Light brown, no abnormal constituents no abnormalities in abdomen.
Catamenia regular last Sept. month. Said to be slight uterine displacement. examination refused. (Patient fond of Mrs Schaeffer's privacy not required)
The pupils are equal and regular & react readily to L. & Accn. Knee jerks normally. The deep reflexes are very active. Skin reflexes healthy.
Patient suffers from severe astigmatism and has used glasses for years.

B. Mental

Patient has a nervous, emotional manner and converses in an agitated, diffuse way. She states at once that she is sure he has wronged her husband & misfortune at the age of thirty. She is religious talks constantly of the second coming of Christ and interlards her conversation with religious phrases.
Patient's moods vary between depression and excitement but no definite delusions are now elicited. Patient is aware that she has been recently excited remembers talking wildly and throwing things about the room etc. also trying to end her life. She states she is now trying to regain self control. She attends well to dress and person, takes keen interest in all and sleeps well.

Suicidal caution

Dec. 28 Patient very emotional, imperious and unreasonable.
1907 Jan. 5 Patient in bed suffering from a mild attack of influenza with some bronchitis. Depressed.
Jan. 17 Patient convalescent. still very emotional.

and somewhat depressed S.M.P.

Jan. 19 Patient is still somewhat depressed and is emotional - also somewhat unreasonable in her conduct & will ask a nurse to go out with her and then when both are ready refuse to go. She is taking her food well and sleeping well. S.M.P.

Feb. 6 Last this morning at 6 a.m. patient became violently excited, rushed out of her room to give a message to Dr. Moore - when taken back struggled violently broke a window, tore off her night dress shouted loudly that her child was in hell etc etc - She was taken to a padded room at 7 a.m. The day before patient had been much more incoherent, stating that she had to inquire for her husband that his head was growing large that she had found a small alive fish in her tea water etc etc. S.M.P.

Feb. 21 Patient still very excited talking incessantly says that some harm is befalling her husband & that she must go to them at once. She returned to Hall II. on the 18th but was so excited that she returned to V on the 19th She is taking her food fairly well and sleeping fairly. S.M.P.

Feb. 22 Patient today seized instrument for Braille punch out of another patient's hand, scratched her face and it and attempted to injure herself. S.M.P.

Feb. 27 Patient escaped from her room last night & running down corridor to look for her husband. She made another attempt at suicide today by tying her shawl round her neck. S.M.P.

March 27 Patient much less excited - now in Hall II S.M.P.

April 10 Patient was today discharged "relieved". She was examined before leaving and found to be in fair physical health (heart slightly enlarged and rather irregular) free from marks and bruises. S.M.P.

Discharged.

Miss Edith Sarah Craig (432)

April 30 Patient continues to improve mentally and is in good physical health. S.M.P.

May 29 The improvement above noted continues S.M.P.

Aug 7 Patient continues to improve - is still occasionally slightly depressed but normally is quiet and reserved. Physical health good S.M.P.

Sept. 18 Sent to Home Villa. S.M.P.

Dec. 3 Discharged removed from Home Villa S.M.P.

Discharged

Ellen Evelyn Marson

Obj. 29 Dec. 1906
RO 28 Dec. 1906

47, married, artist, Ch. of England, Previous address Telford, First attack aged — on first attack 47, notwithstanding present attack has lasted 5 days. Supposed cause change of life, overstrain, Not E. S. D.

First certificate

The said Ellen Evelyn Marson was extremely excited talking incoherently, Violently, kneeling about and shrieking. She did not know where she was, and was at times very violent. Edward Marson Husband of the said E. E. Marson states that she is subject to many delusions such as that her friends are dead, that she has been deeply injured.

T. Murray
Farnham Surrey.

28 Dec - 1906.

Second

corroborates

28 Dec - 1906

D. Spencer Hall

Family History

One brother partially deranged.

Previous history (per D. Smith from Husband)

Patients family are all healthy except this one brother - Present attack has been brought on by overwork - Strain of professional work managing house and five children.

Gall V
Ht
Wt.

Condition on admission. A. Physical

Patient is of medium height, well developed and of good muscularity but poorly nourished. Her face is broad, hair, brown slightly grey, eyes, Lens[illegible] deep hollows beneath them, complexion pleasing whole expression one of strain and exhaustion teeth fairly good, upper dysphasia, mucous membranes pale.

Patient resisted examination violently and shrieked throughout it but as far as could be ascertained beyond rapid action of the heart there were no physical signs of disease in heart or lungs. Pulse 85, regular in rate and rhythm, tension low, vessel wall healthy.

Urine

The pupils were equal and regular, reacting to light. The deep reflexes were present, not exaggerated, superficial reflexes healthy.

Catamenia said to be irregular.

B. Mental

Patient is in a state of acute excitement, talking (fitfully) or shouting constantly. She refuses food, refuses all clothing, thinks that she is in Christs Hospital is 17 is 5 ft and appears to have hallucinations of sight and hearing.

1907 Jan. 5 Patient still very excited - requiring to be kept in strong dress - in padded room - strong restraint but taking food. S.H.P.

Jan. 12 Patient less excited - dressed and goes out daily - still incoherent - taking food (liquid) well and sleeping well. S.H.P.

Jan. 19 Patient now coherent and free from excitement but somewhat confused - remembers vaguely coming here and being ill - is now up getting [illegible] of work, extra meat etc. Sleeping well. S.H.P.

Jan. 26 Patient now in Ward, still somewhat excited and confused but free from delusions and hallucinations - S.H.P.

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415

3043 Florence Robinson

Adj 5 Jan. 1907
R.O 5 Nov 1903

33 single, foreign correspondent, Ch of E
Rec. address 53 Franciscan St. Ipswich, Suffolk
known as to previous attacks or cause

Transferred from Portsdown

Not S. or D. unknown of epileptic -

Med. cert. She was brought to the police station, ward lunatic. She appears to be a lady of education. She declares that two men are wandering about trying to shew her an obscene photograph called a whore and cow. She states whenever she goes out hears their voices even outside her bedroom and outside the police station.

Geo. S. Elliston
5 Nov 1906 Ipswich

Prev. hist. See annexed document.

Fam. hist. Mother insane - (information by Asst. Matron)

Condition on admission. A. Physical

Gall. VIa Patient is a small thin fair haired woman with blue eyes (myopic) fair complexion mucous membranes healthy, teeth fair, tongue clean. Heart and Lungs normal. No physical signs of disease. Pulse 78 regular in rate & rhythm. Kidneys normal. No abnormalities to be noted in abdomen. Catamenia - no m.p. for months according to patient. Pupils are equal & regular react to L. A. Knee jerks normal. Superficial reflexes are active - Superficial touch. Arcus senilis (corneal) & birthmark over sternum. Patient is myopic & wears glasses - Two slight bruises on knees

B. Murford.

Patient appears somewhat confused. Her memory is clouded, she repeats herself frequently in her answers -

Florence Robinson. Aged 36 years. Spinster.

Previous History Was discovered wandering about Ipswich & was taken to the police station and there certified by Dr. George Sampson Elliston on Nov. 5th 1903 as being a person of unsound mind on the following grounds -

She said she had been pursued by two men who called her a whore & a cow & they wanted to shew her an indecent photograph - Said she heard voices outside her bedroom door & also outside the police station -

A reception order was signed by Donald Fraser & she was sent to Ipswich Borough Asylum as a pauper lunatic - afterwards she was transferred above in 51 Cromford Rd Putney.

Family History Mother insane - information given by Attendant (Miss Phillips)

Present Condition Was received at "Thirlmere" Grange Rd Putney on Aug. 18th 1906 & officially transferred on Aug. 22nd 1906

I examined Miss Florence Robinson on Aug. 23rd 1906 at the request of the Commissioners in Lunacy and came to the Conclusion She was a person of unsound mind on the following grounds

Facts observed by myself - Her Conversation is somewhat incoherent. She repeats herself needlessly & constantly, interspersing her sentences by meaningless ejaculations & childish expressions at other times she talks fluently & has a certain knowledge of such things as Electrical Engineering -

415

3043 Florence Robinson

Adm. 5 Jan. 1907 33 single, foreign correspondent, Ch. of Eng.
R.D. 5 Nov 1906 Rel. address 13 Bainville St. Ipswich, Suffolk
Transferred from Female side Brought by Police as to previous attacks - or cause - Not S. or D. unknown of epileptic -

Head. cert. She was brought to the police station, wound lunatic. She appears to be a lady of education the delusion that two men are kneeling a lying to shew her an obscene photograph called a whore and cow. She states whenever she goes Hears their voices even outside her bedroom outside the police station.

Geo. S. Elkington
5 Nov 1906 Ipswich

Prev. hist. See annexed document.
Fam. hist. Mother insane - (information by
Condition on admission. A. Physi

Gall. Ill Patient is a small thin fair haired woman with blue eyes (myopic) fair complexion muc membranes healthy, teeth fair tongue clean Heart and lungs present no physical signs of dis Pulse 78 regular in rate & rhythm, kidneys norm No abnormalities to be noted in abdomen - Catamenia - no m.p. for months according to patien The pupils are equal & regular react well to A. Sensation The deep reflexes are active - Superficial healthy. A mole on back (dorsal) & birthmark over sternum Patient is myopic & wears glasses - Has slight tremor on knees

B. Mumford

Patient appears somewhat confused. Her memor is deficient, she repeats 7 figures - in

When pressed for the origin of such knowledge, States it is gained by reading "The Leading Articles" & "The Church Times" - Her ideas are much Self-Centred and she exhibits a foolish & undue inquisitiveness Concerning all topics introduced by Conversation.

Some writing of hers observed, in pencil in the current issue of the "Daily Mirror" Consisted of a String of unintelligible words written partly in long hand Shorthand & French.

With regard to her bodily health it is good in all respects

Facts Communicated by others - Mrs Chadwick Says -

She is strange in her manner, talks to herself, will look at a newspaper for a long time (once two hours) without apparently reading a word - Continually making unintelligible notes on odd pieces of paper - Lazy, says she has always taken life easily - Slovenly in her habits, has to be carefully watched as regards washing herself & cleaning her teeth etc - Claims acquaintance with people in high ranks of Society - exaggerates everything Viz: Speaks of Putney as an enormous City buildings in America being 10,000 feet high - Contorts names of places viz: Called the "Anglo Rest (an hotel) "The Fisherman's Holiday Tavern" Often has to be Corrected at table - Refuses to shake hands with people says she always bows as they do on the Continent - Some what restless at night - Said She was looking for the Chamber When found it at photos on the mantel piece.

Menstruation Nil History - Can give no information here

(Signed) F.C. St. Howe. Medical Attend

415

3043 Florence Robinson

Ad 5 Dec. 1907 33 single, foreign correspondent, Ch. of Eng.
R.O 5 Nov 1783 Prev. address 73 Bramwell St. Ipswich, Suffolk
Transferred from Prestwich Asylum. Not S. or D. unknown of epileptic -

Read. cert. She was brought to the police station, wand lunatic. She appears to be a lady of education She declares that two men are kneading a dough to shed her an obscene photograph called a whore and cow. She states whenever she goes Hears their voices even outside her bedroom outside the police station -

Geo. S. Elkington
5 Nov 1906 Ipswich

Prev. history See annexed document.
Fam. history Mother insane - (information by
Condition on admission. A. Physical

Tall. Well Patient is a small thin fair haired woman with blue eyes (myopic) fair complexion mucous membranes healthy, teeth fair tongue clean Heart and lungs present no physical signs of disease Pulse 78 regular in rate & rhythm, tension medium. No abnormalities to be noted in abdomen -
Catamenia - no m.p. for months according to patient
Pupils are equal & regular react well to light & accom. Knee jerks & deep reflexes are active - Superficial reflexes healthy.
A mole on back (dorsal) & birthmark over sternum.
Patient is myopic & wears glasses -
Two slight bruises on knees

B. Mental -

Patient appears somewhat confused. Her memory is deficient, she repeats & forgets remarks in

(2)

On Dec. 7th 1906 She escaped from Thilmere & and was re-taken until Sunday Dec. 9th When she was found at Clarence Lodge, Clapham Park S.W. & brought back again - Since when She has been very restless & abusive, all the while demanding her money, her bankbook, - dissatisfied with her food, her clothes the treatment in general
On Friday Dec. 14th 1906 was taken out to a musical evening but because Sonde's abusive had to be brought home, in coming along by Egham Station She again tried to escape by running down the steps in an attempt to get on to the platform, when brought back She became very violent & abusive Yelling & shrieking, calling out "Murder" "Police", eventually she had to be carried into the house Struggling violently, the help of a police Constable had to be obtained - Since then she has been Comparatively quiet though all the while asking for her Aunt - to take her away & to give her her money - She has also accused people here of opening her letters, reading them & destroying them.

Since she came to Thilmere She has had a nurse sleeping in her room & she has never been allowed out alone.

George F. Chadwick.

Thilmere,
Grange Rd,
Egham.
Dec. 20th 1906

3043 Florence Robinson

Ad 5 Jan. 1907 33 single, foreign correspondent, Ch. of Eng.
R.D 5 Nov 1906 Pres. address 13 Bainville St. Ipswich, Nothing known as to previous attacks or cause
Transferred from Female Imb Not S. or D. unknown of epileptic -

Med. cert. She was brought to the police station, wandering lunatic. She appears to be a lady of education who the delusion that two men are wandering about trying to shew her an obscene photograph called Lily Rose and could. She states whenever she goes she hears their voices even outside her bedroom and outside the police station.

Geo. S. Elliston
5 Nov 1906 Ipswich

Prev. history See annexed document.
Fam. history Mother insane - (information by and
Condition on admission. A. Physical
Tall. VII Patient is a small thin fair haired woman with blue eyes (myopic) fair complexion mucous membranes healthy, teeth fair tongue clean.
Heart and Lungs normal No physical signs of disease
Pulse 78 regular in rate & rhythm, tension medium-hardly
No abnormalities to be noted in abdomen -
Catamenia - No m.p. for months according to patient
The pupils are equal & regular react to L.A. when seen
The deep reflexes are active - Superficial Reflexes
A mole on back (dorsal) 7 birthmarks over sternum
Patient is myopic & wears glasses -
Two slight bruises on knees
B. Mentel -
Patient appears somewhat confused. Her manner is childish, she repeats phrases - in meaningless

conversation over and over again and tends to become incoherent. She does not in the least recognize her position, talks of leaving at once but is very indefinite as to means of leaving.
She talks garrulously of her stay in Police (under cure) what delightful entertainments (a visit to a circus or Roma park) she had there and how deeply grieved she has been at Exam - giving no reason for this change of feeling - She alleges that she has grave suspicions of the people she has been living with dealing unfairly with her.
She talks constantly to herself but will not admit auditory hallucinations.
She attends well to dress and person - takes food poorly but sleeps well.

Jan 12 Patient now in Tall II - spends hours over a newspaper but if watched does not read it repeats meaningless phrases, occasionally gestures treatment as she must leave at once and will not eat till she does. S.H.P.

Jan. 19 Patient still very confused, talking of leaving at once spending hours aimlessly over newspapers - does not recognize many of the staff whom she sees frequently daily talks much to herself and has sent (Jan 20) and abusive letter to the Asst Medical Officer at the prison S.H.P.

Jan. 26 Patient now in III as she was refusing food absolutely in the dining Hall insisting on leaving She spends hours aimlessly over a newspaper and talks much to herself S.H.P.

Feb. 2 Patient still in same confused state - talking much to herself and spending hours aimlessly over a newspaper - now takes food unless watched S.H.P.

March 27 Patient quite confused repeating words over and over again - with absolutely no realisation of her surroundings suggesting that she should go out for daily exercise & get spending hours over an old newspaper unable to say what she is reading. Lately she has made specific accusations of ill treatment has said that her windpipe has been cut — S.H.P.

April 30 Patient still confused and iterative - asks constantly if she may leave as she wants a change - pores over her old newspapers for hours is quite incapable of coherent conversation has made no accusations of ill-persecution this month. S.H.P.

May 29 There is no mental change. S.H.P.

June 14 Went to Stone Villa. S.H.P.

Aug 26 Returned from Stone Villa - still incapable of connected conversation or useful occupation, still delusions of identity S.H.P.

Aug 31 Patient confused and iterative - with no realisation of her present position and impossible plans for the future - Her conduct is most eccentric S.H.P.

Nov. 30 There is no mental or physical change. S.H.P.

1908 Feb. 29 Patient continues confused: constantly reiterating the same phrases, given to wandering off aimlessly through any door she may see open She absolutely fails to realise her present position and is full of great plans for the future She takes her food fairly well and sleeps well S.H.P.

April 5 Went to Stone Villa S.H.P.

May 18 Returned from Stone Villa - mentally unchanged confused - reiterative - with impossible plans for the future) in good physical health S.H.P.

Aug 7 There has no mental or physical change S.H.P.

Nov Patient continues confused, has no power

Gallery V. of realising her surroundings - is incapable of coherent conversation, repeats same phrases over & over. Is excited at times, bodily health fair. M.S.B.

Wright Bd 10 L.

1909 Feb 15th Nt Pat 12 lbs. Patient is confused & reiterative - talk constantly sit repeating aloud 'I am perfectly sick of the dirty dead heads' & other similar phrases - is troublesome & excited at times. Bodily health fair is losing weight. M.S.B.

May 10th Wt 8 st. Patient continues confused and incapable of coherent conversation or useful work. Constantly reiterates her remarks. Is very eccentric in her conduct, at times excitable & noisy. M.S.B.

Aug 28th Wt 7st 9 lbs. Patient is excited & troublesome at present. Searches everything she can get hold of. In obedience to voices she hears. Spends most of the day listening to voices she hears — cannot enter into conversation. Is always calling out. "Mrs Robinson wants the keys of the cupboards" "The dirty boy keys of the cupboards" "Mrs Robinson wants the keys of the cupboards" "Mrs Robinson wants the keys of the cupboards" & similar remarks. Physical health fair

Aug 28th Transferred "not improved." to Peckham House

Discharged

3048 Gertrude Lavinia Gay
Adj. 22 Jan 1907 35 married, no occupation, Ch. of Eng. Presbyterian
R.O 21 Jan/07 address Ivy House, Acle, Norfolk Secondary
age on first 35 - not precluding breaks.
Present attack has lasted about a week, came
on unknown. Not E.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Paysden
Gt. Yarmouth

21 Jan. 1907

Family History None of insanity -

Previous history (per husband & Dr. Smith) Delusional that she is being poisoned
First attack last November - then she had delusions
fears for her husband - lasted about 14 days. A
week ago suddenly developed delusions of persecution,
Has always enjoyed good health - and is now in
good physical health - Eats well - sleeps badly.
Last attack was excited & violent - This attack is
depressed and quiet and thinks she is going to die
& will suicidal.
Patient has hallucinations of hearing and sight
Catamenia regular - some dysmenorrhoea.

per sister-in-law to S. Ros Latterly has been much worried - husband drinks

Condition on admission A. Physical

Coll. II Patient is a well developed well nourished woman of
W.N. 5 ft 5 in light complexion, dark hair and eyes - muscular system
W. 9 st 4 lb healthy, tongue clean - teeth in defective (macrophile
Heart and lungs present no physical signs of disease
Pulse regular Temperature normal Urine healthy

Holdenby Senatorium
Leigh in Wales
Nov. 13th

My dear Father,

That I cannot reach you
I can get free at you feet in spirit
and say how I have pestered with my
self in free and I will beg that she
for I am already in prison be-
hind these bars in prison ever
since I left you last January, but
now I am in other darkness to-
I am powerless now, my chains wigh
me down, my will is weaker
every day. But every morning I
say those words aloud "he forgave
him his debt". Oh think of me and
do something for me so that I may
live and not die. Forgive me first
our Lord & me, for all my wanderings
& He take me back if you can in

me, this is in itself

Poisons since she parted from husband
and then by a cook who then left her suddenly - Latterly
too she has been staying with a sister-in-law who - she says
once tried to poison her. Last November her husband
left her suddenly to go on a journey - She heard him call
as if he cried out & ran to him in pain - & she pursued
to Thorpe Asylum to find him - and the doctor there
staged his eyes (episodes, exercising some evil influence

3048 Gertrude Lavinia Gay

Ad. 22 Jan 1907
R.D 31 Jan 1907

35 married, no occupation, Ch. of Eng. Pretty address 9 Ivy House, Acle, Norfolk Secondary age on first 35 - not precluding treaties. Present attack has lasted about a week, came unknown. Not P.S.D

Medical certificate First.

The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Paysden
Gt. Yarmouth

31 Jan. 1907

Family History None of insanity -

Previous history (per husband & D. Smith)

Delusional that she is being poisoned
First attack last November - when she had delusions of fears for her husband - lasted about 14 days. A week ago suddenly developed delusions of persecution, has always enjoyed good health - and is now in good physical health - eats well - sleeps badly. Last attack was excited & violent - this attack is depressed and quiet and thinks she is going to die & is suicidal.
Recently has hallucinations of hearing and sight Catamenia regular - some dysmenorrhoea.

per sister-in-law & D. Pox

Latterly has been much worried - husband drinks

Condition on admission A. Physical.

Cell. II
Wt. 5ft 5in
Wt. 9st 11lb

Patient is a well developed well nourished woman of light complexion, dark hair and eyes - mucous membranes healthy, tongue clean - teeth very defective (many stumps)
Heart and lungs present no physical signs of disease
Pulse 78 regular in rate and rhythm - vessel wall healthy
No abnormalities to be noted in abdomen
Menstrual history - Married 8 years - one miscarriage at [illegible] - another [illegible] of [illegible] - [illegible] and it off and on [illegible] normal

Mental.

Patient very ready to [illegible] on subject of her [illegible] exercising [illegible] she has she feels all [illegible] influence upon her. She [illegible] was due to poison which she taxed Latter - in her food last November but there by a cook who then left the employ suddenly - Latterly too she has been staying with a sister-in-law who - she thinks - tried to poison her. Last November her husband left her suddenly to go on a journey - she heard him call as if locked up & in pain - & she pursued to Thorpe Asylum to find him - and the doctor there "stared his eyes left broke, exercising some evil influence

Holloway Sanatorium
Virginia Water
Nov. 13th

My dear Father

That I cannot reach you I can yet fall at your feet in spirit and say how have patience with my sad sin for me and I will pay you all for I am already in prison here-hired there been a prison ever since I left you last January, but now I am in other darkness too. I am powerless now my chains weigh me down, my will gets weaker every day. But every morning you say those words aloud "he forgave Lie & Debt", & think of me and do something for me so that I may not sleep to-him or not die. Forgive me first Both of me, for all my wanderings & Oh take me back if you can in

3048 Gertrude Lavinia Gay

Ad. 22 Jan 1907
R.O 31 Jan 1907

35 married, no occupation, Ch. of Eng. Pretty address 3 Vy House, Acle, Norfolk Secondary age on file 35 - not precluding treaties. Present attack has lasted about a week, cause unknown. Not E.S.D

Medical certificate First.

The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Paysden
Gt. Yarmouth

31 Jan. 1907

Family History None of insanity -

Previous history (per husband & D. South)

Delusional. That she is being poisoned
First attack last November - then she had delusions fears for her husband - lasted about 14 days. A week ago suddenly developed delusions of persecution, has always enjoyed good health - and is now in good physical health - Eats well - sleeps badly. Last attack was excited & violent - This attack is depressed and quiet and thinks she is going to die & wishes suicidal.

Recently has hallucinations of hearing and sight Catamenia regular - some dysmenorrhoea.

per sister-in-law & D. Pox

Latterly has been much worried - husband drinks

Condition on admission A. Physical.

Coll. II
Ht. 5 ft 5 ins
Wt. 9 st 11 lbs

Patient is a well developed, well nourished woman of light complexion, dark hair and eyes - mucous membranes healthy, tongue clean - teeth very defective (many stumps)
Heart and lungs present no physical signs of disease
Pulse 78 regular in rate and rhythm - vessel walls healthy
No abnormalities to be noted in abdomen
Menstrual history - Married 12 years - one miscarriage at 5 mos - about 1 mos. after marriage - another [illegible] of [illegible] about 1 mos after [illegible] - [illegible] regular - last about 4 days - [illegible] very [illegible] - are [illegible] very

Mental.

[illegible] very ready to [illegible] - [illegible] on subject of [illegible] - and is exercising [illegible] - cannot sleep - [illegible] - she has she feels [illegible] influence upon her. [illegible] was due to [illegible] last November, [illegible] there by a cook who then left [illegible] suddenly - latterly [illegible] she has been staying with a sister in law who - she [illegible] - she has since tried to poison her - Last November her husband left her suddenly to go on a journey - She heard him call out as if [illegible] & found him in pain - & she sent [illegible] to Thorpe Asylum to find him - and the doctor there [illegible] his eyes left [illegible], exercising some evil influence

Some twist very, but Oh in any case let me be in quiet communion with You. I ask to me for the love of God - if it is asking too much to say Lord come quickly -
My heart has been utterly [illegible] I may have seemed. Don't let me be punished any longer.
I have tried so hard to reach peace alone. No one ever made such mistakes, but Oh I have tried so, cares them, cares them. Have no reservation, put me where You will, but if it must still be sorrow let it be from your hand, and if peace from you hand too. Don't leave me an orphan any longer my sorrow is greater than I can bear. Forgive me. take me home - forgive
Hand

3048 Gertrude Lavinia Gay
Ad. 22 Jan 1907
R.D 21 Jan/907 35 married, no occupation, Ch. of Eng. Presbyterian
adders 19 Hyde House, Acle, Norfolk Secondary
age on ticket 35 - not previously treated.
Present attack has lasted about a week, cause unknown. Not E.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich
30 Jan. 1907

Second corroborates -

W. Paysden
Gt. Yarmouth
21 Jan. 1907

Family History None of insanity -

Previous History (per Husband & Dr. Smith) Delusional that she is being poisoned
Last attack last November - when she had delusions fears for her husband - lasted about 14 days. A week ago suddenly developed delusions of persecution, has always enjoyed good health - and is now in good physical health & eats well - sleeps badly.
Last attack was excited & violent - This attack is depressed and quiet and thinks she is going to die & is suicidal.
Recently has hallucinations of hearing and sight
Catamenia regular - some dysmenorrhoea.

per sister-in-law & Dr. Fox Latterly has been much worried - husband drinks

Condition on admission

Gall. II
W. 5st 5 lbs
W. 1st 11½

Patient is a well developed well nourished woman of light complexion, dark hair and eyes - mucous membranes healthy, tongue clean - teeth in defective (unaccepted) condition. Heart and lungs present no physical signs of disease. Pulse 78 regular in rate and rhythm, vessel walls healthy. No abnormalities to be noted in abdomen

Holloway Sanatorium
Virginia Water
Dec. 21 -

My dear Father

I implore you to save me out of this. I have lost my self-control, I have proved that I have no vocation for the religious life and that I am utterly unworthy. I think that you are or have been here and the thought only paralyses me, this is in itself

3048 Gertrude Lavinia Gay
Adj. 22 Jan 1907
R.O 21 Jan/07
35 married, no occupation, Ch. of Eng. Presbyn
address Ivy House, Acle, Norfolk Secondarily
age on ticket 35 - not precluding treaties.
Present attack has lasted about a week, came
unknown. Not S.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Payden
Gt. Yarmouth

21 Jan. 1907

Family History None of insanity -

Previous history (per husband & Dr. Smith) Delusional that she is being poisoned
First attack last November - then she had delusional
fears for her husband - lasted about 14 days. A
week ago suddenly developed delusions of persecution,
has always enjoyed good health - and is now in
good physical health - eats well - sleeps well.
Last attack was excited & violent - This attack is
depressed and quiet and thinks she is going to die
not suicidal.
Patient has hallucinations of hearing and sight
Catamenia regular - some dysmenorrhoea.

per notes in case book Patient has been much worried - husband
drinks

Condition on admission & Physical

Patient is a well developed well nourished woman of
[illegible] with dark hair and brown eyes

been so punished for wasted opportunities
that I dare not ask for one, indeed
it was and is my greatest dread.
If I am afraid when I think of you
the same, you can perhaps with
your old sympathy think what it is
to be afraid of you different: it was
because I worried & hurt your
feelings to begin with as
well as because of my own pain;
now it is just indescribable and
agonising fear of consequences. Such
awful cowardice is utterly contemptible
no one could despise it more than I do
in the three moments when I am myself.
I have tried so very hard, but I was
born with this inherent weakness
I suppose and these trials have

Left her cuddling to go on a journey - She heard him call
as if he cried out & saw him in pain - & she pursued
to Thorpe Asylum to find him - and the doctor there
closed his eyes [illegible]

3048 Gertrude Lavinia Gay
Adj. 22 Jan 1907 35 married, no occupation, Ch. of Eng. Pretty
R.O 21 Jan 1907 address Ivy House, Acle, Norfolk Secondary
age on file 35 - not previously treated.
Present attack has lasted about a week, came
on unknown. Not S.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
30 Jan. 1907 Acle, Norwich

Second corroborates -

W. Payden
21 Jan. 1907 Gt. Yarmouth

Family History None of insanity -

Previous history (per husband & D. Smith) Delusional that she is being poisoned
Last attack last November - then she had delusions
fears for her husband - lasted about 14 days. A
week ago suddenly developed delusions of persecution,
Has always enjoyed good health - and is now in
good physical health - Eats well - sleeps badly.
Last attack was excited & violent - This attack is
depressed and quiet and thinks she is going to die
& is suicidal.
Recently has hallucinations of hearing and sight
Catamenia regular - some dysmenorrhoea.

per sister-in-law & D. Poe Latterly has been much worried - husband drinks

Condition on admission A. Physical.

Cell II Patient is a well developed, well nourished woman of
WH. 3/4 sandy complexion, dark hair and eyes - mucous membranes
WW. Pot. 114 healthy, tongue clean - teeth v. g, deficiency (many) of the
Head and lungs present no physical signs of disease
Pulse 78 regular in rate and rhythm, Genitals healthy

though to condemn me
I have been in the most
ghastly state of excitement
and weakness, I told
a priest once that I did
not dare to write to you
because I thought if I did
you would come and that would
even if you yourself as
I knew you were to come
into the room and I
should not be able to
get up. and I have

Wellcome Library, London

3048 Gertrude Lavinia Gay

Adj. 22 Jan 1907 35 married, no occupation, Ch. of Eng. Previous
Rp.D 21 Jan 1907 address Ivy House, Acle, Norfolk Secondary
age on first 35 - not previously treated.
Present attack has lasted about a week, came
on unknown. Not P.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Payden
Gt. Yarmouth

21 Jan. 1907

Family History None of insanity -

Previous History (per Husband & Dr. Smith) Delusional that she is being poisoned
First attack last November - then she had delusions
fears for her husband - lasted about ½ days. A
week ago suddenly developed delusions of persecution,
Has always enjoyed good health - and is not in
good physical health at present - sleeps badly.
Last attack was excited & violent - This attack is
depressed and quiet and thinks she is going to die
& will suicidal.
Patient has hallucinations of hearing and sight
Catamenia regular - some dysmenorrhoea.

per sister-in-law to Dr. Fox Nothing has been much worried - husband drinks

Condition on admission A. Physical

Roll II Patient is a well developed, well nourished woman of
HH. 3/4 S. light complexion, dark hair and eyes - muscles, members,
WH. Pot. 1/4 healthy, tongue clean - teeth dry, defective (many stopped)
Heart and lungs present no physical signs of disease
Pulse 78 regular in rate and rhythm, vessel wall healthy
No abnormalities to be noted in abdomen

Shown what I am. I have
been weighed in the balance
and found wanting, and
everyone knows it and
everyone would agree that
I am utterly unworthy to
fill the place I once
thought might be mine
as your child and
Mr Peel's wife - I still
think this would be
open to me if I had not
so utterly lost my self-
Controll, and it is my

3048 Gertrude Lavinia Gay

Ad. 22 Jan/907 35 married, no occupation, Ch. of Eng. Presbyterian
R.O 21 Jan/907 address Ivy House, Acle, Norfolk Secondary
age on ticket 35 - not precluding treaties.
Recent attack has lasted about a week, cause unknown. Not E.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Paysden
Gt. Yarmouth

21 Jan. 1907

Family History None of insanity -

Previous history (per husband & Dr. Smith) Delusional. that she is being poisoned
Last attack last November - When she had delusions & fears for her husband - lasted about 1½ days. A week ago suddenly developed delusions of persecution. Has always enjoyed good health - and is now in good physical health - Eats well - sleeps badly. Last attack was excited & violent - This attack is depressed and quiet and thinks she is going to die & not suicidal.
Recently has hallucinations of hearing and sight Catamenia regular - some dysmenorrhoea.

per sister-in-law & D. Pa Latterly has been much worried - husband drinks

Condition on admission A. Physical.

Tall. II Patient is a well developed, well nourished woman of [illegible]

I cannot endure to think of your care & thought for me repeatedly lost and all the worry I have given you; and I cannot endure becoming daily worse and weaker. That I can ask you to give me up must be the measure of my despair. I won't try to express it further, or my love for you all which you and all must rightly think futile and even unworthy of the name of love. I enclose the old note I wrote only because I want you to know that I held out as long as I could, but now I am too weak to refuse to do things that are said to be wrong. I can never be better for I don't know when I fail & the time, and I am worse. for when I think I do know I can't. and then I think there was nothing in my letters broken. [illegible] cure cured to poison her. Last November her husband left her suddenly to go on a journey - She heard him call as if he cried out & saw him in pain - & she pursued to Thorpe Asylum to find him - and the doctor there staged his eyes by poker, exercising some evil influence

3048 Gertrude Lavinia Gay

Ad. 22 Jan. 1907 | 35, married, no occupation, Ch. of Eng. Pretty
R.D. 21 Jan. 1907 | address Ivy House, Acle, Norfolk. Secondattack
age on first 35 - not previously treated.
Present attack has lasted about a week, cause unknown. Not E.S.D.

Medical certificate First. | The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert W. Back
Acle, Norwich

20 Jan. 1907

Second | corroborates -

W. Rayden
Gt. Yarmouth

21 Jan. 1907

Family History | None of insanity

Previous history (per husband to Dr. Smith) | Delusional. that she is being poisoned
First attack last November - then she had delusionary fears for her husband - lasted about 14 days. A week ago suddenly developed delusions of persecution,
Has always enjoyed good health - and is now in good physical health - eats well - sleeps badly.
Last attack was excited & violent - this attack is depressed and quiet and thinks she is going to die
Not suicidal.
Possibly has hallucinations of hearing and sight
Catamenia regular - some dysmenorrhoea.

per sister-in-law to Dr. Gou | Lately has been much worried - husband drinks

Condition on admission A. Physical

Ht. 5 ft 5 in | Patient is a well developed well nourished woman of bright complexion, dark hair and eyes - mucous membranes
Wt. [illegible] | healthy, tongue clean - teeth very defective (many [illegible]
Heart and lungs present no physical signs of disease
[illegible] ... [illegible] well healthy
No [illegible] ... [illegible]
[illegible] ... miscarriage
at [illegible] ... another [illegible]
of [illegible] ... [illegible] now
[illegible] ... of andon
for [illegible] ... [illegible]
[illegible]
[illegible] ... - [illegible]
[illegible] ... actions [illegible]
[illegible]
[illegible]

(Pasted-in letter fragment:)
greatest and only idea
of happiness. I shall
feel an undying gratitude
to you both for what you both
meant towards me, and
an endless gnawing regret
that I have proved
myself unworthy.
Will you not let me fill
the humblest of places
towards you either, at
a distance or near, and
give up, for ever [the old dream] without
any thought of future alteration?

[illegible] ... [illegible]
Pa[illegible] ... ready to
[illegible] ... on subject of
her [illegible] ... exercising
[illegible] ... sleep - to
[illegible] ... she feels
all [illegible] ... upon her.
She [illegible] ... was due to
poison which she tasted - bitter - in her food last November put there by a cook who then left her suddenly - Lately too she has been staying with a sister-in-law who - she feels sure tried to poison her - Last November her husband left her suddenly to go on a journey - she heard him call as if locked up & saw him in pain - so she journeyed to Thorpe Asylum to find him - and the doctor there blazed his eyes upon her, exercising some evil influence

3048 Gertrude Lavinia Gay
Adj. 22 Jan 1907
R.O 21 Jan 1907
35 married, no occupation, Ch. of Eng. Religion
address Ivy House, Acle, Norfolk Secondatty
age on ticket 35 - not previously treated.
Present attack has lasted about a week, cause unknown. Not E.S.D

Medical certificate first. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Paysden
Gt. Yarmouth

21 Jan. 1907

Family History None of insanity -

Previous history (per husband & Dr. South) Delusional that she is being poisoned
Last attack last November - when she had delusions fears for her husband - lasted about 14 days. A week ago suddenly developed delusions of persecution, has always enjoyed good health - and is now in good physical health - eats well - sleeps badly. Last attack was excited & violent - This attack is depressed and quiet and thinks she is going to die & will commit suicide.
Recently has hallucinations of hearing and sight Tachycardia regular - some dyspnoea on exertion.

per notes in Case book & Dr. Pos Lately has been much worried - husband drinks

Condition on admission A. Physical -

Calls II Patient is a well developed well nourished woman of
W.A. 3/4 sat. light complexion, dark hair and eyes - mucous membranes
W. Pot. 1/4 healthy, tongue clean - teeth veg, defective (many) of the
Heart and lungs present no physical signs of disease
Pa... well healthy
Re... mucous
Re... another form
Ab... if offandon
Le... rhea
Ki... ars - heart & lung
Ex... e, ankles - they
Sk...
Ne... Mental.
Re... very ready to
Ap... e subject of
Ex... is exercising
Ar... not sleeps to
Ar... Has she feels
Ar... ience - pronkes.
Sp... and was due to
poison which she started - bitter - in her food last November
but there is a cook who then left her suddenly - Latterly
too she has been staying with a sister in law who - she has
come over to poison her - Last November her husband
left her suddenly to go on a journey - She heard him call
as if he cried out & saw him in pain - & she pursued
to Thorpe Asylum to find him - and the doctor there
blazed his eyes (opposite) exercising some evil influence

Red & W.A. Robin
10 Westbourne Sq Dec 22 No 6
London

My dear Father

I was too great a coward to send this yesterday. It is my own fault so very much. But the days when I had my very best & No 1 were my worst failures and were openly scoffed at. But the times when I gave in to myself to doubt deserve the punishment. I have learnt to know myself now and to detest myself more even than you are exercising must me. As to conception not sleeps to & the will I feel as if I were being made to construe classics with hardly any vocabulary

3048 Gertrude Lavinia Gay
Adj. 22 Jan/07 35 married, no occupation, Ch. of Eng. Presby.
R.O 21 Jan/07 address Ivy House, Acle, Norfolk Secondary
age on first 35 - not practising Sneaker.
Present attack has lasted about a week, cause unknown. Not E.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich
30 Jan. 1907

Second corroborates -

W. Paysden
Gt. Yarmouth
21 Jan. 1907

Family History None of insanity -

Previous history (per husband & Dr. Smith) Delusional that she is being poisoned
First attack last November - then she had delusions of fears for her husband - lasted about 14 days. A week ago suddenly developed delusions of persecution, has always enjoyed good health - and is now in good physical health - eats well - sleeps badly. Last attack was excited & violent - this attack is depressed and quiet and thinks she is going to die & wishes suicidal.
Patient has hallucinations of hearing and sight Catamenia regular - some dysmenorrhoea.

per sister-in-law & D. Pos Nothing has been much worried - husband drinks

Condition on admission A. Physical.

Coll. II Patient is a well developed well nourished woman of
W.M. 5ft 5in light complexion, dark hair and eyes - mucous membranes
W. 9st 11lb healthy, tongue clean - teeth in defective (unaccepted)
Heart and lungs present no physical signs of disease
Pulse 78 regular in rate and rhythm vessel wall healthy

and very little knowledge of nursing how to, there are the arrears of - another's a long existence - And in the last weeks I have often been very untrue and act fought against my reports, it is a relief to confess this - But you will understand so much that I cannot say - I hope you will all have a very happy Christmas, and I believe you will remember me in your prayers and forgive me for having been myself and [redacted] you will think of me sometimes kindly.

[illegible] ...ver ...ackno...ging ...
...endorsed.
...ay ready to ...
...en obliged ...
...es exercising ...
...ot sleep - he ...
...has she feels ...
...ence - spoken.
...V was due to ...
...d last November ...
but there is a cook who then left the suddenly - Katherine ...
...oo she has been staying with a sister in law who - she has ...
...since tried to poison her - Last November her husband ...
left her suddenly to go on a journey - she heard him call ...
...as if he cried out & saw him in pain - & she pursued ...
...to Thorpe Asylum to find him - and the doctor there ...
...staged his eyes (episodes, exercising some mild ...

3048 Gertrude Lavinia Gay
Adm. 22 Jan. 1907
R.O 21 Jan/07 35 married, no occupation, Ch. of Eng. Presbyterian
address Ivy House, Acle, Norfolk Secondarily
age on first 35 - not previously treated.
Present attack has lasted about a week, cause unknown. Not E.S.D

Medical certificate First. The patient tells me that strange influences are brought to bear on her - that people are plotting against her and that poison is being used

Herbert H. Back
Acle, Norwich

30 Jan. 1907

Second corroborates -

W. Payden
Gt. Yarmouth

21 Jan. 1907

Family History None of insanity -

Previous history (per husband to Dr. Smith) Delusional that she is being poisoned
First attack last November - when she had delusions of fears for her husband - lasted about 14 days. A week ago suddenly developed delusions of persecution. Has always enjoyed good health - and is now in good physical health - eats well - sleeps bad.
Last attack was excited & violent - This attack is depressed and quiet and thinks she is going to die & not suicidal.
Recently has hallucinations of hearing and sight
Catamenia regular - some dysmenorrhoea.

per notes in Case book Latterly has been much worried - husband drinks

Condition on admission A. Report.

Coll. II Patient is a well developed well nourished woman of
HH. 5ft 5 in. light complexion, dark hair and eyes - mucous membranes
Wt. 9st 11½ healthy, tongue clean - teeth very defective (many stopped)
Heart and lungs present no physical signs of disease
Pulse 78 regular in rate and rhythm, vessel wall healthy
No abnormalities to be noted in abdomen
Menstrual history - Married 12 years - one miscarriage at 5 mos - about ½ yrs. after marriage - another pregnancy of two mos. amenorrhoea - menstruation now regular but has "discharge" has had it off and on for nearly a year - slight dysmenorrhoea
Urine
The pupils are dilated equal and regular - react to light & accom. well to R. The deep reflexes are active, the skin reflexes healthy.
Small tattoo mark on left wrist.

B. Mental.

Patient is somewhat emotional and very ready to enter into conversation, entering at once on subject of her delusions. She states that her husband is exercising undue influence upon her - if he cannot sleep she hears sleepiness from her, any pain he has she feels all his actions exercise a corresponding influence upon her. She feels sure her last attack of excitement was due to poison which she tasted - bitter - in her food last November, but there by a cook who then left the suddenly - latterly too she has been staying with a sister in law who she feels sure tried to poison her - Last November her husband left her suddenly to go on a journey - she heard him call out & cried up & saw him in pain - & she presumed he had gone to Thorpe Asylum to find him - and she describes how he closed his eyes, left broke, exercising some evil influence

which excited her - (Husband had gone to see his father) Patients memory is good and attends very fairly - She attends well to dress and person talks well but sleeps badly.

Jan 27 Patient still very depressed afraid she will be killed at night, is abducted by men who slip up the back stairs she says. She takes her food fairly and is better. S.M.P.

Feb. 4 Patient had a very slight attack of diarrhoea with nausea on the 2nd - spent three days in bed and is now convalescent and in II again S.M.P.

Feb. 11 Patient is much less depressed - says she is quite getting over her terrors at night - no longer weeps by day - is taking her food well and sleeping well. S.M.P.

Feb. 18 Patient continues to improve physically and has lost many of delusions of persecution but still believes firmly that she is mesmerised and that her doctor at home is aware of all she does and says here - S.M.P.

March 27 Patient persists in delusions of hypnotic influence and mesmerism - says she has been made to perform most indecent actions by the doctor at home - that he has made her dance most peculiarly all alone at a ball etc. etc. and that he knows all she does here. Her physical health is good. S.M.P.

April 30 Patient very moody - inclined to brood over her wrongs (hypnotic influences etc.) at times cross refusing to answer when addressed - but quiet at night and in good physical health S.M.P.

May 2 Patient again moody and disagreeable - says she is not sleeping well and has asked for tonic - Accordingly a mixture containing

1907 Ferri et Ammon. Ar 3 Nux Vomica 3 has been given her - S.M.P.

July 2 Went on trial S.M.P.

5 Aug. Returned from leave in a stupid deluded state. Physical health good. S.M.P.

Jan. 30 Patient has shown improvement since return from leave is pleasant, well occupied and goes in all hospital entertainments. She still retains delusions of mesmerism and unseen influences - Physical health good. S.M.P.

Dec. 25 Confused and very deluded - is being poisoned cannot live another day - untidy in dress and person - sleeping poorly - sent to bed in III. S.M.P.

1908 Jan. 10 Patient has recovered from confusion - is still deluded as to mesmeric influences - Ward II S.M.P.

Feb. 29 Patient well occupied, free from confusion but retaining delusions as to mesmerism etc. She is taking her food well and sleeping well - S.M.P.

May 30 Patient well occupied, on parole but retaining delusions of mesmerism and unseen influences. S.M.P.

July 11 Patient was discharged today relieved S.M.P.

Discharged -

3650

Adelaide Pyddoke

Adm 31 Jan 1907
D.O 3 Aug 1906
Transfer

34, single, of no occupation, Ch. of Eng. Previous address Northfields, West End, Merchantampton. First attack age on first 34, Not previous treated. Present attack has lasted about a year, Supposed cause - overstudy Not P.S.D. has assaulted her sister -

First certificate

She was wild, rambling and incoherent in her speech and at times a very vacant stare. She was full of delusions mainly about her brother (a naval officer) who she said was cooped up in a ship with no port hole and was dying for want of air. Several panes of glass are broken in the house.

B. E. Church
Minchinhampton Rly
C. J. Wharry Esq
Minchinhampton

3rd August 1906

Second corroborates

3 August 1906

Family history

Uncle on mother's side died in Asylum - (mania said to be due to injury to head)
Paternal great aunt insane - and maternal great aunt weak-minded
On father's side a slight tendency to cancer.

Previous history (from writer & Miss H. Pyddoke)

Duke normal as a girl. At 17 went to Cheltenham Ladies College and again at 23 to study for the London B.A. She was there one year and passed the Intermediate examination but became dull and excitable & over worked & went home. Then patient lived at home in the country occasionally going abroad with her family. In 1897 her mother and patient and three sisters lived with brother a clergyman. While at him she was very troublesome, writing impertinent & incorrect letters. She again went to Cheltenham for two terms, to gain teacher's diploma but was considered unfit for teaching. Two years later brother went abroad and sisters separated - patient & family

Left W and visiting friends. Three years ago while staying with friends her conduct was so peculiar that a doctor was called in then Dr Langer - who advised her being under private care as she was suffering from delusions. In Aug 1906 after a month with a doctor (whose wife broke down under the strain of guardianship) and some time at home. She began to break windows that her brother might not suffocate. So was certified - went to Box & broke much glass there - in Burlington she was violent and attacked people. Her physical health good - habits not clean.

Condition on admission - Physical

Patient is a tall, well developed woman well nourished and of good colour - mucous membranes healthy, tongue clean, teeth defective, eyes blue grey, hair almost grey - hair on lip and chin and mammae.

The heart and lungs present no physical signs of disease - pulse 78, regular in rate & rhythm, vessel wall healthy.

No abnormalities to be noted in abdomen.

Catamenia said to be slightly irregular -

Urine, 1035, acid, heavy deposit of urates, some phosphates no albumin, blood & sugar late undone.

The pupils are equal and regular and react normally to light & accommodation and convergence. The deep reflexes are present, not exaggerated. The superficial reflexes healthy -

B. Mental

Patient has a somewhat vacant expression and a rambling incoherent manner. Her attention is fair, her memory good. She relates that she has constantly felt impelled to break windows because the devil (her brother rebel) it - sometimes she almost hears his voice. Latterly there has been a slight desire to pump out of the windows. She states that her sister has been accusing her falsely of many misdeeds and she

also accuses her of wasting patient's income. Auditory hallucinations are denied but seem present. Patient is untidy and attends little to dress or person. Sleeps well.

Feb. 7 Patient very troublesome. never will go out when others do & then when taken out refuses to come in - says she has come here to do as she likes. Is lazy, inclined to lie on the sofa doing nothing. Takes her food well and sleeps well. S.M.G.

Feb. 14 Patient more amenable tidier and generally better controlled. She spends hours over Bible or prayer book

Feb. 21 Patient continues fairly amenable but is lazy S.M.G. and unoccupied except for reading Bible. She states that she is now free from desire to break glass and no longer thinks her brother's approaching S.M.G.

Feb. 28 Patient fairly amenable but insists on every window being shut. will leave her room at night and shut windows all down a long corridor. She persists in wearing a fur lined coat by day. So far except for reading she is quite unocc[upied] X X

March 27 Patient has evident auditory hallucinations though she will not admit them and probably has still some delusion about windows as she insists on their being shut at night all round the house and shuts all she can. She is unoccupied and lazy. S.M.G.

April 30 Patient was most resistive and violent on the 23rd - refused to go to bed - struck the nurses and fought violently - She was accordingly sent to Gall. II next day. S.M.G.

May 29 Patient last night broke four panes of glass in her bedroom for the old reason S.M.G.

Aug. 31 A fortnight ago patient again broke glass for the "old reason" She seems to realise somewhat now that the reason is of the nature of a delusion and is trying to overcome

her tendency. S.M.G.

Sept 16 Went to Howe Villa. S.M.G.

Sept 30 Patient returned from Howe Villa excited - while there when walking with her sister ran up to the roof of a church, struggled violently while being brought down. She also was very destructive and smashed many panes of glass, slightly cut her hand last night as she smashed [illegible] S.M.G.

Nov. 30 [illegible] always [illegible]

Gallery VII

St Ann's Heath
Virginia Water
Surrey.
Nov: 27th 1907

Could you arrange for me to see him by writing to him or sending him a message by Mr Rich

Dear Dr Ross,

My eldest brother who I fancy, has had most to do with my being "shut up" wrote yesterday saying that it was the state of my mind that prevented my being allowed to go be free. I had hoped that my mind's having

Yrs sincerely
Adelaide Reddaway

[illegible] sofa as a [illegible] entirely [illegible] the day [illegible] She [illegible] physical [illegible] S.M.G.

Dec. 11 S.M.G.

Dec. 13 [illegible] hair S.M.G.

8 Feb. 1 [illegible] in [illegible] spirits, [illegible] and [illegible] exists in [illegible] is also violent [illegible] her back somet[imes] [illegible] carelessly attac[ks] [illegible] S.M.G.

Feb. 26 Patient [illegible] constantly attac[ks] [illegible] trying to take them unawares - sustained a contusion of the right eye in a struggle this week - is now being treated as a homicidal patient. Her physical health is good. S.M.G.

See page 214

May 6 Patient jumped up this afternoon & smashed a pane of glass cutting her right wrist slightly - said she was actuated by mesmeric influences - She continues very violent constantly making unprovoked attacks on patients and staff - S.M.G.

also accuses her of wasting patients income. Auditory hallucinations are denied but seem present. Patient is untidy and attends little to dress or person. Sleeps well.

Feb. 7 Patient very troublesome. never will go out when others do. When taken out refuses to come in. says she has come here to do as she likes. Is lazy, inclined to lie on the sofa doing nothing. Eats her food well and sleeps well. S.H.P.

Feb. 14 [illegible] all letters, prayer books [illegible] is lazy. S.H.P. Bible. She [illegible] to back [illegible] saffron. S.H.P.

Feb. 21 [illegible] conversation [illegible] room at [illegible] Lord's prayer [illegible] quite when [illegible] shows thoughts [illegible] has said some [illegible] on them [illegible] and shuts [illegible] S.H.P.

Feb. 28 [illegible] conversation [illegible] a Lord's prayer [illegible] read by [illegible] S.H.P.

March 27 [illegible] Yesterday saying that it was the state of my mind that prevented my being allowed to go be free. I had hoped that my mind's having

April 30 [illegible] decent on the 29th - refused to go to bed struck the nurses and fought violently - She was accordingly sent to Ball the next day. S.H.P.

May 29 Patient last night broke four panes of glass in her bedroom for the old reason. S.H.P.

Aug. 31 A fortnight ago patient again broke glass for the old reason. She seems to realise herself now that the reason is of the nature of a delusion and is trying [illegible]

Cold for reasons for not sending to be taken by writing to [illegible] from a reading by Mr Beck

St Ann's Heath
Virginia Water
Surrey.
Nov. 27th 1902

Dear Dr Ross,

My eldest brother who Nancy, has had most to do with my being "shut up" wrote yesterday saying that it was the state of my mind that prevented my being allowed to go be free. I had hoped that my mind's having

Sept 16 Went to Home Villa. S.H.P.

Sept 30 Patient returned from Home Villa smoked - while there when walking with her sister ran up to the roof of a church, dodged violently - while being brought down. She accuses her daughters and smashed many panes of glass slightly cut her hand last night as she smashed her window. S.H.P.

Nov. 30 Patient smashed glass last month. She has always used glass to the [illegible] - [illegible] to sofa as a [illegible] is useless [illegible] 28 the day [illegible] pipes. Has [illegible] physical [illegible] S.H.P.

Dec. 11 [illegible] S.H.P.

Dec. 13 [illegible] hair S.H.P.

8 Feb 1 [illegible] spirits, [illegible] and [illegible] terrifies in [illegible] it is also [illegible] over her back [illegible] and causeless attacking the nurses on duty. S.H.P.

Gallery VII
St Ann's Heath
March 7th 1903

Dr
Dear Mrs Ross,

I am so much annoyed at the purloining of various personal of mine from this Gallery that I venture to write to ask you if you would take charge of such letters I have which I value

Feb 25 Patient this becoming more violent daily, constantly attacking the nurses - stealing behind them and trying to take them unawares - sustained a contusion of the right eye in a struggle this week - is now being treated as a bronchial patient. Her physical health is good. S.H.P.

See page 214

May 6 Patient pumped up this afternoon I removed a piece of glass cutting her right wrist slightly - said she was actuated by mesmeric influences - She continues very violent, constantly making unprovoked attacks on patients and staff - S.H.P.

also accuses her of wasting patients income. Auditory hallucinations are denied but seem present. Patient is untidy and attends little to dress or person. Sleeps well.

Feb. 7 Patient very troublesome. never will go out when others do. When taken out refuses to come in. says she has come here to do as she likes. Is lazy, inclined to lie on the sofa doing nothing. Takes her food well and sleeps well. S.H.P.

Feb. 14 [illegible] generally better. [illegible] prayer book. [illegible] is lazy. S.H.P.

Feb. 21 [illegible] Bible. She [illegible] to talk [illegible] S.H.P.

Feb. 28 [illegible] her room at [illegible] on a Log cando [illegible] lined coat & [illegible] is quite sober [illegible] XX [illegible] suddenly thought [illegible] has said some [illegible] hints on them [illegible] are and shuts [illegible] lazy. S.H.P.

March 27 been cultivated by a good education as well as exercised by the cares of a not very short life & by it was a good reliable experienced one. I have great faith in asking advice however of good authorities & if before the Lunacy Commission meeting in December 4th I could see the Bishop of London whose Mission in the East I had attended nearly two years ago he might be able to convince you & Dr Moore & Dr Sym. that my mind was thoroughly sound & I might be released.

April 30 [illegible] is inclined to go to bed. Struck the nurses and fought violently. She was accordingly sent to bed all the next day. S.H.P.

May 29 Patient last night broke four panes of glass in her bedroom for the old reason. S.H.P.

Aug. 31 A fortnight ago patient again broke glass for the old reason. She seems to realize somewhat now that the reason is of the nature of a delusion and is trying to conceal

her tendency. S.H.P.

Sept. 16 Went to Hove Villa. S.H.P.

Sept. 30 Patient returned from Hove Villa unaltered. While there when washing with her sister ran up to the roof of a church, dodged violently when being brought down. She accuses her daughter and smashed many panes of glass slightly cut her hand last night as she smashed her window. S.H.P.

Nov. 30 Patient smashed glass last month. She has always tried plans to the detriment [illegible] which I am afraid is losing

I am extremely vexed to have to write to you in this way but the nurses do not seem to me to have a due appreciation of the value of property.

Yours faithfully

Adelaide Pyddoke

The Lady Doctor
St Ann's Heath.
Virginia Water.

Dec. 11 [illegible] S.H.P.

Dec. 13 [illegible] hair S.H.P.

8 Feb 1 [illegible] dress in [illegible] hints, [illegible] and [illegible] nurses in [illegible] is also [illegible] her bed [illegible] carelessly [illegible] attacking the nurses on duty. S.H.P.

Feb 26 Patient is becoming more violent daily, constantly attacking the nurses. Stealing behind them and trying to take them unawares. Sustained a contusion of the right eye in a struggle this week. is now being treated as a medical patient. Her physical health is good. S.H.P.

(See page 214)

(threw a vase [illegible] nurse over the chair nurse Feb 27)

May 6 Patient pumped up this afternoon I remarked a pane of glass cutting her right wrist slightly. Said she was actuated by mesmeric influences. She continues very violent, constantly making unprovoked attacks on patients and staff. S.H.P.

also accuses her of wasting patients income. Au
hallucinations are denied but seem present. Pat
is untidy and attends little to dress or person. Sleeps a

Feb. 7 Patient very troublesome - never will go out w
others do them when taken out refuses to co
in - says she has come here to do as she lik
is lazy, inclined to lie on the sofa doing not
takes her food well and sleeps well. S

Feb. 14 Patient more amenable - tidier and generally bet
controlled. She spends hours over Bible & prayer

Feb. 21 Patient continues fairly amenable but is lazy
and unoccupied except for reading Bible
thinks that she is now free from desire to d
stars and no longer thinks her brother's offen

Feb. 28 Patient fairly amenable but insists on ev
window being shut. Will leave her room
night and shut windows all down a long c
She persists in wearing a fur lined coa
day. So far except for untidiness she is quite w

March 27 Patient has evident auditory hallucinations th
she will not admit them and probably has visi
delusion about windows as she insists on the
being shut at night all round the house and sh
all she can. She is unoccupied and lazy. S

April 30 Patient was most terrible and violent
the 23rd - refused to go to bed, struck the nur
and fought violently - She was accordingly
sent to Hall III next day. S

May 29 Patient last night broke forty panes of glass a
bedroom for the old reason. S

Aug. 31 A fortnight ago patient again broke glas
for the old reason. She seems to realise
herself now that the reason is of the
nature of a delusion and is trying to

her tendency. S.H.P.

Sept. 16 Went to Home Villa. S.H.P.

Sept. 30 Patient returned from Home Villa excited - while there
when working with her sister ran up to the roof of a
church, struggled violently when being brought down.
She also was very destructive and smashed many
panes of glass - slightly cut her hand last night as she
smashed her windows. S.H.P.

Nov. 30 Patient smashed glass last month. She has always had
plans for the future - her present scheme is to go as a
missionary to the Congo, as she thinks she is entirely
fitted for missionary labours and she spends the day
writing about this settlement she is unoccupied. Her
conversation is always rambling. Her physical
health is good. S.H.P.

Dec. 11 Went on trial S.H.P.

Dec. 13 Returned excited having cut off all her hair S.H.P.

1908 Feb. 1 Patient is very deluded makes large crosses in
all corners of her room to keep off evil spirits,
believes she is in charge of the Gallery and
strikes violently any patient who interferes in
waking up and down near her. Patient is also
violent to the nurses fighting fiercely over her bath
sometimes coming out by her room and causing
attacking the nurse on duty. S.H.P.

Feb 26 Patient is becoming more violent daily continuing
attacking the nurses. Stealing behind them and
trying to take them unawares - sustained a
contusion of the right eye in a struggle this
week - is now being treated as a bronchial
patient. Her physical health is good. S.H.P.

See page 214

May 6 Patient pumped up this afternoon & smashed a pane of
glass cutting her right wrist slightly - saw she was
actuated by mesmeric influences - She continues
very violent & constant making unprovoked attacks
on patients and staff. S.H.P.

Florence Alice Lockhart.

Adm 5 Feb. 1907
P.O. 4 Feb. 1907

48¾, married. Ch. of England, Prof. address England
Hill, Ascot. Not first attack - age on first 48¾. In
the last eight weeks under treatment in Reading
under Dr. Florence Armitage. Present attack has
lasted 4 days. Supposed cause Change of life
Not E. suicidal, not dangerous.

First certificate She has been under my care as an alcoholic for eight weeks running away from the Medical Home without warning. She was then suffering from entire failure of nervous energy, great depression and complete insomnia, severe headache with occasional delirium at night. I noticed all these symptoms were intensified at the menstrual period.

4 Feb. 1907

A. T. Armitage M.B. Ch.
Pottenham Lodge, Reading

Second. Facts communicated -

Mr. Elliot informed me that she had made
three attempts at suicide by throwing herself over the staircase
once she succeeded cutting her head and fracturing her left wrist
also that she apparently attempted to set fire to the room
in which she was the night before.

A. Tudor Pakeman M.D.
Ascot

Previous history (per Dr Smith) Patient has been addicted to alcohol for 20 years. The climacteric began 18 months ago since then there has been much depression, sleeplessness and great depression. Patient had a shock two years ago - another cause of great depression. In July 1905 patient underwent Formyl treatment for alcohol - since then not alcoholic but drug taker - In July 1906 severely depressed in India - had nurse care sometime in August - started with friends - then went to Reading for rest cure - see certificate - ran away from Reading last week - 13th Feb. attempted to set fire to her room and on the 2nd then threw down stairs cutting her left eyebrow and and fracturing her left wrist.

From Hospital

Condition on admission 4. Pyrexial

Patient is a small woman well developed but very badly nourished with dark eyes, scanty grey hair, sallow complexion, mucous membranes pale, tongue clean but furred & furred. On admission there was a healed (or practically so) burn of the 2nd degree on forehead and frontal portion of scalp about a hand breadth diameter, hair burnt as far as parietes - The left eyebrow had been cut and had two stitches in it - The left eye was much contused - No sight in eye contused - There was a healed burn of second degree over the lower part of deltoid area of wound on the right arm - The left wrist was fractured (in situ) evidently a Colles fracture and was in fair position but with much ulnar flexion and considerable oedema of hand and wrist - very painful on palpation and on passive movement.

The right knee was much bruised over the patella - The left knee so, but was painful on movement. There were also bruises on thighs -

Heart and lungs present no physical signs of disease. Pulse 78 regular in rate & rhythm. Radial weak, tension low.

Climacteric, dysentery & sea & periods (three weeks) Urine 1025 acid no albumin, sugar bile ok - The pupils are equal and regular and react well to light & accommodation. The knee jerks are brisk - There is no ankle clonus - superficial reflexes healthy.

There is slight tenderness on palpation in the left lumbar region, but the kidney is not palpable no the spleen enlarged

℞ Neutral

Patient is much depressed, but still shows some interest in her person and surroundings. R.G. is anxious to have her bandages removed so he may get a fight at Roper to repair the use of her arm.

She enters readily into conversation, stating that she is not mad now, that she had an impulse to leave the Home at Reading which she now much regrets and that she has twice attempted suicide because she was too miserable to live. She thinks she would not attempt suicide again but knows she will never recover and after if she is to be kept here a prisoner for life.

She admits having taken alcohol to excess for many years but states that she has not done taken any since July last - alludes to it as her "unfortunate failing"

She takes food badly having no desire for it. Since admission has slept 5 and 6 hours each night without drugs.

Feb. 8 Patient very restless last night, removed fractured arm a good deal. splints very loose this morning S.M.P.

Feb. 12 Patient is quiet and depressed to day, but gets very restless at night, removing her bandages. Says always thinks she is to be taken away at night to see her nurse as she will never see her again. One night she was very restless jumping on to the other patients beds. Patient is convinced that the nurses say she has a bathroom downstairs very unhappy about it. S.M.P.

Feb. 19

(Feb. 20)

Feb. 26

March 3

March 15

April 30

May 29

S.C. removed

July 25

Feb 29

There is slight tenderness on palpation in the left lumbar region, but the kidney is not palpable no the spleen enlarged

B. Mental

Patient is much depressed, but did show some interest in her person and surroundings. Is anxious to have her bandages removed so he can try a fight etc. Hopes to regain the use after arm.

She enters readily into conversation, stating that she is not mad now, that she had an impulse to leave the Home at Reading which she now much regrets and that she has twice attempted suicide because she was too miserable to live. She thinks she would not attempt suicide again but knows she will never recover and asks if she is to be kept here a prisoner for life.

She admits having taken alcohol to excess for many years but states that she has not done taken any since July last - alludes to it as her "unfortunate failing"

She takes food well having no desire for it. Since admission has slept 5 and 6 hours each night without drugs.

Suicidal caution

Feb. 8 Patient very restless last night, moved fractured arm a good deal. splints very loose this morning S.H.P.

Feb. 9 Patient is quiet and depressed by day, but gets very restless at night, removing her bandages. Still always thinks she is to be taken away at night. Says goodbye to her nurse as she will never see her again. One night she was very restless jumping on to the other patients beds. Patient is convinced that the nurses say she has a bathroom downstairs and gets very unhappy about it. S.H.P.

Feb. 17 Patient now in Ward 11 as yesterday she carried from 4 into the court. Arm has been radiographed - union of fragments very doubtful. Lower fragment tilted up backwards & slightly outwards producing a step and fairly marked deformity. Patient has been very restless especially at night when she is more depressed and splints have been displaced. Etc. (Feb 20) now applied to lower fragment. Arm supported S.H.P.

Feb. 26 Patient still very depressed - does not evince the slightest interest in anything - will not read sew or do anything - still believes that she will be taken away at night. The burn is almost healed and the arm is in better position - extension still maintained S.H.P.

March 3 Extension removed yesterday and simple anterior & posterior splints applied. S.H.P.

March 15 All apparatus removed: Arm in good position - pronation and supination fairly good - flexion and extension good - some broadening of the wrist. The burn is completely healed and the skin grafts well. No mental improvement. S.H.P.

April 30 Patient now in Ward 11 bright and occupied joining in games etc. says she is now free from delusions - certainly shows marked mental improvement. S.H.P.

May 29 The above noted improvement is maintained — Suicidal caution withdrawn. S.H.P.

S.C. removed

July 25 Patient who has been much worried lately by the refusal of her sister to take her on visit attempted to escape yesterday creeping through ledge to front ground - On being detected she returned voluntarily. Since lately she has awakened terrified & rushed downstairs - now sleeps unless observation - S.H.P.

Ward 29

3054

Ad. Feb 21. 1907
D.S Feb. 19 1907

Edith Sarah Craig
39 female single Typist & Shorthand writer, Ch. of England. Previous address 74 Rumstead Common Rd Plumstead S.E. First attack age on first 39. Never under treatment before. Present attack has lasted three weeks. Supposed cause Over anxiety over her work. No S. tendency suicide - Not dangerous.

First medical certificate

Expresses the wish to go without food. From personal observation during the last fortnight, I formed the conclusion that she had delusions as to spiritualistic moral depravity. Has fixed on the idea that she had been dismissed from her office when she had really been given a month's leave. Communicated by sleep mother - patient had cut open the situation of jugular veins & had said "Why don't you let me alone"

Francis H. Pearson
Plumstead
19 Feb.

Second

corroborates

Previous history (per Dr Smith)

Cause of present attack worry and overwork. Has been away from office 3 weeks. Marked change of nervousness was informed a short time ago & has been worrying about taking matters. Talked about suicide believes she owes large sums of money is ruined &c -
Has chest complaint - Does not take food well - Has sleepy draughts every night

Family history

Nil

Condition on admission

Patient is a short (and) well developed woman - Ill nourished. Hair is dark brown, grey eyes blue, complexion sallow, mucous membranes healthy - teeth, hair, tongue clean. The head presents no physical signs of disease. Pulse 78 regular in rate and rhythm - Vessel wall healthy.

Vol. 7 St. 2 Ch. Att 3 St Lim.

The breathing auscultory - upon alternating to coglwheel in chest on both sides (but chest moves freely) there is no disease or pneumonia. Pulsing no abnormalities to note. Urine eighty ounces up to 4 pints (specific gravity) and passable below normal margins.

Catamenia said to be normal except for last period which was scanty & weak.

The pupils are equal, regular & react normally to light & accommodation. Patient is myopic & wears glasses. Both eyes show slight opacity. The deep reflexes are active, not exaggerated and the superficial reflexes are healthy.

Urine to 2 ½ acid No abnormal constituents

B. Mental -

Patient has a dejected expression and is slow of speech and lacks nervous shading in it. At the slightest unexpected word he attends well to address and person and has attention for pain - memory good -

Patient states that though normally on sick leave she has really been dismissed from her office that she is unknown & has committed unpardonable sin - this matter is not - and that she has lacked of suicide but she does not think she would have the courage to attempt it.

No hallucinations could be elicited -

Patient takes food only fairly well and sleeps badly

Feb 27

Patient still dejected and nervous in manner constantly stating that she ought not to be here and wishing to leave at once - Sleeping fairly well. S.H.P.

March 6

Patient still restless and nervous alleging that she ought to go at home that she is really quite well, that she talked too much at home and that her relatives have made a great mistake in sending her here. S.H.P.

March 13

Patient less restless and nervous - delusions of unworthiness no longer extreme - Physical health improving S.H.P.

March 20

Patient improving - much less nervous - well occupied, grumbles but feels and sleeping well - S.H.P.

3455 Cerise Antonette Lees
Adm 22 Feb 1907
RO 25 Feb 07

21 single, of no occupation, Ch of England Padden
Spelbrough Rd, Dublin. Fourth attack age 9
first - unknown - previously treated at Manningside
Bell. Twice once at St Patrick's Dublin
Present attack has lasted a few hours. Supposed
cause unknown. D.T. & S.D.

Last certificate. She was in state of mental stupor. She stands in a fixed position & will not enter into conversation. She says she is the special vessel of the Lord and must not be touched. She is very quiet & indifferent to her surroundings. She resents all interference

22.2.07 W. D. Rogers
Second corroborates
22.2.07 J. G. Hodgson
Chaplain

Previous history from cousin. Patient was brought up in Scotland - lived at home & travelled much. First attack of insanity - acute mania - occurred about 20 - patient was admitted at Manningside - this third or 4th attack - Three attacks treated Manningside - one St Patrick's all acute - discharged recovered from last Nov 1905. Since then living with cousin in Dublin - in excellent physical health. Constantly occupied and apparently healthy until - Since reading of Whiteley's murder - patient has been depressed for the last few days. For a month or 20 days her prayers have been of a most extraordinary kind & she has had delusions of suspicion - that she was being written of in the newspapers and on the walls

Menopause doubtful. Patient is not considered but has been very sleepless & taking sleeping powders

Family history. Mother died of cancer - father of paralysis
Brother died of head disease - Details of confinement

Condition on admission

Physical

Well & well developed but excited & the extreme

Patient refused adequate examination. She is a stout well developed woman with grey hair, blue eyes, fair complexion, mucous membranes healthy, tongue clean - teeth defective

Heart and lungs present no abnormal signs of disease. Pulse 78 regular - vessel walls slightly thickened. Abdomen & abnormalities & the noted in abdomen

Menopause - nothing could be ascertained from patient. The pupils are equal and regular & reacting naturally to light. Urine 1025 acid - slight deposit of amorphous matter, abnormal constituents - The deep reflexes could not be ascertained

B. Mental

Patient is in a state of religious exaltation, manifested externally by her standing in an attitude of adoration with eyes half closed and hands clasped - refusing to speak or to be touched because she is a special vessel of the Lord. She will not answer questions but murmurs that she is married to Christ and is commanded by God not to enter bed - not to eat - or to be touched by human hand - She refuses food - sleeps badly - standing all night her habits are cleanly

March 5 Patient yesterday was much more coherent - saying she had had "a bad week of it" - was now better - took food well dressed & went into Parlour - still manifests religious delusions. S.H.P.

March 12 Patient again wholly given over to religious delusions - thinks she is God - refusing to eat saying the Lord Lady Brabazon & Lord Ardilaun died on 9th or 10th March S.H.P.

March 17 Patient again free from excitement but kept in bed as feet much swollen from constant standing S.H.P.

March 24 Patient now out of bed - improving slightly S.H.P.

3455

Adm 22-7-07
RO 25-7-07

Celine Antoinette Lees

21 single, of no occupation, Ch of England Patient
Mulbarough Rd Dublin. Fourth attack 1906
first unknown - previous treated at Manning
Elec Clinic once at St Patrick's Dublin
Present attack has lasted a few hours - Supposed
cause unknown. Ht 5.5 D.

Lord certificate. She is in state of mental stupor - She stands in
fixed position & will not enter into conversation
She says she is the special vessel of the Lord and
must not be touched. She is negligent &
indifferent to her surroundings. She refuses
all nourishment

22.2.07 W. A. Hay
Johnson

Second corroborates
22.2.07 J. F. Hodgson
Chesterton

Previous History from cousin. Patient was brought up in Scotland - lived at home & married. First attack of insanity - acute mania - occurred 1900 - patient was admitted at Manningside - This third attack - Three attacks treated Manningside - One St P all acute - discharged recovered from last Nov 19 Since then living with cousin in Dublin - in good physical health. Constantly occupied and apparently well - Since reading of Whitely's murder - patient has been for the last few days her prayers have been of a most and she has had delusions of suspicion - that she was written of in the newspapers and on boards wall Menopause doubtful. Patient is not supposed has been very sleepless & taking sleeping powde

Family history. Mother died of cancer - father of paralysis
Brother died of heart disease - Sister of consumption

Condition on admission

Physical

Well-developed woman with grey hair, blue eyes
Fresh complexion, mucous membranes healthy, tongue
clean - teeth defective

Heart and lungs present no physical signs of disease
Pulse 78 regular vessel walls slightly thickened thus
No abnormalities to be noted in abdomen

Menopause - nothing could be ascertained from patient
The pupils are equal and regular & reacting normally to light
Urine 1025 acid - slight deposit of urates - no other
abnormal constituents - The deep reflexes could
not be ascertained

B. Mental

Patient is in a state of religious exaltation, manifested
externally by her standing in an attitude of adoration with
eyes half closed and hands clasped - refusing to speak
or to be touched because she is a special vessel
of the Lord. She could not answer questions but
murmurs that she is married to Christ and
is commanded by God not to enter bed - not to
eat - or to be taken by human hand -
She refuses food - sleeps badly, standing all night
her habits are cleanly

March 5 Patient yesterday was much more coherent - saying she had had a bad attack of 'flu' - was now better - took food well dressed & went into Talbot - still manifests religious delusions. S.H.P.

March 12 Patient again wholly given over to religious delusions - thinks Christ - refusing to eat saying she and Lady Brabazon led Artfully 9th or 10th March S.H.P.

March 17 Patient again free from excitement but kept in bed as feet much swollen from constant standing S.H.P.

March 24 Patient now out of bed - improving slightly S.H.P.

3057 Gertrude Klein Englis

Adm. March 5 1907 Female, 35 single, daughter of missionary, Ch of Eng
D.D. Cpnd March 6 1907 Religious residence Lahore Not first attack age on first 23. Previously treated Lahore. Present attack 2 Last twelve mths Eng 1906 Supposed cause Enteric fever Not T. S. Likes Ricks and Snakes

First certificate She is an unruly excitable condition when plied with questions She vanishes off at a tangent quite irrelevant chiefly her name from England to Ireland. She gives me a full account of her unmanageableness on board ship when she slipped her bunk threw boys & clothes overboard called the captain names. Her explanation of her behaviour is rebellion of her Scottish blood. She accuses Dr Scharlieb of leading a conspiracy against her for defamation of character

5.3.07 F. C. Horne
Second corroborates Eghaven
H. S. Hodgson
Chertsey

Previous history (Mrs Scharlieb) Only daughter of missionary - had diphtheria 1898 - typhoid fever and dysentery on appointment for 9 months - did then fairly well and enjoyed. Has been educated well educated 2/1905 in England at Cranmore College near Weybridge & not specially excited. Became restless irritable disobedient & seemed to get out of hand. Became secretive & deceitful & would tell lies about trifles. Was under Dr Scharlieb from February - June 1906 & under Dr Rennick Returned to India 1906 - March 1906 excited again - making endless plans to go to young men accused nothing of a startling - talked fluently & eloquently about trifles - Threatened Gerghaven March 1906 - Necessary to send to England obtained - to Gerghaven 13/3/06 for Bombay 28/3/06 Peaceable fair voyage and very tractable -

Physical Condition on admission

Gall. III Patient is a fairly well developed girl with fair
Ht 5 ft. 5½ in hair short in front fair complexion blue eyes mucous membrane
Wt. 9 st. 9½ Leathy, complexion clean teeth fair - tonsils showing slight follicular tonsillitis on admission (Patient thinks throat has always been weak)

Heart and lungs show no physical signs of disease Pulse 78 regular in rate & rhythm Vessel wall healthy Tension medium The liver is palpable at the lower level of the ribs & extends to the 4th right intercostal space - Patient thinks that she frequently suffers from "Liver."

Sel 350

Catamenia is said to be normal at present - last period over three days ago. Patient has had amenorrhoea for months (June - to six) on several occasions - last 1905 - four months. The spleen is not enlarged -

There is a slight tenderness to spinal percussion - (dorsal to right) and patient complains of pain all up the back. There is slight tenderness on palpation -

The pupils are somewhat dilated - react normally to light & accommodation are concentric. The deep reflexes are active superficial reflexes healthy no anomalies of sensations Patient can touch extends fingers & toes

Urine 1016, pale straw acid - no albumin or abnormal deposit.

B. Rentoul.

Patient is much excited, restless cunning and unco controlled She stores all manner of rubbish cheese bread &c in her pockets, and has lost all refinement of habit eating gum chapping her fingers and waving her hand to the gentlemen dining in hall. She has to be kept apart as much as possible from the other patients as she talks to them unknown and occasionally punches them. She is unoccupied except for showing us possessions about on pretence of arranging them and then refusing to replace them -

Patient enters readily into conversation and talks freely of her actions in India and at home. She states that Major Davis one object was to annoy her and that he sent her away from a dance (Mrs Wyam - in whose care she was for some time) to whom she was engaged. On the way home patient admits that she told the captain "the life of a dog" she was noisy and used to throw boys &c. overboard - This behaviour she states was partly to be accounted for by the fact that she was menstruating during the first half of the voyage. All manner of men have been home with her - she was engaged to Clarke in India and got engaged to a naval officer on the way home Abbey Bond P.D. Gourlay Phillips
Patient behaved pretty well

Mary Jackie Herron.

Apl March 6 '07 Single 31 Nil Camb: Nurse, Ch of Eng. Previous
U.O Apl 5 '07 address 10 Cuthwood Lane Highgate N. Present address as above Not previously visited. Severe symptoms during past 10 days. Supposed cause - sudden Loss of mother. Not likely to become suicidal. Not shown any symptoms at present Not at present dangerous

Lord certificate Labouring under much excitement - begging me to kill her - she could not bear it "it must end" - eliciting from her that persons in the house had pumped horrible gases into the room to annoy her: that persons had entered her room the previous night & "examined" her with the object of doing some unknown operation: she asserted she was drugged & made unconscious: she knows that everybody points to her & looks horrid" at her in the streets.

5-3-07 Rainford F. Hill

Second corroborates —

Family History Father is in an Asylum

Previous History per D. Smith Patient's mental attack has started only 10 days since her mother's death which was a great shock to patient she has been living with an eccentric brother - patient travelled throughout the S.A. wars and is supposed to have suffered from over work etc - All brothers (nine) are most eccentric.

Condition on Admission A Physical

Tall. Well Patient is a tall, well developed, well nourished woman with dark hair and eyes, sallow complexion, mucous membranes pale, tongue clean, teeth fair.

WNL. The head and lungs present no physical signs of disease. Pulse regular in rate & rhythm. Vessel walls healthy - tension normal.

WNL. Glycaemia said to be normal -

WNL. The pupils are concentrically dilated react normally to L.A. skin flexion & conjunctival. The deep reflexes are slight & not easily exaggerated. The superficial reflexes healthy

Urine 1018 acid, no albumin or abnormal constituents.

B. Mental.

Patient is in a state of nervous depression - her expression is somewhat dejected and her manner nervous - when shaking she suddenly closes her eyes and presses her hand to her head She readily enters into conversation and attention and memory are good She attends well to dress and person.

Patient stated that at night she is tormented by dreams She hears voices making horrible suggestions to her and she thinks she has been visited by persons who have examined her for unknown purposes last night patient came out of her room in great agitation saying to the night nurse "What are they doing to me? I am not dead I know what it means"

She states that she has never had hallucinations of sight

Patient takes her food fairly well but sleeps badly.

March 13 Patient has been refusing food for the last few days alleging evil smells - on the was yesterday ordered to Hall III. She still has constant hallucinations of hearing and alleges malpractice upon herself by people coming into her room at night. S.H.P.

March 16 Patient had to be removed to Hall III. March 16 as she was constantly tiring and washing alleging that the room smelt of drugs (says she has been accused of sucking a dog -) She has constant hallucinations of smell, hearing - believes that her medicine is in many some part of the throat - S.H.P.

March 17 Patient today told a nurse that she had swallowed one eye Suicidal caution of spoon (tea) and two needles - Suicidal caution observed and patient kept on semi fluid food. S.H.P.

March 20 Lunacy recovered (in small bits) and have faces again.

March 27 On March 24 patient who was in dining room took her pillow slip - tied one end round neck the other round bed post & was attempting hanging by leaning weight on when discovered - now in bed. Being closely watched S.H.P.