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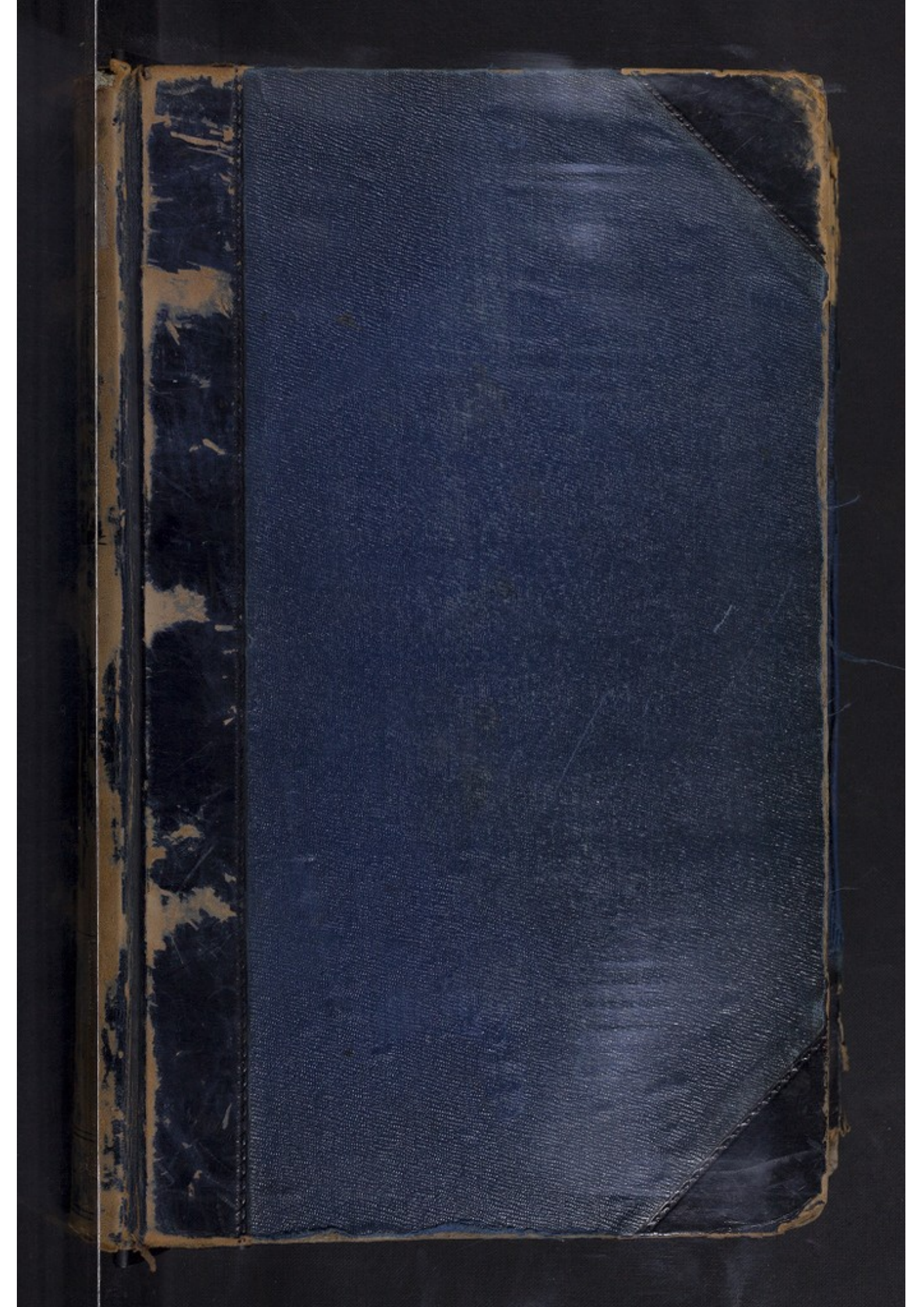

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A C D E F G H I K L M M N O P Q R S T U V W

DGHI/5/21/3/1

Erie

× Askew, J. 55. — 1st Ho — Died.
× Arnold, K.W. 175 - 842 — Died.
~~Anderdon, J. 195.~~ — Died
× Aitchison, J. 263. — ? — Died
× Armstrong, E. 359. — ? — Dead
× Ambrose. D. McB. 619 — 7. A — su Vol X.

1989·87

~~Brodie, J. 39~~	Died	
~~Beatson, T. 63.~~	Died	
× Blackwood, H. 75.	?	Died
× Burke, J. 143.	? CCB	Dead.
× Burnie, A. 151.	?	Died.
~~Beck, R. 159.~~	~~Died~~	
~~Bell, W. 243.~~	Died	
~~Brown, W. 319 dead.~~	Died	
~~Bell, J. 411.~~	Died	
~~Black, J. 415.~~	Died	
× Barring Jnr. 431	1st House	
~~Bryan, T. 443~~	Died	
~~Brown, R. 451~~	Disch	
× Barker, C.E. 511. 833.	1st Hp.	
~~Brown, Jn. 631.~~	Died	
~~Brown, Jas. 677.~~	Disch	
× Black, Ahd. 693., 800 874	?	Dead

~~Cornwall, Walter S.~~	~~17.~~	Died
~~Cottrell, Rex~~	~~115~~	Died
~~Currie, D.~~	~~131~~	Died
~~Crockett, R.~~	~~139~~	Died
~~Clarke, W.~~	~~165~~	Died
~~Caldwell, J.~~	~~167~~	Died
~~Crosbie, G.~~	~~171~~	Died
~~Crawley, A.~~	~~259. 839.~~	Discfv.
~~Carruthers, E.~~	~~417~~	Died
~~Carlyle J.~~	~~487~~	Died
~~Canning J.~~	~~571~~	Died
~~Cairns R. H.~~	~~587~~	Died
× Crumpton. W. J.	635. 785. 790. 806	1st Ho
~~Cason. J.~~	~~664~~	Died
× Caven. J.	685.	C.C.B.

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

See also CRI Vol 3 p 188 No 184 and SCA Vol 1 p 209 no 22

~~Dalziel, James~~	~~5~~	Died	
~~Dufton, W.T.~~	~~267.~~	Died	
× Davidson, R.	287.	? C.E.C	Dead
~~Dickson, R.~~	~~299.~~	Died	
~~Duff, J.~~	~~335.~~	Died	
× Durand, A.	351.	1st Ho.	
× ~~Duff, W.~~	~~355.~~	? 7.A	Died
~~Docherty, P.~~	~~363.~~	Died	
~~Dixon, W.~~	~~403.~~	Died	
~~Dickson, H.~~	~~427.~~	Died	
~~Dick, D.~~	~~435~~	Died	
~~Dykes, D. S~~	~~531.~~	Died	
× Douglas, T.	705.	? 7.A.	Dead
~~Douglas, J.G~~	~~737.~~	Died	

~~Edgar, D. 79.~~ Died
× Erskine, C. 295. ? Dead.
~~Eno, J. Jackson 399.~~ Died

~~Fisher, J. 35.~~ D 1 Schg
~~× Finch, W. 111-829~~ ~~1st Ho.~~
× Fyfe, W. 211 1st Ho
~~Falcon, R. 239~~ D Ied
× Faulds, G. 251 ? Dresd.
× Forbes, A. 347 ? 7 A
× Flarmigan, W. 459 ? 7 A
~~Farish, W. 475~~ D Ied
~~Forrest, D 507~~ D Ied

×	Graham, Robert g.		?	Dead
×	Gourlay, S.	183	?	Dead
×	Graham, J.	207	?	Disch.
	~~Gaw, G.~~	~~235~~	~~Died~~	
×	Gray, J.	331	? C.C.C.	Read.
	~~Gibson, R.~~	~~367~~ 820	~~Disch~~	
×	Grierson, J.	387	?	Dead.
×	Granger, G. W.	439	1/81 Ho.	
	~~Galloway, J.~~	~~567~~	~~Transf~~	
×	Gemmell H. A	627	C.C.B.	
	~~Gibb H. D.~~	~~671~~	~~Died~~	
	~~Grubbe S. J.~~	~~701~~	~~Disch~~	
	~~Gracie S.~~	~~711~~	~~Transf~~	
×	Gray. W.	773	?	Disch.

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

× Hogg, H. 107.	?	Dead
× Hogg, D 123.	? C.C.B	Died
~~Harkness, J. 231.~~	Died	
× Henry, J. 271.	?	Vol XI p 39.
× Hill, J. D. 279.	?	1st Ho
× Hairing, J 291.	?	Died
~~Herriot, J. 339. 824~~	Died	
× Hepburn, J. 395.	? F.A.	✓
~~Hiddlestone J. 483~~	Died	
× Halliday. J. 503	?	Died.
~~Halliday. A. 515.~~	Died	
× Hird. J 555. 835.	?	Died
~~Hair. R. 651.~~	Died	
× Hodgson. J. 681. 837.	1st Ho.	
~~Houston. T. 697.~~	Died	
× Home W. 709	?	Died.
~~Hughan A. M. 718~~	Disch	
~~Hall. J. 745.~~	Died	
~~Hector. J. 757. 776~~	Died	
× Hill J. 765.	?	Disch
× Homan. B. S. 769.	?	Disch

~~Johnstone, James. 1 Died~~ ~~Irving I. 491~~ Died
~~Jackson, J.O. 399.~~ see Inv × Irving. I. 551 ? 7A
× Johnstone I 519 ? Died
~~× Johnstone. W. (Prisoner) 513. 603.~~ 7A Sch Rel
× Johnstone. W (Private) 603. 7A ? Dead
× Jackson. I. 659. ? Died.
Irving George 551. Died.

Kilpatrick, J. 219. CCB Dieb

~~Kirkpatrick N. 471.~~

Kennedy. A. 547 ? Dieb

Kennedy W. 583 27A V

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

× Laing, James.	21	?	Died.
~~Lloyd, Gruffydd Clayton.~~	~~31 . 825~~	~~Died~~	
~~Lock, C.R.F.~~	~~71~~	~~Died~~	
~~Larkworthy, A.~~	~~247 . 818~~	~~Died~~	
× Little, A.	283 ~~886~~	? I A	Died.
× Lorimer. D	579 812	II Ho	
× Little. A.	643. 888	? 7.A.	✓
~~Lyon. R.~~	~~713. – 792~~	~~Disch Rel.~~	
~~Livesey. N.~~	~~721~~	~~Disch~~	

~~Munro, P.B.~~	~~43. 787.~~	~~Died~~
~~Maxwell, W.~~	~~88.~~	~~Died~~
~~Mein, D.~~	~~87~~	~~Died~~
× Morrison, G.	163 831	1st Ho.
~~Morgan, D.~~	~~187. 841~~	~~Died~~
~~Morran, A.~~	~~199~~	~~Died~~
~~Murray, W.~~	~~203~~	~~Died~~
× Moffat, E.	223	? Died
~~Monro, W.~~	~~303~~	~~Died~~
× Melbrum, J.	311	? Died.
~~Maitland, J.~~	~~323~~	~~Died~~
~~Maxwell, J.~~	~~527.~~	~~Died~~
~~Milroy, J.~~	~~591.~~	Transp.

	~~Macdonald, William~~	~~27.~~	~~Died~~	
	~~Macanally, J.~~	~~179.~~	~~Died~~	
×	McClymont, J.	194.	?	Died,
×	MacGill, W.	304	?	Died
×	MacLean, D.	315.	?	Died,
	~~MacDonnell, J.~~	~~379.~~	~~Died~~	
	~~Mc Coll. J.~~	~~479~~	~~Died~~	
×	Mc Cubbin. S	499	? 7 A.	V
×	Mc Culloch. R.	599.	? 7 A	V
	~~Mc Kinnell. W.~~	~~659~~	~~Disch~~	
	~~Mc William. J. M.H.~~	~~725.~~	~~Disch~~	

M
N
O
P
Q
R
S
T
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V
W
Y

~~Nicholson. R. 563.~~ ibid

× O'Hare J. 423 ? ccc ✓

O
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W

✓	Paterson, J.	275	? Dead.
	~~Proudfoot, J.~~	~~147~~	~~Died~~
✓	Proudfoot, R.	455	! T.A. ✓
	~~Peel, M.~~	~~463~~	~~Died~~
	~~Peel W.~~	~~559~~	~~Transf.~~
	~~Porteous H.~~	~~575.~~	~~Died~~
✓	Proudfoot. J.	749.	T.A. ✓
	~~Parks. S.~~	~~761~~	~~Died~~

P
Q
R
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T
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V
W
X

Q
R
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W
X

~~Radcliffe, G. 47. 876~~ Died
× Richardson, J.B. 99. 827. 840. Roxburgh.
× Robson, A. 103. ? Died.
~~Roxburgh - Archibald 467~~ Died
~~Renfrew. J. C. 523~~ Died
× Russell. J. (See Vol. II. p. 191). 675. Vol II

~~Stroyan, E. 67.~~ Died
~~Simpson, R. 91~~ Died
~~Stewart, W. 95~~ Died
× Sinclair, W. 127 ? Died.
× Steel, J.P. 327. 851 1st Ho.
~~Smith, W. 371~~ Died
× Somerville, J. 375 ? m.H Died
~~Storey, J. 383~~ Died
× Sim, J. McD. 623. [illegible] ? Disch.
× Stevenson, J. 647 ? [illegible]
~~Steers, J. 655.~~ Disch

×	Toward, Wm	51	?	Died
×	Thomson, R.	215 816	?	F.A.
	~~Todd, J.~~	~~227~~		Died
	~~Thorburn, J.~~	~~391 · 793~~		Died
×	Tweedie, J.	495	?	ccc Died
	~~Thomson W.~~	~~535~~		Died
	~~Turner, J.~~	~~595~~		Died
	~~Thomson A. C.~~	~~663~~		Died
	Toul, J.	733		C.C.B.
×	Tolmie, A. D.	753		1st Ho

~~Vavasour Edward 13.~~ Died
× Veitch, A. 407. ? C.C.B.

~~Williamson, H.~~	~~59.~~	Died	
~~Walker, R.~~	~~135~~	Died	
× Wells, W.	255	?	Dead.
× Wilcox, H.	343	1st Ho.	
× Williamson. R.	539.	?	Dead
~~Wright H.~~	~~607~~	Died	
~~Watson. J.~~	~~611~~	Died	
~~Wilson. J.~~	~~639~~	Discty. Rec.	
× Re Willison. A. S.	729. 783-786	?	Disch,

× Yeoman, D 119. ? Dead.

~~Young, J. 117.~~ Died

~~Young, R. 615.~~ Died

1

NAME, James Johnstone No. 10

Admitted, 27 March 1840 Pr. Ad.

Sex, Male Age, 40 Marriage, Single Occupation, Merchant

Education, Religion,

Private or Pauper, Private Where from? Kirkcudbright

HISTORY.

Condition.

Disposition Great quietness of disposition

Habits Retired

Previous Attacks—No. First attack Kind Fatuity

Duration 16 years Where treated Glasgow Asylum

Hered. History—Insanity No relations insane but father Eccentric (& Family epileptic)

Other Diseases

Predisposing (?) Heredity (from father)

Exciting Disappointment in business

Symptoms. First.

Mental Fatuity, retirement & taciturnity have always characterized the disease

Bodily

Recent.

Mental Seclusion from Society, inactivity & quiet have been the prominent symptoms of late

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Fifty-Six years

Other Facts or Remarks Since admission little change has occurred in his mental state, though occasionally there were sudden outbursts of excitement of which the usual cause was the deprivation of tobacco - In 1852 he had an attack of transient Hemiplegia which left no bad effects - In 1858 Strofulous suppuration of the glands of the neck occurred

Facts of Medical Certificates That he is in a state of Lunacy & a proper person for admission into an Asylum

NAME James Johnstone

STATE ON ~~ADMISSION~~. 1st Nov. 1881

Mental.

Exaltation

Depression

Excitement

Enfeeblement Takes no interest in his surroundings; there is general weakening of mental power. Rarely speaks except for tobacco

Memory Much impaired

Coherence Impaired Can answer questions? Sometimes; a few simple ones; but is generally incoherent

Delusions

Other Abnormalities

Bodily.

Appearance Is bowed from Spinal curvature; Expressionless features

Skin Wrinkled & Sallow Hair & beard grey

Eyes Right External Strabismus Pupils Equal & contractable to light

Muscularity Enfeebled Fatness He is thin

Nervous System—*Motor* Is generally enfeebled, the gait is shuffling and articulation of words indistinct

Sensory General Sensibility diminished

Reflex Action Fairly good Special Senses Sight impaired, others fairly good

Retina

Lungs Healthy respirations 18 per min.

Heart The Cardiac action is feeble from age, no organic lesion

Tongue Red, moist, & clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. He has posterior incurvation of the spine from age

Appetite Moderately good

Urine S. G. 1012 Pale, alkaline, no albumen nor sugar

Menstruation

Pulse 80 per min. feeble but regular Temp. 97.4. 10. a.m.

Height 5 ft 3 in Weight 10 Sts

Disease Dementia *Skae's Classification* Senile insanity

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									yes

NAME, James Johnstone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2·3·85.		97		76	142	This patient's case has little to record about it. He is completely demented. He has no wishes or desires beyond a craving for tobacco. He never speaks except to ask for "some baccy;" which he receives without gratitude and in ten minutes he will ask for more. He eats and sleeps well.
1-1-86						Although demented to a considerable extent he is nowhere by no means devoid of intelligence or of interest in his surroundings as last noted. Indeed the contrary is the case. He is much concerned not only with his own affairs but also with those of his neighbours. At times he is subject to attacks of mild excitement during which he lodges numerous complains against other patients and against his detention here trasting of his business capabilities. He is extremely jealous of attentions paid to other patients and labours under delusions of suspicion with regard to some of them. Following his exaltation & talkativeness comes a period of depression & this is succeeded by a long interval of comparative mental health during which dementia is the only feature noticeable. He is a willing & most conscientious & painstaking household worker. His garrulity is one of the most troublesome points of his illness.
18·2·86.						Since last report (2·3·85.) there has been little apparent change in the bodily & mental condition of this gentleman. He never speaks, refuses to answer questions. He is considerably stooped and has been so for many years. He is fond of chewing tobacco but does not use much, he takes a long time to chew a very small piece. He walks in the airing court never goes into the grounds. He eats and sleeps very well.
18·4·86.						Mr. Johnstone remains much the same. He has not grown apparently feebler for a long time. He walks about the airing court daily in fine weather — He does not

Note. This entry does not refer to James Johnstone. No 10.

NAME, James Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						care about going into the grounds. He is fond of a ~~smoke~~ chew, and takes it good well.
1-7-86						There is no change to report in this case.
14-9-86					127	No change.
14/12/86					127	
14/12/87					129	Mr. Johnstone enjoys wonderfully good health considering his age. He goes to bed immediately after tea, but is one of the earliest risers in the house. He never speaks.
12/2/88						Mr. Johnstone appears to have had a slight attack of left hemi-plegia today: his features are slightly drawn to the right side, but his walk is unchanged. For some weeks he has been looking frail.
30/3/88					129	Mr. Johnstone is going about in his usual way. He has no wants when supplied with a chew of tobacco.
21/4/88						Mr. Johnstone has gradually become so feeble that he cannot walk without assistance. He has been kept out of bed as long as possible, but he was unable to get up today. He is losing control over his bladder, and his feet and legs are much swollen. He is taking his food well. Whisky ~~3iv~~ has been prescribed.
3/5/88						Mr. Johnstone gradually grew weaker. He could not be kept dry, and bedsores formed. He took his food pretty well until this morning, when it was evident that he was sinking fast. His death was hastened by an attack of bronchitis with hypostatic congestion of the lungs, but was really due to senile decay.
						Died this evening

NAME, James Dalziel No. 22.

Admitted, 14 August 1842 Pr. Ad.

Sex, Male Age, 33 Marriage, Single Occupation, Blacksmith

Education, Religion,

Private or Pauper, Pauper Where from? Moniaive

HISTORY.

Causation.

Disposition Distant & reserved but pretentious

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Nervous temperament. It is doubtful if his mind has ever been perfectly sound, stable & of a healthy tone

Exciting Disappointment in business

Symptoms. First.

Mental Elevation & excitement of mind. Stated that he had lost all moral influence in the district; that he was "nobody" now; that he had been deputed by his [Majesty to rule in his own vicinity,

Bodily

Recent.

Mental Excitability; irritableness; Delusions e.g. that people wished to poison him; hallucinations of sight e.g. said he was surrounded by fire (pointing around him)

Bodily He lost flesh rapidly after the invasion of the malady

Insane Habits and Propensities Was troublesome with his food as he considered it poisoned

Suicidal

Dangerous Sometimes as he considered many to be Fairies, Giants &c come to injure him

Duration of Existing Attack 4 weeks before admission

Other Facts or Remarks On admission he was in a state of violent excitement but would not speak. When this subsided he was moody, morose &, when provoked, dangerous. He continued in this state 4 years when he joined a working party & worked well till laid aside in 1847 by an attack of Nephritis from which soon recovered & resumed work. After 30 years residence he was still morose & irritable but speaking to certain persons freely. He then showed signs of passing into Dementia & in 10 years more is reported as quite demented; still sullen & reserved but a good worker.

Facts of Medical Certificates That he is in a state of Lunacy and a proper object for admission into a Lunatic Hospital

NAME James Dalziel

STATE ON ~~ADMISSION~~. 6th May 1885.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Takes little notice of what passes around him; never speaks unless spoken to; expresses no desires or wishes; & his memory is bad

Memory Impaired. States that he has only been here 8 days when it is 4 3 yrs

Coherence Impaired Can answer questions? Yes, if simple.

Delusions

Other Abnormalities He is moody and irritable, upon slight provocation.

Bodily.

Appearance Moderately well nourished. Florid complexion.

Skin Hyperaemic on nose & face Hair, Scanty - grey.

Eyes Blue. Pupils Small - equal.

Muscularity Moderately good Fatness Moderate

Nervous System—*Motor* Functions moderately good.

Sensory Functions fairly good.

Reflex Action Good. Special Senses Good for his age.

Retina

Lungs healthy. Respirations 16 per. min.

Heart Apex beat 1½ in. directly below nipple. Heart sounds healthy.

Tongue Clean, moist, red Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. In the right supraclavicular fossa, there is a pulsating swelling, about the size of a walnut, of firm consistence apparently connected with the subclavian artery. The right external jugular vein is enlarged. Brachial arteries tortuous.

Appetite Good.

Urine s.g. 1020. acid. pale yellow, clear. No abnormal constituents.

Menstruation

Pulse 66. regular of good strength Temp. 98° Fh. 10·35 p.m.

Height 5 ft. 5¾ in. Weight 136 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Moderately good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME. James Dalziel

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8·6·85		982		75	135½	Is quiet: takes little interest in anything: goes out daily to work with the garden squad and does a certain amount of work in a listless mechanical way. Is irritable, and when spoken to, does not answer or answers in short and surly tones. His bodily health is fairly good.
6-1-86						Irritability and crossness continue. No kindness can ingratiate one with him: he repels all advances and is apt to be violent. At times he expresses delusions of suspicion. His physical condition in spite of his age is excellent & even in the worst weather he is with difficulty kept from garden work, although the amount he actually does is limited.
Sept 4. 1887						This man is now a quiet old fellow who has not lately been excited - does his work quietly & mechanically - has a bottle nose & red cheeks - eats & sleeps well - never grumbles takes very little notice of any one & likes to be left alone - He goes out & works with the squad - He is demented.
Jan 3. 1888						This old man was vomiting yesterday but is now better. He sleeps most of the Sunday. Is irritable if asked questions
March 30th 1888						Still irritable & unsociable - works in the garden - quite demented - no change.
June 20 1888						Much the same - works in the Garden
10 Octr. 1888						Mildly excited at times & is irritable if interfered with or spoken to -
18 Decr.						This old man has a mahogany-colored face & is in a state of dementia with excitement at times, & irritability if touched.
30 March 1889						He is still quiet & irritable; shews no change whatever
1 July						This old man is in his usual health - He is still irritable
10 Septr.						He still works out of doors

NAME, James Dalziel.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
15 Novr 1889						He continues to work outside & shews no change mentally. His bodily health is fairly good.
21st March 1890						He is in bed to-day, his ankles being edematous & his general health being not quite so good. There is a mitral - Systolic murmur, at least the murmur is heard most distinctly in & around the mitral area, but it is also heard well over the Right Ventricle. It is not conducted up the great vessels.
June 21st 1890						Yesterday he had a seizure which was most probably slight apoplectic - breathed stertorously. Was a purgative + stimulants. Cough came on trouble some sometimes & Cough mixture was given which gave relief. His blood vessels are showing atheromatous
June 25th						Died - of old age - at least had hypostatic pneumonia. Resided 45 years in the Institution

9

NAME, Robert Graham (S.C. A. Vol VII 401) No. 14
Admitted, 24 March 1843 Pr. Ad. 6 april 1841
Sex, Male Age, 23 Marriage, Single Occupation, Surgeon
Education, Religion,
Private or Pauper, Private Where from? Canonbie.

HISTORY.

Condition.
Disposition Bashful and reserved.
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Overstudy.

Recent Symptoms. First.
Mental
Bodily

Recent Symptoms.
Mental Wandering about and staying out all night. suspicions that he was stared at & scrutinised by strangers & that his thoughts pass out of his head without his will
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack 2½ years.
Other Facts or Remarks During the latter part of his residence here this patient had the delusions that his thoughts escaped like rays of light from the top of his head. He frequently injured his scalp by butting his head against walls. and was in the habit of stripping himself naked. Latterly he has become more demented, though still having the delusion that there were serpents inside him He has had Haemorrhoids and Prolapsus Ani
Facts of Medical Certificates That he is of unsound mind and imbecile.

NAME Robert Graham

STATE ON ~~ADMISSION~~ 15th Dec. 1884.

Mental.

Exaltation

Depression

Excitement Slight chronic excitement

Enfeeblement There is general mental enfeeblement. he cannot remember recent events and takes no notice of what goes on

Memory Very poor Cannot tell the day of the week or his own age.

Coherence Can answer questions? Yes.

Delusions states that serpents follow him and are in his alimentary canal.

Other Abnormalities

Bodily.

Appearance Slightly built.

Skin dark Hair brown

Eyes brown Pupils of average size.

Muscularity moderately good Fatness moderately good.

Nervous System—*Motor* functions normal

Sensory functions normal

Reflex Action average Special Senses of moderate acuteness

Retina

Lungs Sounds healthy; respirations. 18 per min.

Heart's action feeble. cardiac sounds healthy.

Tongue clean. red, moist. Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c. he suffers from internal haemorrhoids and prolapsus ani.

Appetite good.

Urine s.g. 1016. acid. pale yellow colour: contains no unusual constituents.

Menstruation

Pulse 86 feeble. regular. Temp. 97.2° 9.45 pm

Height 5ft. 8¼ in. Weight 141 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							yes.	yes.

11

NAME, Robert Graham.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85		97.2		70	142.	There has been no change to report in this case. He has the delusion that there is a serpent inside his body and that it protrudes itself through his anus (he has prolapsus ani) and he has to push it back.
1-1-86						This delusion continues. At night he is seen to seem stamping his feet on the floor as if to destroy the reptile. His mental infirmity is extreme. He states that he has been here only 2 years. When asked to feel the pulse he put his thumb on my thumb & said he thought that was the place.
5.5.86						He is much demented. His bodily health is poor
18th Dec	1887.					R. G. sits with the night watch & never speaks. He is a most peculiar fellow - He sleeps in his chair in wh. he always sits with his head bowed & looking at times from under his eyebrows. He is thin & pale. eats uncommonly well - Still has the delusion about serpents wh. he sees at times ~~once~~. He saw a model of a serpent one day carved by an attendant & became very much excited - quite wild.
Jan 3. 88.						Stice has the same state delusions. Looks unhealthy but eats & sleeps well.
March 30	1888					At times rubs the serpents off his legs or starts away from one near him Rubs the skin off his head against the door post - mutilates himself - is very fond of whiskey. Still helps the night watch.
June 20.	1888					This man is still on night duty - He shews no alteration in his mental state.
10 Oct						R. G. is getting thinner so is no longer on night duty.

NAME, Robert Graham

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 Decr						This old man is a mere skeleton. & is confined to bed. placed on milk offs, beef tea, port wine by day & milk & whiskey at night. It is simple weakness - his face has been swollen & he has had Erisypelas of it.
19 Do March 1889						This man is much stronger. He is able to be out of bed & to go about, as usual.
1 July 1889						He still rubs & scratches the skin off his head & is a perfect sight.
10 Septr						He rubs "the serpents" off his legs & the seals now & then.
15 Novr						Continues a demented fellow with hallucinations of sight.
7th March 1890						Some Emphysema. Knee Jerks, Triceps & Wrist Jerks exaggerated.
10 May						no change.
12 August						He is now in the 3rd Division & still rubs the serpents off his legs; also picks his skin.
1 November						Not any different mentally - he is still full of hallucinations.
11:2:92.						He is in bed and feeble & weak. his arteries are very atheromatous. Still picks at his skin.

Died 8/4/93.

13

NAME, Edward Vavasour No. 13

Admitted, 16 May 1843 Pr. Ad.

Sex, Male Age, 28 Marriage, Single Occupation, Gentleman

Education, Good Religion, Roman Catholic

Private or Pauper, Private Where from? Yorkshire

HISTORY.

Condition.

Disposition Religious but amiable in mania

Habits Studious

Previous Attacks—No. Kind

Duration Insane for 5 years Where treated In Irishmen Asylum Kent

Hered. History—Insanity On Mothers Side an { for Sometime

~~Other Diseases~~ uncle a Monomaniac, a Younger brother insane

Predisposing Heredity

Exciting Thought to be overstudy

Symptoms. First.

Mental A sudden development of devotional feeling and retirement from the world to the world in which he was Educated

Bodily

Recent.

Mental Pride and Violence

Bodily Constipation & Haemorrhoids

Insane Habits and Propensities Violence & great irritability

Suicidal No

Dangerous Yes

Duration of Existing Attack 46 years

Other Facts or Remarks Has attempted to murder his father & a priest in whose house he was staying. Some years after admission he was subject to frequent attacks of excitement during which he assaulted everyone who came within his reach. Of late years these outbursts have become rarer and now are never seen. He has sunk into a State of dementia

Facts of Medical Certificates That he is in a State of Fatuity.

NAME Edward Parsons

STATE ON ~~ADMISSION~~. Nov.r 1st 1881

Mental.

Exaltation: Has exalted ideas of his own dignity & speaks of having great power. E.g. to kill 10,000 people in a morning

Depression:

Excitement:

Enfeeblement: He is in a state of secondary dementia, mutters incoherently to himself; vacant expression of face, wanders about his room aimlessly

Memory: Much impaired

Coherence: Impaired Can answer questions? Not coherently

Delusions: Has delusions as to strangers, calling them by titles & says he has been in Constantinople this morning & seen the Czar

Other Abnormalities: He asks questions in an incoherent manner but pays no attention to the answers

Bodily.

Appearance: Gentlemanly, has a stoop in his back

Skin: Healthy Hair & beard White

Eyes: Arcus Senilis only slight Pupils Equal & contractible to light

Muscularity: Fairly good Fatness Moderate

Nervous System—*Motor*: Has a shuffling gait, Can play the piano fairly well. There is weakness of bladder & Rectal Muscles causing occasional involuntary micturition & defaecation

Sensory: General Sensibility is diminished

Reflex Action: Slow Special Senses: impaired

Retina:

Lungs: Has a winter cough, Dry wheezing Bronchi are audible over the upper parts of the Chest, no sputum

Heart: Cardiac, first Sound, Weak

Tongue: Red & Moist Bowels: Constipated & always require purgatives to move them

Other Organs, Abnormalities, Bruises, &c.: Suffers from internal Hemorrhoids which have existed for many years

Appetite: Fairly Good

Urine: Sp. G. 1022 light yellow faintly acid reaction no albumen

Menstruation:

Pulse: 72 feeble & regular Temp. 97.8 10 a.m.

Height: 5 ft 8 in Weight: 10 st 11 lb

Disease: Secondary Dementia *Skae's Classification*: ? Hereditary insanity of adolescence

General Bodily Health and Condition: Feeble

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								yes	yes

15

NAME. Edward Vavasour.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
2·3·85		98·	74	78	151	Is demented: he is incoherent: when saluted with "Good Morning" he usually wanders off into a string of incoherent sentences about killing thousands of Turks or being a Pope or a great painter and never rarely returning a sensible answer to a question. He is of uncleanly habits. He eats moderately well. The bowels are sluggish and require to be moved twice a week by Aloins gr XII-XIV He sleeps well at night and also takes "naps" frequently during the day. He is suffering at present from slight Bronchial Catarrh and is taking mx of Vin Specac t.d.s. in his Wine.
12·5·85.						He is cleaner in his habits of late especially at night. He has a special night attendant & by frequent raising of the patient to stool the bed has been kept dry & clean for a considerable time. He takes pills after each meal— Rf. Ferri Sulph gr 40 Ext. Aloes Aquos. 3ii - Terebaci q.s. Ft in pil 120. Of these he has been given 2 after each meal, this was found to be too large a dose as it kept the bowels loose. He now gets one three daily. —
18·7·85						To-day this patient was seen in consultation by Professor Chiene, Dr Scott and Dr Rutherford who discovered an epithelioma tumour partly surrounding the anus and discharging purulent matter freely. This tumour was stated by the attendant (Lennon) to have appeared externally two months ago, but as he considered it was only an increase of the piles he did not report it. Motion of. gr x Ferri Sulph. 3iv Tinct Opii and 3j Aq. was ordered to be applied to the anus.

NAME, Edward Varasour.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·8·85	96·9	98·1	82	84		This patient has become weaker since last report, the discharge from the tumour is still profuse. The bowels are moved by ℥ss. Ol Ricini administered every morning. The appetite is capricious; he usually nibbles away instead of making a hearty meal. A bedsore has commenced over the sacrum. It is treated with an air bed & Zinc Ointment.
1·8·85	98·2	98·4	84	90.		The increasing weakness of this patient becomes more apparent every day. His appetite is poor and he resists to his utmost any attempts to feed him. The discharge is not so profuse and the bedsore only increases slowly.
2·8·85	99		88.			This patient became much worse this morning at three o'clock, and became weaker and weaker until 10·20 dm, when he. Died.

17

NAME, Walter S. Cornwall No. 23

Admitted, 13 June 1845 Pr. Ad.

Sex, Male Age, 24 Marriage, Single Occupation, Exciseman

Education, Religion,

Private or Pauper, Private Where from?

HISTORY.

Connexion.

Disposition Quiet & retiring

Habits Religious and Contemplative

Previous Attacks—No. Kind

Duration Where treated Morningside Asylum for one year

Hered. History—Insanity

Other Diseases Scrofula in the family

Predisposing Masturbation

Exciting Excessive study

Symptoms. First.

Mental Depression of spirits

Bodily

Recent.

Mental Attacks of depression alternating with those of excitement & great irritability

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Occasionally

Duration of Existing Attack 42 years

Other Facts or Remarks After admission was subject to periodical attacks of excitement during which he was violent & dirty in his habits. For many years he has been becoming more & more demented. The mental enfeblement has increased without an occasional outburst of excitement. The memory and coherence of speech have become more impaired

Facts of Medical Certificates That he is in a state of Fatuity.

NAME Walter Cornwall

STATE ON ~~ADMISSION~~ 2nd Nov. 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement General Enfeeblement of mind, takes no interest in his surroundings. Does not mark the passage of time

Memory Bad, Says he has been only a week here when he has been 39 years

Coherence Impaired Can answer questions? no.

Delusions

Other Abnormalities

Bodily.

Appearance Skin and Sallow, Conjunctivae Yellow

Skin Slightly jaundiced Hair White

Eyes Arcus Senilis Pupils Equal & Contract Equally to light

Muscularity poor. Fatness Fair on body. Face & limbs thin

Nervous System—*Motor* The muscular power is generally Enfeebled

Sensory The sensibility of the Skin is blunted

Reflex Action Diminished Special Senses Enfeebled

Retina

Lungs The chest is indrawn at its lower part - The lung sounds are healthy

Heart Apex beat feeble, Cardiac Sounds weak

Tongue Coated with a whitish fur Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. Liver dulness diminished

Appetite Moderate

Urine S. G. 1025 - dark colour, acid reaction, Contains traces of bile pigment -

Menstruation

Pulse 68. Regular, feeble Temp. 97.1. 12.5. p.m.

Height 5 ft. 8 in Weight 9 St. 8 lbs

Disease Secondary dementia *Skae's Classification* Insanity of Masturbation

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. Walter Cornwall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4·3·85		98		76	134	Is demented. The memory and coherence of speech are impaired. The expression of the face is vacant. He only speaks when spoken to; is listless and apathetic & sleeps a great deal. His bodily health is feeble and he sometimes has mild attacks of jaundice.
13·5·85.						Mr. Cornwall is at present on a visit at Kirkmichael House. He is very well in bodily health & seems to enjoy the change.
16·12·85.						Mr. Cornwall continues much the same. His bodily health has been very good since last report. He derived much benefit from his visit to the country house.
17·4·86.						Mr. Cornwall has enjoyed very good bodily health since last report. During the cold weather he was confined to the house strictly, and now that the weather is warmer he has walks or drives daily. His mental condition is unchanged.
19·5·86.						Went to Kirkmichael.
1·7·86.						Mr. Cornwall remains at Kirkmichael. - He is just as reported above. His bodily health is pretty good. He has had no symptoms of Jaundice for a long time.
14·9·86.					154	
14/12/86					161.	
14/9/87					159.	
14/12/87					157.	No change to report. He is now in the Low East.
30/3/88					151	Mr. Cornwall has kept very well all through the winter.
20/7/88					148	Mr. Cornwall is quite demented. He never speaks except to answer simple questions in monosyllables. He has no interest in life. He is very thin and pale, but complains of nothing.
15/9/88					154	No change.
25 Feb 89						
23 April					149	No change.
July 30th 89.					149.	Has been pretty well all the summer. Is still in the Low East.
Sept. 30th 89.					149.	Remains the same as above. Has been well lately and has fairly good appetite now.

NAME, Walter Cornwall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 May 1890.						No Change. Weight Nov 1 1889 — Feb 1st 149 lbs.
15 Aug						Went to Hannahfield — In status quo.
Nov. 4th 1890.						Removed from Hannahfield today to High North.
28.4.91						He has been at Hannahfield for the last three months and returned to the Crichton to-day. He has kept very well during the winter. Is demented.
7.9.91						He is again at Hannahfield.
4.2.92						Still at Hannahfield & doing well.
.8.92						Mr Cornwall has been at Kinmount since May. he returned to Hannahfield to-day.
2.11.92						No change.
9.5.93						No change.
5.10.93						Has now gone back to Hannahfield after spending the entire summer at the Crichton
5/4/95			72.			Still at Hannahfield. Getting on very well, bodily. No mental change. appetite good. Pulse regular.
1/9/95.			78.			Very quiet. No change mentally. Is still at Hannahfield.
1/12/95.						Mr Cornwall is still at Hannahfield. He is very quiet. No change in his mental condition which is one of dementia
5th March 1897						Mr Cornwall remains much in the same condition both bodily & mentally. He is very quiet & happy at Hannahfield.
1st June 97.						Mr Cornwall still at Hannahfield & is much the same physically & mentally.
5th Nov. 97						
5th June 98						No Change in his condition.
Aug 1st 1904.						For last 59 years gradually becoming more senior enfeebled. Never done any work — required constant attention. Now at the Crichton. Feeble mentally & bodily. has to be dressed & undressed. no initiative. Eats & sleeps well.
Feb. 1st 1905						For last 5 mos. has been in low West in first house. Now showing signs of breaking up physically. Confined to bed.
" 23						Prostate enlargement. Constant urination.
Feb. 23. 1905						Much weaker, heart failing. Signs of basic pulmonary congestion.
Feb. 24. 1905						Died.

21

NAME, James Laing No. 20
Admitted, 12 December 1846. Pr. Ad.
Sex, Male Age, 20 Marriage, Single Occupation, Clerk
Education, Religion,
Private or Pauper, Private Where from? Dundee.

HISTORY.

Causation.
Disposition Proud and quiet
Habits Reserved, Speaking little but noting Everything
Previous Attacks—No. Second Kind
Duration Where treated
Hered. History—Insanity Eldest sister has been insane for years
Other Diseases
Predisposing Hereditary Predisposition
Exciting

Symptoms, First.
Mental Depression of spirits
Bodily

Recent.
Mental Restless and wandering about
Bodily Refused food & became thin

Insane Habits and Propensities
Suicidal Once attempted Suicide in consequence of a delusion
~~Dangerous~~ that he was to die on a certain day
Duration of Existing Attack 38 years
Other Facts or Remarks Two years previous to the present attack he was in low spirits but the depression was of short duration. He had a similar stage of depression once before. Since admission he has been taciturn & has held little Communication with anyone. He has had delusions that he was a dwarf and that he was so Scrofulous that he Contaminated others. His physical condition has been fair
Facts of Medical Certificates That he is in a state of Melancholia

NAME James Laing

STATE ON ~~ADMISSION~~. Nov.r 1.st 1884

Mental.

Exaltation

Depression He is silent and depressed, refusing to answer questions & is suspicious

Excitement

Enfeeblement Does not take any interest in his surroundings

Memory Fairly good

Coherence Fairly good Can answer questions? Yes

Delusions Does not admit any but has had the delusion that he was a dwarf

Other Abnormalities He is remarkably silent & impenetrable Answers most questions in the negative & shows that he does not wish to be spoken to

Appearance His features always retain the same Impression of distress

Bodily.

Skin Healthy Hair White

Eyes Grey Pupils Equal & contractible

Muscularity Impaired Fatness Meagre

Nervous System—*Motor* Sits in a stiff constrained attitude His gait is shuffling

Sensory Function Fairly good

Reflex Action Good Special Senses Moderately good

Retina

Lungs Healthy, Chest narrow. Respirations 16 per. Min.

Heart Cardiac action, weak

Tongue Clean and moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver dulness somewhat diminished

Appetite Good

Urine S.G. 1025 acid reaction pale yellow. no unusual constituents

Menstruation

Pulse 78 per Min Compressible Temp. 98° 11.20 p.m

Height 5 ft 6 in Weight 8 Sts 2 lbs

Disease Chronic Melancholia *Skae's Classification*

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes.							Yes

NAME. James Laing.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4·3·85		97·7		78	118	Is taciturn, and never speaks beyond a Yes or No. His manner is stiff and reserved, and the expression of face impenetrable. He appears to be under a delusion as to speaking because after being questioned repeatedly upon several subjects with no greater results than mere negative or affirmative answers or gestures. he was asked why he would not be more explicit: he replied "I have said enough for to-day" and would not utter another syllable. The bodily health is feeble, but there is no organic disease.
12·5·85.						Mr Laing is at Kirkmichael House for a change of scene. The change seems to have improved his bodily health a little.
16·12·86.						Mr Laing continues in weak health. He is thin and has a poor appetite. He sleeps well. Mentally he is unchanged.
18·4·86.						Mr Laing has borne the severe and very trying winter well. His bodily health and mental state remain the same.
19·5·86.						Went to Kirkmichael.
1·7·86.						Mr Laing is still at Kirkmichael. He is
14/9/86.					106	a quiet harmless old gentleman. Rarely utters a word in reply to a question; and in return for the usual morning
14/12/86					97.	salutation he makes a bow.
18/1/87.					95	Mr Laing has been put on extra diet with Stout & Cod Liver oil. No change in his mental condition.
14/9/87					126	Mr. Laing's bodily condition is much improved.
14/12/87					120	Mr. Laing keeps well. There is no change in his mental condition. He is now in the Low East.
30/3/88					117	Mr. Laing has kept well all winter.
25/4/88						Is at Kirkmichael.
15/9/88					112	
25 Feb. 89						Very feeble but in the Low East.
23 April					99	Now Change

NAME.

DATE.	Temp. Morn.
July 30	
Sept. 30	
May 8	
May 9	
June 1	
15th May	
4th Nov.	
18th Jan.	
4-2-92	
R.S.92	
2-11-92	
5-10-93	
1/4/95	
1/9/95	
1/12/95	
March 5th 97.	
7th March 97	

NAME. James Laing.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 30th 89.					102.	In fairly good health at present, but low at times. No mental change lately.
Sept. 30th 89.					103.	Has been pretty well during the summer. Appetite improved. Has gained in weight somewhat.
May 8th 1890.						Mr Laing always sits on the same chair in the mid-east gallery, & shakes hands every morning, as the medical Officer goes round, (with the N. O) but never speaks. His physical health is fair.
May 9 1890.						Mr L. was sent to Kinmount to day, to stay.
June 17th 1890.						Returned from Kinmount to day.
" 18th 1890						Found him as usual in the E. gallery in his old seat
15th May.						Matt Hannahfield
4th Nov.						Brought back to High North today.
9th Nov.						sent down to Hannahfield today. No change.
2.92						He has been at Hannahfield since last entry except for a short time during last summer when he was at the Asylum. He has enjoyed good bodily health. He never speaks, but nods his head & shakes hands when spoken to
2.8.92						Mr. Laing is now at Hannahfield, having returned from Kinmount
1.11.92						No change.
9.10.93						Has gone back to Hannahfield after having spent the summer at Kirkistown. No mental or bodily change
15/4/95			94.			Still at Hannahfield. Very quiet. Tongue large & moist. Pulse small. Appetite good. Bowels regular. No change mentally.
17/9/95						At Hannahfield. Quite quiet, peaceable & easily managed. Appetite good. Mental condition unchanged.
16/12/95						Still at Hannahfield. Quite demented.
March 8th 97.						Physical condition fairly good.
						Physical condition fairly good for a man of his age is now suffering a bad with slight cold. Appetite good & Bowels regular & his mental condition unchanged & he is still at Hannahfield.
March. 97						Mr. Laing convalescent up sitting in the room. Appetite much improved.

25

NAME. James Lacy –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1st June 97.						Mr. Lacy has improved in health during the last two or three months. His appetite is good & he is able to be out a short time every day. Mentally he is just the same.
5th Nov. 97.						His general health is very good. Mentally no change.
7th June. 98.						Mr. Lacy is still at Hamelfield and in his usual. He has now quite recovered from a sharp attack of Influenza which he had four months ago. Mentally, no change.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, William Macdonald No. 37

Admitted, 30 May 1848 Pr. Ad.

Sex, Male Age, 36 Marriage, Single Occupation Winemerchant

Education, Religion,

Private or Pauper, Private Where from? Liverpool

HISTORY.

Causation.

Disposition Mild & Gentlemanly, Occasionally liable to Excitement

Habits Convivial & Sometimes intemperate

Previous Attacks—No. Second attack Kind Monomania of Pride

Duration First attack lasted 3 years Where treated Brook Asylum Liverpool

Hered. History—Insanity Domestic & Commercial losses & Dyspepsia

Other Diseases It is believed that indulgence in Stimulants led to a relapse

Predisposing

Exciting

Symptoms. First.

Mental

Bodily Dyspepsia which is said to have developed into insanity

Recent.

Mental Delusions, that he was very rich & powerful & that he is Prince Charles Edward & the Chief of the McDonald clan

~~Bodily~~

Insane Habits and Propensities Destroys his dress.

Suicidal No

Dangerous

Duration of Existing Attack 36 years

Other Facts or Remarks For some years after admission Mr. McDonald had many delusions of grandeur. Lately he has become silent and more demented, taking no interest in anything and has been less destructive to his Clothes & furnitures In 1849 he had an attack of chronic Hepatitis

Facts of Medical Certificates That he is in a state of Mania

NAME William McDonald

STATE ON ~~ADMISSION~~ Dec. 8th 1884

Mental.

Exaltation

Depression

Excitement At times he becomes excited to a mild degree
E.g. When he orders his imaginary dog about

Enfeeblement Power of perception enfeebled. Questions have to be
times put

Memory Impaired. Can't tell how long he has been here

Coherence Impaired Can answer questions? Only simple ones

Delusions That there is a dog in the room called "Vittie"
or "Vila" whom he orders about & scolds

Other Abnormalities He never speaks to anyone unless addressed
but often mutters to himself & the Dog

Bodily.

Appearance Stout, florid complexion

Skin Some Rosacia on nose Hair Grey

Eyes Grey Pupils Equal

Muscularity Poor Fatness Poor

Nervous System—*Motor* Occasionally indulges in rapid & apparently
purposeless movement E.g. working his fingers too & fro

Sensory Sensibility of Skin impaired

Reflex Action Impaired Special Senses Hallucinations of Sight
Sees his Dog in room

Retina

Lungs Chest small & narrow - Respirations 20 per min.
Lungs healthy

Heart Apex beat visible below & outside nipple - Heart action
strong - first sound muffled & prolonged

Tongue Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver slightly enlarged - Has an
old Haematoma auris on the right side

Appetite Good

Urine Sp. Gr. 1085 acid pale yellow - No abnormal Con-
stituent

Menstruation

Pulse Feeble 80 per. min Temp. 98.3. 10. a.m.

Height 5 ft. 6½ in Weight 8 st. 4 lbs

Disease Secondary dementia *Skae's Classification* Alcoholic insanity

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME, William McDonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5·3·84.		97·4		70	114	Is demented with hallucinations of hearing and sight – He engages in no useful occupation – He does not speak, except when speaking to a dog called Vittie, which he imagines follows him about. He orders this animal in angry tones to "be quiet" or to come in behind. This ~~delusion~~ hallucination of the dog is fixed and always present. This patient is fond of smoking & indulges in a pipe, whenever possible. He has a fairly good appetite & his health, though not robust, has been good.
22·6·85.				72.	119.	This patient has improved in bodily health considerably by his visit to Kirkmichael where he has been for nearly three months.
16·12·85						He continues in fair bodily health. Unchanged mentally
18·2·86						Has been in bed for two days on account of an attack of gastric irritation with bronchitis. Today he is up and in his usual health apparently.
18·4·86.						Mr McDonald is pale and weak requires getting up. He is to get 2oz. Whisky and 2 eggs, extra, daily. He is very subject to chills. Likes to keep very close to the fire.
20·5·86						Mr McDonald is much weaker and thinner in spite of all getting up remedies and food. He is confined to bed and is failing.
25·5·86						He is gradually becoming emaciated and very weak. His buttocks are red and tender. A lotion of methylated spirit used and frequent changes in position.
1·6·86.						Mr McDonald is going down the hill very rapidly.
12·6·86.						Mr McDonald died this morning at twenty minutes past four. Ch. Cerebral disease and old age.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, Gruffydd Clayton Lloyd No. 45
Admitted, 11 April 1850 Pr. Ad.
Sex, Male Age, Marriage, Single Occupation, Naval Officer
Education, Religion,
Private or Pauper, Private Where from? Denbigh.

HISTORY.

Disposition Inoffensive but haughty
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity Paternal grand parents insane a brother & sister insane
~~Other Diseases~~
Predisposing
Exciting Ambition and vanity

Symptoms. First.
Mental Serious & the disease alternations of elevation & depression of mind were noticed
Bodily

Recent.
Mental The present attack was ushered in by morbid self esteem.
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack 34 years
Other Facts or Remarks After admission was haughty & very prone fond of mentioning his tremendous feats in battle & of attitudinizing in various dignified postures. The features of the disease changed he became wilful abusive indecent & violent. His speech was incoherent and forkily articulated. In 1856 he had two attacks of Dyspepsia & in 1881 a succession of boils
Facts of Medical Certificates That he is in a state of Monomania

NAME Gruffydd Clayton Lloyd

STATE ON ~~ADMISSION~~. Novr 2. 1885

Mental.

Exaltation: Occasionally imagining himself Commander of a ship & uttering incoherent Nautical Commands rapidly

Depression:

Excitement: Occasional talkativeness & increased facial Contortion

Enfeeblement: There is General weakening of the reasoning & judging faculties

Memory: Impaired

Coherence: Impaired — Can answer questions?: Simple ones

Delusions:

Other Abnormalities:

Bodily.

Appearance: Expression of face, anxious

Skin: Healthy — Hair: greyish

Eyes: Grey — Pupils: Equal & Contractile to Light

Muscularity: Good — Fatness:

Nervous System—*Motor*: Tremor of tongue & upper lip & Articulation indistinct - walks in a stiff & jerky style

Sensory: General Sensibility, good

Reflex Action: Fairly good — Special Senses: Fairly acute

Retina:

Lungs: Healthy. Respirations 18 per min

Heart: Healthy Sounds of good Strength

Tongue: Clean & moist — Bowels: Regular

Other Organs, Abnormalities, Bruises, &c.: Liver dulness slightly diminished in Vertical diameter - His toes are inturned & he is somewhat bandy legged

Appetite: Good

Urine: S.G. 1015 Acid Reaction Contains no abnormal Constituents

Menstruation:

Pulse: 80 Regular — Temp.: 98.4 2.30 p.m.

Height: 5 ft 6 in — Weight: 9 stⁿ

Disease: Monomania & pride — *Skae's Classification*:

General Bodily Health and Condition: Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
							Yes		Yes

NAME. Gruffyd Clayton Lloyd.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
5·3·84		98·3		78	126	Is incoherent in speech, and often gives answers quite irrelevant to what is asked him. When asked how he was this morning replied "Maintopsail and Quarterdeck." There is a certain amount of chorea in his movements which are jerky and the facial contortions are at times rhythmical: the same contortions being repeated four or five times after each other. Appetite & bodily health good. He is fond of acrobatic feats & can turn summersaults backwards & forwards. He is not nearly so active as formerly though. Some years ago a favourite amusement of his was to go the whole length of the gallery in rapid summersaults.
22·6·85.						He was visited by his sisters a few days ago & was pleased to see them. They observe that he is frailer than when they visited him last.
16·12·85.						This patient is failing in bodily health. He is much quieter than formerly, seems content to sit by the fire dreaming away.
18·4·86.						Captain Lloyd suffers deeply gradually in dementia. He is most untidy in his dress and very lazy. Lies about all day in a sleepy fashion if allowed. His bodily health is fair.
1·7·86						This old gentleman went to Kirkmichael on
14/9/86					152	19th May and is still there. His bodily
14/12/86					160	health is better, but there is no
14/9/87					159	change in his mental state. The captain is becoming more deeply demented. He can only answer the simplest questions. Bodily health good.
18/10/87						Returned from Kirkmichael today.
14/12/87					154	No change to report.
20/3/88					155	Capt. Lloyd is quiet and harmless. He is untidy and lazy, and sleeps at all hours of the day. His health is good.

NAME. Gruffydd Clayton Lloyd.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1885 13th June						Capt. Lloyd made his escape by the High gate this forenoon, when walking in the grounds in charge of an attendant. He has never shewn any desire to escape before; most probably he simply wandered away. Word was brought in the afternoon that he had been seen walking briskly along the Bankend Road, 4½ miles from Dumfries. He must have been gone for an hour before his absence was noticed by the attendant. Two attendants drove after him, but have not found him yet.
16th June						The Capt. has been traced to the neighbourhood of Annan, but has not been found, though the country has been searched night and day since his escape. When last seen he was in company with a tramp.
17th.						The police authorities sent word today that Mr. Lloyd had been found in Kendal, and put into the Workhouse.
18th.						An attendant went to Kendal this morning and brought back the Captain. He is none the worse of his hardships. He slept in the open air, and begged food in the houses he passed. He says he was on his way to his home in Wales. The police authorities arrested him at Ambleside, and sent him on to Kendal workhouse.
20/7/88					146	The Capt. has lost weight as the result of his hardships: otherwise he is well. He remembers his adventures pretty clearly.
5/9/88					149	He seems quite contented to be back. He is more active than he was: he brushes the boots, and does other work in the gallery.
7/11/88						The Captain was visited recently by his sisters to whom he gave a wonderfully coherent account of his adventures.
2 Feb. 89						Capt. Lloyd is very quiet, but very stupid. In fair health
2 April					150	No change.
July 30th 89.					149.	This demented patient has shown no change mentally lately. He is in satisfactory health bodily.
Aug. 6th						Went to Kirkmount on July 2nd. Returned from Kirkmount today.
Sept. 30th 89.					147	No change. In good health.
May 20: 90						No change. In good health.
June 17th 90						Sent to Kirkmount to day.
July 18th 1890						Returned from Kirkmount to day, in good health - still talks to himself
Aug.						Went to Kirkmount.
Sept. 3rd 90						Returned from Kirkmount with mental condition unchanged; health good.
Oct. 10th						Removed to Hannahfield Nov 4th Brought back to the Asylum to day.

cont'd on p 525.

35

NAME, Samuel Fisher (see Vol III 401) No. 220

Admitted, 6 May 1852 Pr. Ad. 10 May 1850

Sex, Male Age, 42 Marriage, Single Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper how a private Where from? Derby

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One at least Kind Acute Mania

Duration 10th May 50 to 29 January 51 Where treated Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Suspiciousness; delusions eg. that he was being ill treated by every one &c

Bodily

Symptoms. Recent.

Mental Suspiciousness more marked; states that he is the victim of some supernatural force

Bodily Bowels torpid; tongue coated

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks On admission he was much excited, constantly reiterating his delusion & demanding to be released. This state of chronic excitement continued for at least the next 5 years; after which he gradually became quieter & passed into a state of Dementia having his delusions well marked although not so prominent as before. His general health has always remained good but lately his age has begun to tell.

Facts of Medical Certificates

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions [illegible]

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. Samuel Fisher.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6-6-85		98·2		70		So at Kirkmichael, where he is found to be a useful worker: his mental condition continues unchanged.
1-11-85						Escaped from Kirkmichael & walked to Maby. His friends are now willing to look after him so he is
12-11-85						Discharged unrecovered.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

39

NAME, James Brodie (S.C.A. Vol IV. 67) No. 235
Admitted, 28 July 1852 Pr. Ad.
Sex, Male Age, 34 Marriage, Single Occupation, Labourer
Education, Religion,
Private or Pauper, Pauper Where from? Moffat.

HISTORY.

Disposition Mild
Habits Intemperate
Previous Attacks—No. One Kind Religious Monomania
Duration 29 December 51 to 4th May 52 Where treated Crichton Royal Institution
Hered. History—Insanity His mother was "peculiar & domineering in temper."
Other Diseases
Predisposing
Exciting

Causation.

Mental Despondency
Bodily Diminution in weight

First.

Mental
Bodily

Record.

Symptoms.

Insane Habits and Propensities Rythmical in language and movements
Suicidal No
Dangerous No.
Duration of Existing Attack 5 Months
Other Facts or Remarks For some time after admission his movements were eccentric he clapped his hands at intervals, stamped at particular spots, turned round before particular objects, sat & spoke to inanimate objects in a staccato voice & if disturbed became very violent. All this was considered part of his Religious Monomania. Some of his peculiarities were gradually lost & the evacuations occurred at gradually lengthening periods till he became quiet & harmless but state may be seen to stop suddenly & turn round while performing his duties.
Facts of Medical Certificates

He is in a state of Monomania.

NAME James Brodie

STATE ON ~~ADMISSION~~ 6th May. 1885.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Is unable to carry on a conversation, repeats the same phrase over and over again, and is incoherent in speech.

Memory Weak. states he has only been here eight years, when it is 33 yrs.

Coherence Impaired Can answer questions? Yes.

Delusions

Other Abnormalities Occasionally stops when walking, and turns suddenly round once or twice; and of this he will give no explanation

Bodily.

Appearance Well nourished. florid complexion, vacant expression

Skin Healthy. Hair Brown.

Eyes Blue. There is chronic conjunctivitis in both. Pupils Moderate in size, equal.

Muscularity Good Fatness Good.

Nervous System—*Motor* Functions good

Sensory Functions moderately good.

Reflex Action Average. Special Senses Fairly acute

Retina

Lungs Chest large: lungs healthy. Respirations. 18 per. min.

Heart Apex impulse normal in position and force, Heartsounds of good strength.

Tongue Clean, moist, red. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Excellent.

Urine Pale yellow, acid. s.g 1010. No abnormal constituents.

Menstruation

Pulse 78. of good strength, regular Temp. 97.5° Fh. 10.45 pm.

Height 5 ft. 4 3/4 in. Weight 150 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME, James Brodie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6-6-85		97.4		64		There has been no change in the mental condition of this patient since last report. He is incoherent and of poor memory. He works in the kitchen
15-9-85						Since last report he has lived a quiet, uneventful & at the same time useful life. Constantly engaged in the Kitchen with the coals &c he performs his duties in a satisfactory & conscientious way. Obedient & tractable, he is just the man for the place. The rythmical movements continue, & may begin at any time, even when he is engaged in work which is at once devoted from to allow of the movements being performed. He will not engage in conversation but not from any taciturnity or moroseness of disposition because he is very good natured but from simple enfeeblement. His general health has remained in a satisfactory condition.
10-2-86						A certain amount of depression actually accompanies the dementia present. No new change is apparent.
Oct 21. 1887.						A quiet demented creature who does light work – is at present in his usual health – has nothing to complain of.
3 Jan 1888						Works in the Kitchen – Is quiet & demented.
30 March		1888				No change.
20 June		1888				Needs looking after as regards cleanliness – he is as quiet as ever.
1 Octr						This man helps in the Kitchen & is quiet & useful.
18 Decr.						Still in the same state. he is in a state of dementia & is apt to be untidy & dirty in his person unless attended to.
30 Mar		1889				He is quiet & at times becomes irritable & ill tempered. He works with the lift in the Kitchen.
1 July						This man goes messages & works in the Kitchen.
10 Septr						No change

NAME, James Brodie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Novr 1889						He is looking thinner & not so well but works on as before.
15 March 1890						This patient is somewhat thinner of late - He is still working in the Kitchen and runs messages now & then.
10 June.						No change.
12 August.						He continues quiet & works a little in different ways
1 November 1890.						much as he was - in good bodily health & still works at the left &c in the kitchen.
12th April 1891						Had an apoplectiform seizure this morning, without previous symptoms - Lost the power of the left arm, but only for a few hours. A second slight shock occurred in the evening - Breathing was much affected in the morning: less so in the evening - A good purge was given.
13-4-91						Has rallied considerably; is breathing better, and speaking more distinctly - Face is still much flushed, and the lips Cyanotic.
15 April 1891						Died

43

NAME, Peter Barr Munro (S.C.A Vol IV 297) No. 274

Admitted, 18th December 1852 Pr. Ad.

Sex, Male Age, 25 Marriage, Single, Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Greenock

HISTORY.

Disposition Of irritable temper, variable humour & unworthy of confidence

Habits Slothful & disinclined to persevere in labour.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity His brother was admitted here at the same time

Other Diseases Father is Asthmatic

Predisposing He has been of imperfect mental development throughout life

Exciting

Condition.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous When provoked he has threatened to injure those offending but his passion is [short-lived,

Duration of Existing Attack

Other Facts or Remarks On admission he was remarkably vain, cunning & totally destitute of truthfulness, adulating to those in authority & tyrannical when possible. With increase of age & imbecility these characteristics have become modified somewhat but they still form an important part of his nature. On admission he was suffering from a bubo (treated with Potas. Iod.) but no syphilitic symptoms followed. In the summer of 1882 he had some indefinite illness, weakness &c. but recovered with Cod liver oil &c. Since then he has been in good health.

Facts of Medical Certificates

That he is in a state of fatuity

NAME Peter Barr Munro

STATE ON ~~ADMISSION~~ 1st January 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement decidedly. Perfectly consistent with the circumstances of his existence although he has very high pretensions & belief in his great mental powers.

Memory Impaired

Coherence Coherent Can answer questions? Yes simple ones

~~Delusions~~ considers himself able to perform any kind of work or fill any position & therefore one of the chief supports of this institution. He spends money foolishly.

Other Abnormalities

Bodily.

Appearance Thin; fairly well nourished; stoops but is generally well preserved

Skin Dark Hair Scanty; dark brown.

Eyes blue. commencing arcus Pupils Normal

Muscularity Impaired Fatness diminished

Nervous System—*Motor* Gait is shuffling as if it were an exertion to him to lift it feet freely from the ground

Sensory Normal

Reflex Action dulled Special Senses Requires Spectacles Hearing acute

Retina

Lungs Chest narrow & constricted. Breath sounds feeble. Respirations 18 per min.

Heart hypertrophied; first sound impure

Tongue Clean, flabby Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 54. full. regular. Temp. 99.° Fh. 9.30 pm.

Height 5ft. 8 3/4 in. Weight 10st. 4lbs.

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME. Peter Barr Munro.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
6.6.85		99.2		68		This patient has not been so well lately In his struggle to be important, he has overexerted himself and lowered his nutrition. However by the use of Cod Liver oil & Iron he has been considerably improved. His mental characteristics are vanity about his personal appearance & importance, fondness of gossip, talebearing, untruthfulness, and dishonesty when a favourable opportunity affords itself.
15.9.85						Has improved considerably in his physical condition during the preceding three months & is able to perform much walking exercise without undue fatigue. The Chronic Bronchitis from which he suffered for a long time has almost disappeared. He is at present fresh & well for his age. The mental characteristics as noted above are becoming gradually more pronounced with advancing age & render him servile & importunate to a degree. With all this he makes himself very useful & obliging specially when some tobacco & a small sum of money is used as a bribe. He is still employed as letter carrier & messenger.
20-1-87						The "Professor" continues to act as letter carrier and tale bearer. His inordinate vanity & jealousy are chiefly in matters of dress, ornaments & clothing. He is of a kindly disposition when his vanity is not likely to suffer. And he is in a childlike way delighted with trifles. He will perform any message in order to show himself off or to get a shell of rock or an orange. His loquacity almost tireless is however painful & his sense of the fitness of things is almost nil. His bodily condition is fairly good.
1887. Mar 10th						The professor has lately complained a good deal of lumbago which however always yielded to a turpentine stupe. For the last week he has complained of pain in the neck with stiffness. There is tenderness of the muscles on the left side. The application of a turpentine stupe always relieves the pain.
Mar 20th						To day the professor complained of difficulty in swallowing. On examination a pretty firm swelling was found on the left side of the

NAME.

DATE. Temp Morn.

15/4/87.

19/4/87.

Apl 25th 98

21/4/87. 99°

22/4/87. 99°4

24/4/87. 98.8

June 25th

NAME, Peter Barr Munro

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						pharynx. ordered soft food.
5/4/87.		99.6		~~99.6~~		To day a swelling has appeared on the left side of the neck below the sterno mastoid. It is very tense & tender & yields slight fluctuation. The difficulty of swallowing has increased. The temperature is at times elevated in the evening. Retropharyngeal Abscess diagnosed. Confined to bed.
19/4/87.		100.5		~~100~~ 85.5		Removed to 1st House & placed in Infirmary. Careful physical examination made. Heart, lungs & kidneys found healthy. Appetite & digestion good. Swelling on left side of pharynx elastic & seems to fluctuate when pressure is applied to the swelling on the outside of the neck. Considerable stiffness of the neck. Tenderness on pressure over the 3rd & 4th & 5th cervical vertebral spines. No pain on percussing the spines. Patient complains of shooting pains down the arms & pain along the 5th left intercostal space.
Sp 20th	99	100.2°		80.		Patient Chloroformed incision made behind left sterno mastoid & director pushed in in front of transverse processes. pus escaped. Dressing forceps then introduced & about 4 oz. pus escaped. Wound enlarged & a drainage tube introduced. Strict antiseptic precautions used. To night no difficulty in swallowing. Still pain on left side but none on the neck. Is in good spirits.
1/4/87.	99°	99.8°	80.	~~99~~ 80		Slept well. Very little pain. Wound dressed. Very little pain. Considerable discharge. Swelling in pharynx much reduced. Evening. Dull & sleepy. Marked tenderness at left side of 10th dorsal spine. Sweating freely.
2/4/87.	99°	99.8°	80	88		Slept well. Sweated much during night. Still pain down arms & tenderness at side of lower dorsal spines. Evening. Dressed wound. Free purulent discharge. Shortened the drainage tube half an inch.
3/4/87.	98.5°	99°	76	88.		Slept well. Cheerful. Swallowing without difficulty & free from pain. Swelling in pharynx. softer. Still some pain on the left side.
June 26th						The "professor" is now in excellent health & spirits. He has no pain in his neck

(continued on page 787)

NAME, George Radcliffe No. 61.

Admitted, 21 February 1853 Pr. Ad.

Sex, Male Age, 20 Marriage, Single Occupation, Clerk

Education, Religion,

Private or Pauper, Private Where from? Liverpool

HISTORY.

Disposition

Habits Irregular and vicious

Previous Attacks—No. First attack Kind

Duration Where treated Liverpool pauper Asy.

Hered. History—*Insanity*

Other Diseases

Predisposing Irregular & vicious course of life

Exciting Masturbation

Causation.

Mental Love of Solitude, depression & a dread of being poisoned

Bodily

First.

Mental He committed a theft and was sent by the Magistrates to the Liverpool pauper Asylum and practised deception upon his friends

~~Bodily~~

Symptoms. Recent.

Insane Habits and Propensities (?) Theft

Suicidal Yes - Has attempted to drown & hang himself

Dangerous No

Duration of Existing Attack 31 years

Other Facts or Remarks A few days after admission, he escaped & went up to his uncle in the night before he was claimed - A few weeks afterwards he was found suspended from the gas pipe in his room & was with difficulty reanimated. In 1864 he had several attacks of excitement during which he was violent - Of late years he has become more demented & has not shown any suicidal tendency

Facts of Medical Certificates That he is in a state of Mania

NAME George Radcliffe

STATE ON ~~ADMISSION~~ 10 Nov. 1884.

Mental.

Exaltation

Depression

Excitement

Enfeeblement His reasoning power is defective. He requires a long time to answer questions & often does so incoherently

Memory

Coherence Impaired Can answer questions? Not well

Delusions

Other Abnormalities He says he would like to go into a house in Dampies and murder the inhabitants & afterwards he would like to starve

Bodily.

Appearance Stout and healthy. Suspicious expression of face

Skin Fine texture, dry Hair Reddish

Eyes Grey Pupils Small but equal

Muscularity Good Fatness considerable

Nervous System—*Motor* Has peculiar stiff attitudes. Often walks with his wrists flexed, as if he had wrist drop

Sensory functions moderately good.

Reflex Action Moderately good Special Senses do

Retina

Lungs Large well formed Chest. Breath sounds feeble probably from thickness of Chest wall. Respirations 17 per Min

Heart Apex beat, feeble in usual position

Tongue Clean, red & moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver & Spleen dulness. normal

Appetite Good

Urine S.G. 1014 very pale yellow. No unusual Constituents

Menstruation

Pulse 84. per min. regular Temp. 98° 2. a.m.

Height 5 ft 8 3/4 in. Weight 10 St 10 lbs

Disease Secondary dementia *Skae's Classification* Insanity of Masturbation

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, George Radcliffe.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5.2.85		982		74	156	Is demented: never speaks unless addressed and then frequently returns incoherent answers: e.g. Asked "How are you to-day?" replied Kirkmichael. Says he would like to go to Dumfries to murder a "lot of people". The expression of his face is somewhat suspicious. His movements are rapid, and as he walks he holds his hands at right angles to his forearms, as if he had wrist drop. He will give no reason for this.
23.6.85						He continues much the same. He is at Kirkmichael for a change.
16.12.85						This patient remains unchanged. His bodily health is satisfactory. Mentally there is no improvement.
18.4.86						Mr Radcliffe continues to enjoy very good health bodily - Mentally he is completely demented. Sits in a corner huddled up. Runs to another place when approached, does not answer questions.
19.5.86						Went to Kirkmichael.
1.7.86						Mr Radcliffe remains at Kirkmichael and is in good bodily health - Mentally there is no change in his condition.
14/9/87					158	Mr. Radcliffe is in good health. He sits in a corner in a peculiar doubled-up attitude, and frequently makes off for another corner when approached. He answers simple questions in abrupt monosyllables. He still walks with his arms in the peculiar attitude noted on his admission.
14/12/87					155	No change to report.
30/3/88					168	Mr. Radcliffe is in capital health: he has gained 13 lb. during the last three months. He is now in the High West. He has given up the habit of running away when approached. He can answer a number of questions about his early life, and seems to remember it well. His face brightens a little, and there is a peculiarly knowing mischievous look in his eye when he answers such questions.
20/7/88					162	
15/9/88					155	
25 Feb 89						No change

NAME, George Radcliffe.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1889						
April 23					157	No change.
July 30th 89					153.	This patient remains unchanged - his bodily health being fairly good. His mental condition is the same as above.
Sept. 12th 89.						Went to Kinmount to-day.
May. 9. 1890.						Mr R. was sent to Kinmount to day with ~~eg~~ some other gentlemen to stay.
June 17 1890.						Returned from Kinmount to day
Aug 22nd						Removed to Hannahfield today.
Nov. 4th						Brought back from Hannahfield to High North..
Dec. 1./90						Is again at Hannahfield.
20 4.91						Removed from Hannahfield to Kinmount. He is in good bodily health and is always cheerful and happy. He answers simple questions but is quite incapable of carrying on a conversation.
1 10.91						He is back again at Hannahfield.
4.3.92						Is in good bodily thas stood the winter well.
2.8.92						Mr. Radcliffe has spent the summer at Kinmount, and returned to Hannahfield to-day.
1.11.92						No change.
3.5.93						Answers questions in a very automatic way Has has slight bronchitis during winter which went away in spring.
2 10.93						No change mentally or physically
11/4/95.			78.			Enjoys his food - Appetite good. Tongue clean & moist. Pulse small. Demented.
11/9/95.						Physically & mentally he is practically unchanged. Is still at Hannahfield where he gives no trouble.
11/12/95.						Remains at Hannahfield. Talks demented.
March 5th 1897.						Up till February of this year Mr Radcliffe has been very well but shortly after this he had an attack of congestion of the lungs especially at the bases & was kept in bed till convalescent. After a few days he got up but contracted another chill & was again confined to bed. This time the congestion was much worse but thanks to his strength pulled through with the exception of his heart which at this time began to fail & then Ascitis began to develope.

Carried forward to Page 876.

51

NAME, William Joward No. 62.

Admitted, 30th April 1853 Pr. Ad.

Sex, Male Age, 24 Marriage, Single Occupation, Farmers Son

Education, Religion,

Private or Pauper, Private Where from? Isle of Wight

HISTORY.

Causation.

Disposition Facile and easily imposed upon

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Has been imbecile from birth

Recent. Symptoms. First.

Mental Imbecility with paroxysms of passion and violence during which he attempts to inflict injuries on the one ~~bodily~~ who opposes him

Mental Attempted to run a man through with a pitch-fork - Destroyed property & Committed theft

Bodily

Insane Habits and Propensities Destructive

Suicidal No

Dangerous Yes

Duration of Existing Attack Since birth

Other Facts or Remarks Since admission his mental condition has altered but slightly - He was vain & ambitious of excelling in pursuits of which his mental power was incapable He has attempted two or three assaults on the Virtue of females walking in the grounds

His bodily health has been good

Facts of Medical Certificates Fatuity

NAME William Toward

STATE ON ~~ADMISSION~~ 21 Dec. 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement The development of the faculties is incomplete His ideas are limited & conversation trivial & confined to a few subjects

Memory Moderately Good

Coherence Fair Can answer questions? Yes

Delusions

Other Abnormalities So prone to exaggerate & vain. Self control feeble & he drinks to excess when he gets a chance

Bodily.

Appearance Stout & muscular

Skin Healthy Hair Gray

Eyes Grey Pupils Equal & regular

Muscularity Good Fatness Considerable

Nervous System—*Motor* Functions good.

Sensory Good

Reflex Action Good. Special Senses Sight impaired

Retina

Lungs Healthy - Respirations 18. per min -

Heart Healthy apex beat in usual position

Tongue Whitish Bowels Regular

Other Organs, Abnormalities, Bruises, &c. The liver and splenic dulness are normal.

Appetite Good

Urine S. G. 1018 acid dark yellow & colour healthy

Menstruation

Pulse 72 Regular & Strong Temp. 98° 3 p.m.

Height 5 ft 6½ in Weight 11 st 13 lbs

Disease Congenital Imbecility *Stark's Classification* Intellectual Imbecility

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. William Toward.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5·3·85		97·8		80	168	Is imbecile: his reasoning capacity is small: he depends upon others for his intellectual food, and his talk usually consists of others' conversation, which he repeats to everyone he meets as if it were his own. He is vain and flattery is never tried in vain to induce him to work for the flatterer. His bodily health is good. He has outside Parole.
16·12·85						This patient enjoys good bodily health. He makes himself useful as messenger &c. but is not always to be relied upon
18·4·86.						Mr. Toward continues much the same. He makes himself very useful in running messages &c. – He is not trustworthy, he has been on two occasions suspected of theft of money.
1·7·86.						Mr. Toward is still the same. – He is useful as a messenger about the place, and of late he has been allowed out on pass on messages. Of this liberty he has taken care.
14/9/86					159	
14/12/86					163	
14/9/87					151	No change in Mr. Toward's condition. He acts as messenger to Maryfield, and makes himself very useful.
14/12/87					158	Mr. Toward fell heavily on the steps a few days ago, and bruised his back rather severely: he is recovering slowly. Otherwise his health is good.
30/3/88					160	He is in good health, and has suffered no bad effects from his fall. He still acts as messenger to Maryfield, and is occasionally sent to town. He is more trustworthy than he used to be. He
20/7/88					160	can go to town with money in his pocket, and keep from drink
15/9/88						Has sufficient intelligence to act as a useful messenger.
25 Feb. 89						No change, is in fair health.
23 April						No change.
July 30th 89.					162.	Still acts as a messenger and receives a small wage. In good health as

NAME, Wm. Howard.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						a rule, but at times suffers from bronchitis.
Sept. 30th 87.					160	Much the same. Has been troubled with cough a good deal lately on damp days.
May 15th						Pain in ear, relieved by oil & bicarbonate of soda solution dropped in at night. Mr T. is allowed as much freedom as ever. Is fond of alcohol. Does messages still
7.11.90						He goes messages to Maryfield every day. When he has a chance he gets drunk: always denies having taken any drink:
6.6.91						No change.
4.3.92						He is at present working with the gardeners squad from the 2nd house. He had a great 'bouge' lately and was very ill and surly for some days after it, so has taken to manual labour to keep himself straight. He is a great liar and very deceitful.
12.11.92						He has been working hard for some months in the garden. Got drunk at the Road Fair.
30.5.93						No change. Works gently in Acrehead garden
28.0.93						Some time ago the Procurator Fiscal was inquiring into Towards conduct with girls under age. He entered them with apples into a field by Acrehead but did not succeed in his design
9/5/95.						Is at present confined to bed; there is an eczematous condition of both legs & although the itching still continues a marked feature, there is at present very little in the way of a papular or other Eruption & there is no leaking. Talks quite coherently on all subjects but is disposed to tell lies & to thieve when he has opportunity. Masturbation is indulged in considerably
17/9/95.						The eczematous condition of the legs was well but recently has become very bad again, chiefly through the patient refusing to give over scratching his legs. Methylated spirits & a dry dusting powder is being applied

55

NAME, Joseph Askew. No. 64

Admitted, 9 August 1853 Pr. Ad.

Sex, Male Age, 28 Marriage, Single Occupation, Merchant

Education, Religion,

Private or Pauper, Private Where from? Whitehaven.

HISTORY.

Causation.

Disposition Amiable

Habits Has been much given to the use of tobacco

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Had an attack of Ague in 1851

Exciting It is supposed that the disease was excited by the manipulations of Mesmeric Impostors

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental Symptoms of Maniacal Excitement

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack 32 years

Other Facts or Remarks Was brought from S. America a little or no information was given as to the Causes & Early Symptoms of the disease - He had the delusion that he was in the focus of Concave Mirrors which direct Rays of Light on him from Peru - For 13 months he did not speak - Lately he has become more demented - but expresses the delusion that his internal organs are taken out of his body & floated about in the air

Facts of Medical Certificates That he is in a State of Mania

NAME Joseph Askew

STATE ON ~~admission~~ Dec. 11th 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement The mental power is generally weakened – All the faculties except imagination are enfeebled from Disease

Memory Of recent events bad – Of former circumstances correctly with his delusions fairly good

Coherence Impaired Can answer questions Simple ones

Delusions Has many delusions – E.g. that whilst out walking all his internal organs floated out of his body & the ground and them in the air

~~Other Abnormalities~~

Bodily.

Appearance Spare & Sallow

Skin Sallow. Tattoo marks on left arm Hair Greyish black

Eyes Brown Pupils Equal

Muscularity Impaired Fatness Poor

Nervous System—*Motor* Executes curious movements with his arms one of which is drawing his hands over his face & head

Sensory Has abnormal sensory impressions E.g. that his bowels float out of his body

Reflex Action Fair Special Senses Fair

Retina

Lungs The lower part of the Chest is indrawn – The lungs are healthy Respirations 18 per. min.

Heart Cardiac action feeble

Tongue Red moist & clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver dulness decreased

Appetite Fairly good

Urine S.G. 1016 pale yellow – faint acid reaction – No unusual Constituents

Menstruation

Pulse 72. feeble but regular Temp. 97. 9. 9 a.m.

Height 5 ft 6 in. Weight 9 Stn

Disease Monomania of unseen agency Shaw's Classification (?) Malarious insanity

General Bodily Health and Condition fairly good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME, Joseph Askew

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·3·85		98·		72	125	Mr Askew is quiet and rarely speaks except when spoken to and then his answers are short and at times irrelevant to the question He has still delusions of Unseen Agency e.g that his bowels are floated out of his body, His bodily health is good.
16·12·85.						His patients bodily health has not been satisfactory for some time. He never complains of pain, but has fallen off in flesh, lost appetite and once had a severe attack of diarrhoea. He is now in the Infirmary gets 1 pint of milk extra daily, is kept warm & comfortable. He is in consequence a little better
18·2·86						W. Askew is now in better bodily health - Mentally he remains the same.
18·4·86.						His patients bodily health is now more satisfactory. -
28·6·86.						W. Askew continues to enjoy good bodily
14/9/86					146·	health. Mentally there is no change
14/12/86					151.	to report.
20/1/87						No change in Mr Askew. He continues in good health. He is quite demented as not stirred up to work he will sit all day without moving taking no notice of anything around him. He answers simple questions. but never reads or converses. He is now in the Low North Gallery.
14/9/87					147	
19/9/87						Mr. Askew has again fallen off in bodily health, though he has no definite illness. He is not taking his food so well, and is easily tired when out walking. He is getting a tonic. His mental condition is unchanged -
14/12/87					148	His bodily health has improved. Mental condition unchanged.
30/3/88					152	Mr. Askew is in capital health. Of late he has not had such a depressed look, and he frequently smiles to himself. He never speaks except when addressed, and answers as briefly as possible. He is now in the High West Gallery.
20/7/88					147	No change to report. His health is good.

NAME. Joseph Askew

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5/9/88					149	Mr. Askew is in good health. No change in his mental condition.
12 Feb. 89						No change.
9 April					140	No change
July 30th 89.					140	Still in excellent health. No change mentally. Takes slight interest in cricket and helps to work in his gallery, the Low East.
Sept. 30th 89.					142	Has been in good health during the last three months, but has exhibited no mental change. Has gained in weight slightly.
July 1890.						No change. Helps attendant in L. E. Gallery.
Sept. 9th						Mr A. sent today to Hannahfield: no change in mental condition.
Nov. 4th						Mr A. brought from Hannahfield today to High North.
19th						Sent to Hannahfield today. No change.
20.4.91						Sent to Kenmount today.
7.10.91						He is back again at Hannahfield.
2.3.92						He seldom speaks to any one, but he occasionally mutters to himself: when out walking in the ground at Hannahfield he seldom keeps his hat on: often stands for an hour before a tree with his left hand behind back and swaying his body from side to side. He is in good health.
28.8.92						Went to Kenmount today.
28.8.92						Returned from " " .
12.11.92						Is at Hannahfield. No change.
21.5.93						Is at Pavilion No change
25.10.93						Is back to Hannahfield No change mentally & physically
5/1/95.			74.			Pulse of good tension. Tongue clean & moist. Patient is demented.
7/9/95.						Still at Hannahfield. Is very quiet. Mentally he remains stationary. There is no change in the condition of this patient.
10/12/96.						Mr. Askew is much in the same condition Bodily & Mentally. Keeps well. Appetite good. Scarcely ever speaks.
8 March 97.						Still at Hannahfield no change in his condition.
June 27.						No Change.
Sept 97						Still at Hannahfield. Had Influenza but has now recovered except for the cough on his chest which is healing. Mentally no change.
June 98						

59

NAME, Henry Williamson No. 67
Admitted, 15 September 1853 Pr. Ad.
Sex, Male Age, 27 Marriage, Single Occupation, Lawyer's Clerk
Education, Religion,
Private or Pauper, Private Where from? Aberdeen

HISTORY.

Condition.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases His family are affected with Struma
Predisposing
Exciting

Symptoms. First.
Mental There was some depression previous to his excited condition on admission
Bodily

Recent.
Mental Symptoms of Maniacal Excitement
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack Since birth
Other Facts or Remarks Since he has been here, has been subject to attacks of excitement during which he has been violent towards others. He was vain, conceited, amorous & had delusions about the Queen - Of late years he seems to have become more degraded mentally, always talking incoherently and unable to join in his usual amusements - He has had a pneumonia of the left lower lobe of lung & several attacks of Bronchitis
Facts of Medical Certificates

That he is in a state of Mania

NAME Henry Williamson

STATE ON ~~ADMISSION~~ 8th Dec. 1884

Mental.

Exaltation

Depression

Excitement He is irritable & liable to attacks of Excitement, during which he becomes very talkative & incoherent

Enfeeblement He cannot give attention to anything that is said to him. There is general Enfeeblement of the mind

~~Memory~~ talks incoherently

Coherence Greatly Impaired Can answer questions? No

Delusions

Other Abnormalities

Bodily.

Appearance Strumous Coarse features. Large nose. Ill nourished

Skin Coarse & oily face covered with acne pustules Hair Coarse and thick

Eyes Pupils Equal

Muscularity Impaired Fatness Thin

Nervous System—*Motor* Deflective articulation. Slouching gait

Sensory Sensibility of Skin blunted

Reflex Action Impaired Special Senses Moderately acute

Retina

Lungs Over the lower lobe of left lung there is dulness on percussion & weakened breath Sounds. result of Pneumonia

Heart Healthy

Tongue Clean, moist & red Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There is groove between the two parietal bones, extending the length of the inter-parietal Suture He has a double reducible Inguinal Hernia

Appetite Good

Urine S. G. 1018 Acid. No abnormal constituents

Menstruation

Pulse 80 per min. Regular Temp. 97·3. 2.55 a.m.

Height 5 ft. 6 in Weight 8 st. 7 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes

61

NAME, Henry Williamson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
19. 1. 85	99.	99.4	104.	110		To day Mr Williamson was noticed to be looking ill, and on examination was found to be suffering from double pleurisy + pneumonia. He was kept in bed, and was given plenty of liquid nourishment and gr X Ammon. Carb. every four hours.
20. 1 85	99	99	120	120		He grew rapidly worse, and died this morning at 2 am

Died 20 Jan 85.

NAME,

ATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

63

NAME, Thomas Beatson No. 69

Admitted, 6 December 1853 Pr. Ad.

Sex, Male Age, 29 Marriage, Single Occupation, Clergyman

Education, Religion,

Private or Pauper, Private Where from? Rotherham.

HISTORY.

Causation.

Disposition Good.

Habits Mild, inoffensive, & reserved

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Masturbation

Symptoms. First.

Mental

Bodily

Recent.

Mental Indifferent to all his duties & taking no interest in anything

Bodily Appetite - voracious

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 3½ years

Other Facts or Remarks During his residence here has been sinking further & further into dementia - At first he was subject to sudden outbursts of excitement in which he destroyed much furniture and was incoherent - Of late years he has become more & more demented and is never excited now

Facts of Medical Certificates Fatuity -

NAME Thomas Beatson

STATE ON ~~ADMISSION~~ 4 Dec: 1884

Mental.

Exaltation

Depression

~~Excitement~~ Seems unable to understand anything but the simplest questions; takes no interest in his surroundings

Enfeeblement

Memory So Enfeebled

Coherence Impaired Can answer questions? Only very simple ones

Delusions

Other Abnormalities He speaks little & requires several repetitions of a question before he understands

Bodily.

Appearance Pale & Slight. Slight oedema under the Eyes

Skin Pallid and dry Hair White, partly bald

Eyes Grey Pupils Equal & Small

Muscularity Poor Fatness Thin

Nervous System—*Motor* Functions feeble.

Sensory General Sensibility dulled

Reflex Action Fair Special Senses Hearing impaired

Retina

Lungs Chest narrow, with slight depression of lower part of Sternum

Heart Apex beat below & outside Nipple - Systolic Thrill Systolic apex and Systolic basic murmurs

Tongue Red moist & clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver dulness normal; along Sagittal Suture there is a depression as if the parietal bones had not come together

Appetite Good

Urine S.G. 1026 Yellow acid reaction no abnormal Constit.

Menstruation

Pulse 90 per min: Irregular & Sometimes intermittent Temp. 96.6. 12. p. m

Height 5 ft. 10¼ in Weight 9 9½

Disease Secondary dementia *Skae's Classification* Insanity of Masturbation

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. Thomas Beatson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·3·85		97·6		74	124	Mr Beatson is demented. He cannot be induced to employ himself, and takes no interest in anything happening around him. He is in feeble health.
23·6·85.						Mr Beatson is a little stronger on account of having more open air exercise. He is now at Kirkmichael.
16·12·85.						Mr Beatson remains much the same. His bodily health is feeble. Mentally there is no improvement. He rarely speaks a word.
18·4·86.						There is no improvement. He is in feeble bodily health. Very thin and pale.
1·6·86.						Mr Beatson went to Kirkmichael on the 19th ult. and is now there. His bodily health is feeble. He has a poor appetite and is thin. His mental health has shown no signs of improvement.
1·7·86					119	There is no improvement in Mr Beatson's mental condition. The change of air and scene have had a beneficial effect in strengthening his bodily health.
14/9/86					119	
14/12/86					114	
20/1/87.						Mr Beatson continues in fair health, though he is very thin. His extremities are usually cold. He is quite unobservant of & uninterested in his surroundings. His usual answer to any question or remark is "Quite well, thank you". He appears to have no idea of where he is living & does not care. His deafness renders it difficult to ascertain the extent of his remaining intelligence. He reads occasionally. He is mild tempered & never becomes excited.
14/9/87					129	No change in Mr Beatson's condition.
14/12/87					129	Mr. Beatson has been removed to the Low East gallery. He is very thin, but his health is pretty good. He is deeply sunk in dementia.
30/3/88					128	Mr. Beatson is in fair health. His sensory functions seem to be much dulled; recently he had a suppurating finger, but never complained of it, and it was not discovered till it had almost reached its height. An incision was made and poultices applied, and

NAME. Thomas Beaton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						it healed rapidly. There is no change in his mental condition.
5/7/88					126	Mr B. is silent, except when asked a question. He sits like a statue, and does not take the slightest notice of anything that is going on. He is frail, but complains of nothing.
5/9/88					127	No change.
25 Feb. 89						No change.
2 April					121	No change.
9 to 30 1889.					112	Sits on the same chair taking little or no notice of anything. Appetite fair. Still very frail but never speaks or complains of anything. Is still most methodical in his habits.
Sept. 30th 89.					112.	No change mentally or physically Went to Kinmount Sept. 4th & returned Sept. 19th.
May. 9th 1890						No change. Sent to Kinmount to-day.
June 17 1890						Returned to-day from Kinmount
Aug. 15th						Went Hannahfield. In statu quo
Oct. 4th						Removed from Hannahfield to High North.
" 19						Returned to Hannahfield
25. 4. 91						" " the Creighton. He is in very fair health though still thin. Is very slow in all his movements takes an hour to dress. He often lets his trousers down when out walking & commences to defecate on the footpath.
4 3. 92						He has been at Hannahfield all the winter and keeps in good bodily health, having become stouter. No change mentally — an automaton.
2. 5. 92						Mr Beaton has been at Kinmount since May: returned to the Creighton Hannahfield to-day
12 11. 92						No change.
20 5. 93						Since Mr Beaton returned from Hannahfield a few days ago he has had haematuria. very marked. Very weak
21 5. 93						much worse today. Symptoms of pain in bladder region
22 5. 93						died today
						Epithelioma of bladder.

NAME, Ebenezer Stroyan (S.C.A Vol V. 401) No. 365

Admitted, 14 February 1854 Pr. Ad.

Sex, Male Age, 30 Marriage, Single Occupation, Clergyman

Education, Good Religion, Baptist

Private or Pauper, Pauper Where from? Wigton.

HISTORY.

Disposition Quiet manner, and religious disposition.

Habits

Previous Attacks—No. First attack Kind

Duration Where treated

Hered. History—Insanity An uncle was once insane from drink.

Other Diseases

Predisposing

Exciting Excessive Study, aggravated by Religious exercises

Mental Excitement; Loquaciousness; delusions e.g. believed himself immortal, and attempted to prove it by attempting to cut his throat.

Bodily

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 11 years

Other Facts or Remarks On admission he did not speak, nor would he move unless impelled by others, and had a total loss of memory. He gradually improved for two years; he wrote short discourses his last life, and read poetry aloud, but 16 years after, he had fallen away again, and passed into the state in which he now is; having periods of excitement, and periods of quiet, but always easily excited especially when touched, or interfered with in any way, when he at-

Facts of Medical Certificates once begins to utter loud noises, and gesticulate violently

That he is in a state of lunacy.

NAME Ebenezer Strozan

STATE ON ~~ADMISSION~~ 11th February 1885

Mental.

Exaltation

Depression

Excitement Sometimes gets excited, when he utters loud noises and gesticulates violently.

Enfeeblement There is great mental enfeeblement. cannot carry on a conversation. Is very slow in all his mental processes

Memory Impaired States that he has only been here half a year

Coherence Impaired. Can answer questions? Can seldom be got to speak.

Delusions

Other Abnormalities

Bodily.

Appearance Good, well-nourished, muscular

Skin Healthy. Hair Thin and iron grey

Eyes Blue Pupils equal, and react normally

Muscularity Good Fatness So moderately well nourished

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Present nothing noteworthy. Respirations 20 per. min

Heart Healthy, arteries have a tendency to Atheroma

Tongue Flabby has a white fur Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine s.g. 1015. acid, bright yellow. No abnormal constituents

Menstruation

Pulse rate 60. regular Temp. 96° F 10·35 p.m.

Height 5 ft. 9 in. Weight 182 lbs

Disease Secondary Dementia. *Skae's Classification*

General Bodily Health and Condition Favourable

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, Ebenezer Stroyan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85		96.8		74	184.	There has been no change in the mental condition of this patient, he is quiet and apathetic. He has improved considerably in nutrition during the past year, and forms one of the barrow party.
15.9.85						Has shewn no change during the preceding three months. Generally quiet & unsociable with considerable morosness & taciturnity of disposition he takes no intelligent interest in his surroundings & performs all his work in a purely mechanical way. This going the length of marked slovenliness in dress, although he is fond of adorning himself with pieces of thread, straw &c fastening them to his coat &c. but without any regard to cleanliness or order. Sometimes he becomes mildly excited specially at bathing time (he hates water) & then he expostulates with strange loud cries & various gestures but never shows any decided violence. His general health is in a very satisfactory state.
20-1-86						He continues in a state of apathetic dementia. His physical condition is fairly good but his circulation is very inefficiently conducted & during frosty weather he has to be carefully protected from the effects of cold. A slight frostbite occurred in December attacking both hands
21st Oct 1887.						Ebenezer is quiet & has little or nothing to say at the visit. Lits meditating & is hard to draw into conversation. Is simply demented. He is careless in his dress & not cleanly in his appearance. He has an enlarged prostate & is too weak for the barrows. Is more demented than he was.
3 Jan. 1888						E. S. is irritable if noticed much & refuses to speak as a rule. He looks suspicious. his health is weak but he does not complain
30 March 1888						At times he becomes excited & does absurd things & is restless - no change.

NAME. Ebenezer Stroyan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 June 1888						Goes through absurd gesticulations & is in a state of mild excitement.
1 Octr						No change.
18 Decr						This man has been laid up His circulation seemed failing & he was very weak but is better now. He collects rubbish & imagines it to be money.
30 Jany 1889						Has been taking several fits and frequently - is very weak.
30 March						He is now out of bed & is much better but still weak.
1 July						Still very weak & ill & at times in bed.
10 Septr.						He is taking fits now & then.
23 Septr 1889						Died.

NAME, Charles Ramsay Fleming Loch No. 74
Admitted, 15 April 1854 Pr. Ad.
Sex, Male Age, 29 Marriage, Single Occupation, Clergyman
Education, Religion,
Private or Pauper, Private Where from? London.

HISTORY.

Disposition Excellent
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing Masturbation
Exciting Fall from a Coach

Causation.

Symptoms. First.
Mental Loss of cheerfulness became fanciful & thought he would die of a decline
Bodily

Recent.
Mental Hallucinations of sight & hearing. Delusions of being Electrified and suspicious
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack Four years
Other Facts or Remarks During his residence here has had many delusions of grandeur - He thinks himself Charles II that the Queen is his wife, that this is his Castle - He has also imagined that boys under the floor constantly tormented him - These delusions have been constant His bodily health has been good

Facts of Medical Certificates Mania

NAME Charles Ramsay Fleming Loch

STATE ON ~~ADMISSION~~ 2 Dec: 1884

Mental

Exaltation

Depression Is hypochondriacal about his bodily health maintaining that he has Consumption &c

Excitement

Enfeeblement Takes no note of the propers of time. Says he has been here 5 years - Has really been 30 years

Memory Impaired

Coherence Impaired Can answer questions? Simple ones

Delusions Has many as to being assaulted by his enemies Thinks the members of his family come to converse with him ~~Injury~~

Other Abnormalities

Is timid and converses usually in a whisper

Bodily.

Appearance Pale and Anaemic

Skin Pale Hair White

Eyes Hare Arcus Senilis Pupils Equal

Muscularity Poor Fatness Poor

Nervous System—*Motor* General Muscular power weakened

Sensory Has Paraesthesiae of many kinds - fingers touching him - Electrical Shocks &c

Reflex Action Impaired Special Senses { deranged - Auditory & Visual hallucinations

Retina

Lungs Healthy - Respirations 16 per min.

Heart Normal Impositon Acting feebly

Tongue Small & Clean Bowels Usually Confined

Other Organs, Abnormalities, Bruises, &c. There are internal piles which Sometimes bleed freely - Suffers from Chilblains on hands & feet

Appetite Good

Urine S. G. 1024 Contains traces of phosphates

Menstruation

Pulse Small feeble 80 per min. Temp. 98.2. 10 a.m.

Height 5 ft. 5 in Weight 7 st. 9 lbs

Disease Monomania of Unseen Agency Short's Classification Insanity of Masturbation

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
				Yes.				Yes	Yes

NAME. Charles Ramsay Henning Loch

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6·3·85		97		70	186	Is oppressed with many delusions of unseen agency. He imagines that he is visited at night by many celebrated people e.g. Queen Anne. Princess Beatrice. Hercules & Apollo who converse with him on various subjects. He has the delusion that his enemies arrive by the night mail & assault him by making his bowels loose or turning his heart into curious shapes. His manner is ~~very~~ kind and he speaks as a rule in whispers, he speaks to avoid his enemies hearing his conversation. He is neat in his attire and of very cleanly habits. He suffers from Internal Haemorrhoids which sometimes bleed.
7-12-86						He is a most diligent student of the Bible & draws various peculiar observances in his doctrine e.g. the keeping of Saturday as Sunday.
18·4·86						Mr. Loch went to Kirkmichael on the 29th ult. There has been considerable improvement in his bodily health. Mentally he is the subject of many delusions.
7·7·86						Mr. Loch is still at Kirkmichael.
14/9/86					131.	He is very much improved in bodily
14/11/86					127	health - His delusions remain.
31/8/87						Mr. Loch still suffers from bleeding piles: of late he has been loosing a little blood at stool frequently. He has got Unguentum Gallae & Opio to apply daily. He has the same delusions of grandeur, viz. that he is the King, the Emperor, and the Archbishop of three Sees; and that he possesses numerous Estates, including "Crichton Castle". He writes frequent letters to Queen Victoria, complaining of the his detention here, & of his being kept out of his rightful property.
~~11/9/87~~						
15/9/87						On the 3rd Mr. Loch was found to be suffering from Herpes Zoster, affecting the interscapular region, the deltoid surface of the left upper arm, and the anterior and outer surfaces of the left forearm. The vesicles were exceedingly well marked, and he was suffering much pain. Since then he has been confined to bed. He has been treated with

NAME, Charles Ramsay Fleming Loch.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Easton's syrup, and then with bicarbonate and salicylate of soda internally; and oxide of zinc has been dusted on his arm. He is now very much better. The vesicles are drying up, and the pain is much less.
17/7/87						Mr. Loch still improves: he is up today. He is taking his food as well as usual, but his sleep has been disturbed by the pain in his arm.
2/9/87						The Herpes Zoster developed into acute eczema, and Mr. Loch is still confined to bed and has suffered much pain. He is now improving. His bodily condition has not fallen off much during his illness. He takes his food well, and is having extra diet – 4 eggs per day, and port wine ℥ii. He is most uncomplaining, and most generous in his thanks for anything that is done for him.
2/9/87						Mr. Loch was up most of the day yesterday. The eczema is nearly cured.
8/10/87						The eczema is now healed, and Mr. Loch is now going about as usual. He has still some pain in his arm.
14/12/87					138	Mr. Loch is in good health: he has a wonderful appetite. His mental condition is unchanged. He has not been losing much blood from the rectum lately.
3/3/88					143	Mr. Loch is very well at present. His delusions of grandeur are fixed and most exaggerated. He is laboriously polite, and profoundly grateful for the smallest attention. He is very tidy, and spends most of the forenoon in sweeping and dusting his room. He invariably observes Saturday as Sunday, and cannot understand why others have changed the day. He writes incoherently in large note books, and says he is writing a history of the world.
10/88						Went to Kirkmichael today.
10/7/88					137	Is the better of his stay at Kirkmichael.
5/9/88					135	
2 Feb 89						No change. Is in fair health.
2 April					135	No change.
4 June 89.						Went to Kinmount. In fair health.
Aug. 6th 89					135	Returned from Kinmount to-day decidedly benefited by the change physically. Has been in good health for some time past and less troubled with piles.

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75

NAME, Hugh Blackwood No. 78

Admitted, 11 October 1854. Pr. Ad.

Sex, Male Age, 14 Marriage, Single Occupation, None

Education, Religion,

Private or Pauper, Private Where from? Glasgow

HISTORY.

Causation.

Disposition Irritable & passionate

Habits

Previous Attacks—No. Kind

Duration Four years Where treated School for Idiots Bath

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Nervousness during Dentition

Symptoms. First.

Mental Those of Idiocy

Bodily

Record.

Mental No change in the Character of Symptoms since Commencement

Bodily

Insane Habits and Propensities Thievish and Mischievous

Suicidal

Dangerous Yes

Duration of Existing Attack Since Six months of age

Other Facts or Remarks After admission it was attempted to teach him the Elements of Knowledge but unsuccessfully By degrees he was taught to Conduct himself more quietly but when attention was relaxed he returned to his old habits of destructiveness - He often assaults those whom he discovers cannot return his Kicks & blows His bodily health has been always good

Facts of Medical Certificates

That he is in a state of Idiocy

NAME Hugh Blackwood

STATE ON ~~ADMISSION~~. 15th Dec: 1884

Mental.

Exaltation

Depression

Excitement Occasionally he is excited & is sometimes violent

Enfeeblement He is idiotic - Cannot converse or give attention to anything

Memory Poor

Coherence Nil. Can answer questions? No

Delusions

~~Other Abnormalities~~ He is spare - does not look his age. Vacant expression of countenance

Bodily.

Appearance

Skin Healthy Hair Black

Eyes Grey Pupils Small & Equal

Muscularity Average Fatness Poor

Nervous System—*Motor* He executes peculiar movements E. g. Standing up and swaying two & fro for a long time

Sensory Blunted - does not feel strong pinching

Reflex Action Blunted Special Senses Apparently fairly good

Retina

Lungs Chest narrow - Breath Sounds normal - Respiration 18 per. min.

Heart Apex beat in normal place - Cardiac Sounds healthy

Tongue Clean & moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver & Spleenic dulness normal

Appetite Good

Urine S. G. 1015 Contains traces of phosphates

Menstruation

Pulse 72 & average strength. Regular Temp. 97.3 9. p. m.

Height 5 ft 7 in Weight 9 st 4 lbs

Disease Idiocy *Skae's Classification* Idiocy

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. Hugh Blackwood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·3·85		97·7		78	104	Is in a condition of congenital idiocy. He is obstinate and wilful, and takes a delight in administering a kick to any patient weaker than himself, when his attendant is not looking. He cannot do anything involving more than a minimum use of his mental faculties. He often sits on a chair swaying his body to and fro in a rhythmical manner. His bodily health is good.
16·12·85.						His bodily health continues good. Mentally he remains the same as reported above.
18·4·86						This patient remains in good bodily health. His body is well nourished & muscular. He is sometimes difficult to manage as if requested to do anything disagreeable to him he will struggle and fight before obeying.
1·7·86.						There is no change in this patients state.
14/9/86					129.	No change in this patient. He
14/12/86					126.	continues in good health.
14/9/87					124	Bodily health good. No change mentally.
14/12/87					126	Mr. Blackwood continues in good health: he suffers from internal piles, but is otherwise well. He is untidy, and sometimes obstinate and troublesome.
30/3/88					129.	No change to report.
20/7/88					125	He is mischievous and destructive; tears his clothes, destroys books, chairs, &c., and points out the mischief he has done with an air of satisfaction. He can only answer 'yes' and 'no' to simple questions. He still has the habit of swaying his body about in a rhythmical manner.
15/9/88					130	
18 Dec[r]						Now in the 2nd House. He is Quiet & works at the barrows. No change.
30 Mar 1889						He is very destructive & cannot be left out of sight. There is no improvement.
15 Mar. 1890						This man is in the 2nd House and is much the same. He works with the barrows & is

NAME. Hugh Blackwood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						still a destructive somewhat cunning demient. He also scratches other patients & irritates them to strike him.
15 June						1890 Much the same but rather quieter.
1 Sept.						1890 He works at the barrows & does not pick the walls & pictures to pieces but is not to be trusted.
1 Nov.						1890 Spends all his spare time in eating sleeping or twiddling his fingers.
8.0.91						Transferred to 1st house. No change.
5.3.92						He is destructive, tears the covers off chairs and sofas when he has a chance: sits swaying his body backwards & forwards. Quite demented.
2.8.92.						Gone to Kinmount yesterday.
12.11.92						Still at Kinmount. No change.
29.5.93						No change. Has been back from Kinmount for some weeks.
25.10.93						No change mental or physical
2/5/95						Very quiet, slow in his movements. Tongue clean & moist. Pulse good. Is unaltered mentally, sits at times whining like a dog, & at other times rocks himself to & fro in his chair but never speaks.
1/9/95						
10/2/96						There is no change in the condition of Mr. Blackwood.

Died 9/2/99.

79

NAME, David Edgar (S.C.A. VII. 53) No. 508

Admitted, 13 May 1856. Pr. Ad.

Sex, Male Age. 40 Marriage, Single Occupation, Blacksmith

Education, Moderate Religion,

Private or Pauper, Pauper. Where from? Tinwald.

HISTORY.

Disposition Restless

Habits Intemperate

Previous Attacks—No. One (a year previously) Kind

Duration A few days Where treated Glasgow Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing Naturally of weak mind

Exciting Intemperance

Mental

Bodily

Mental Speaks in monosyllables and slowly long after a question is addressed.

Bodily

Insane Habits and Propensities

Suicidal During the first attack attempted to drown himself

Dangerous

Duration of Existing Attack

Other Facts or Remarks On admission he was taciturn and when spoken to seemed surprised and did not answer for some time. A year after admission, he had an attack of Acute Mania which came on quite suddenly and in which he was very violent and dangerous. This did not pass off for some days, and then he relapsed into his former state of silent reserve and affected courtesy. At the same time he got into the way of ending his sentences metrically

Facts of Medical Certificates { Has open talking perfect nonsense. After fifteen years he was very quiet though liable to attacks of dangerous excitement, but these have occurred at longer and longer intervals.

That he is in a state of lunacy.

NAME David Edgar

STATE ON ~~ADMISSION~~ 12th February 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Great mental enfeeblement

Memory Fairly good considering his years

Coherence He is incoherent often Can answer questions? Answers simple question

Delusions

Other Abnormalities

Bodily.

Appearance He is a frail old man, thin and wasted.

Skin Dry and Scaley Hair Thin he is becoming bald

Eyes Grey Pupils react normally, and are equal

Muscularity Poor Fatness He is somewhat emaciated

Nervous System—*Motor* Muscular power is very much impaired.

Sensory Normal

Reflex Action Special Senses He is considerably deaf.

Retina

Lungs Inspection of Chest reveals a small moveable growth on the base of xyphoid cartilage. Percussion note impaired being dull on the right apex. Breath sounds

Heart Cardiac Impulse Imperceptible to Sight and palpation. Sounds very weak. Feeble

Tongue Tremulous, cracked, and furred Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Irregular yellow crust on the top of the head. discoloration due to varicose ulcers on the left leg

Appetite Moderate, good, considering his age and condition.

Urine S.G. 1016. alkaline. pale yellow. turbid, deposit of phosphates.

Menstruation

Pulse Rate 66. Regular and weak Temp.

Height Weight

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition General health impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, David Edgar.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3·5·85.		97·3		80.		Is in feeble bodily health and has been confined to bed on this account for sometime. He is to have three eggs a day, extra diet, with ℥ij port Wine, and ʒj Ol. Morrh. at bedtime.
30·5·85		98.		76.		This patient continues weak & feeble. Within the last few days a bedsore has formed over the sacrum, consequently he does not keep his bed all day but rises in the afternoon. He sleeps on an airbed.
6·6·85		98·2		74		Has made some improvement during the past week: the bedsore has not extended and his appetite is good. He gets up every day.
18·6·85		98·4		70.		The bedsore has now healed and his general health has improved.
31·8·85						Has improved considerably physically but is still confined to bed. Mentally there is no improvement. He cannot carry on a conversation. Can only answer simple questions & then in monosyllables only or mutters something to himself. Takes very little interest in his surroundings.
18-1-86.						This patient continues to be confined to bed. He has considerable difficulty in micturating, the stream being small & forked. A heavy deposit of phosphates is to be found in his urine but no pus. His mental ability consists chiefly in being able to give monosyllabic answers to questions frequently without much reference to their significance in fact his demented condition is most marked. He is apt at times to rhyme his words.
5-2-86						Great marasmus & weakness are now present. The abdomen has a boardy feel but the temperature has not risen & the bowels are open. The heart is intermittent & very feeble. Free stimulation (internal & external) is being given
7-2-86						The patient has with difficulty been kept alive for several days He died today at 5:20pm

Died

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

83

NAME, William Maxwell (S 6 a VII 94) No. 520

Admitted, 30 June 1856 Pr. Ad.

Sex, Male Age, 36 Marriage, Single Occupation, Clerk

Education, Good Religion,

Private or Pauper, Pauper Where from? Dumfries.

HISTORY.

Causation.

Disposition Mild, gentle, and tractable.

Habits

Previous Attacks—No. Two Kind

Duration Where treated Montrose, Dumfries, and Edinburgh Asylums

Hered. History—Insanity

Other Diseases Father was intemperate

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 10 years.

Other Facts or Remarks At first he was very quiet and industrious, and had an idea that he had charge of a working party, but was sometimes excited. 15 years afterwards he had also a delusion that everybody was insane except himself; he was also very unconscious and thought that everybody wished to hurt him. Since 1874, he has had an inguinal hernia which was occasionally painful and incapacitated him from work.

Facts of Medical Certificates That he is in a state of lunacy.

NAME William Maxwell.

STATE ON ~~ADMISSION~~. 15th December 1884

Mental

Exaltation

Depression

Excitement Always in a state of mild excitement; restless; suspicious sometimes abusive & threatening.

Enfeeblement Mental.

Memory Gone for recent events, remembers he was in Edinburgh Asylum.

Coherence Sometimes talks incoherently Can answer questions? yes, sometimes

Delusions Says he gets no meat, as the doctor and patients take it from him; that the Medical Superintendent is mad and ill treats him; that he alone is sane

Other Abnormalities

Bodily.

Appearance Strongly-built man, with slight stoop

Skin Hair Grey, turning white

Eyes Bluish-grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Moderately good, no paralyses.

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Flabby, furred Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has an inguinal hernia

Appetite Good

Urine s.g 1022. amber coloured, acid; no abnormal constituents.

Menstruation

Pulse 80. Stacney Temp. Normal

Height 5ft. 8½ in Weight 171 lbs.

Disease Chronic mania passing into secondary dementia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	Yes

NAME, William Maxwell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6. 6. 85		97.1		68	170	This patient is talkative, states that he is the only sane person in the house & that he is frightened to speak to the officials because they are so insane.
15. 9. 85						Since last report he has lead a quite & uneventful life chiefly employed in teasing hair. He is fond of a talk & refers with interest to various incidents of his former life, when he was in America &c special the voyage there. His memory is not so much impaired as one might imagine & there are few things that occur in his gallery that he is not cognisant of & may refer to later. He is very suspicious of his neighbours & accuses them of ill-treating him in various ways. He sometimes becomes excited, threatens & even strikes those whom he accuses of stealing his food &c. Physically he is becoming decidedly weaker with advancing age. The stoop specially the droop of the shoulders becoming more pronounced otherwise he enjoys moderately good health.
8-2-86						He combines great irascibility of temper with extreme timidity. He is much afraid of being hurt by the insane around him and is always requesting the officials to take them away from him. Being very unsociable he avoids the other patients and never speaks to anyone unless spoken to when he answers in a half violent half peevish tone of voice & is apt to accompany his remark with a feeble blow. He labours under delusions of grandeur e.g. that he is a special commissioner appointed by Government after superintendent the administration of Australia & his bodily health is poor. At other times he imagines himself to be a sheep and bleats like one.
Sept 17 1887.						He is in a state of dementia – his sole idea being "more baccy" he also likes snuff. he will not speak much & at times is irritable but is put into a good temper by a little piece of tobacco. He scratches & strikes at times. He has however delusions of grandeur as before. He is timid still

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						& suspicions – His health is not so robust as it was but he complains of nothing specially. The "special Commissioners" believes that a patient Somerville is specially "daft" & is his enemy – The doctors here are also daft. He is in his usual health.
Jan 2. 1888.						
5th March 1888						Gradually sank from a very large cancer involving the whole of his bladder & part of the prostate – his urine was drawn off 3ce & 4 times daily & was always hæmaturic – deeply so & at times blood came from the penis in the intervals – pus also came with & without the catheter – Iron was the only thing that had any effect on the hæmaturia – His mental state was aggravated at the last & he died in some bodily pain – P. M. Exam= showed the enormous hernia (r.s.), the cancer, & small tumours on the surface of the brain involving the pia & like psammomata – near the top of the fissure of Rolando, in the left frontal lobes & down near the Sylvian fissure.

NAME, David Mein (Vol XIV. 113) No. 528
Admitted, 2 August 1856 (CRS. 16 May 1842) Pr. Ad.
Sex, Male Age, 46y. Marriage, Single. Occupation, Schoolmaster
Education, Religion,
Private or Pauper, Private Where from? Edinburgh.

HISTORY.

Causation.
Disposition Quiet; inoffensive, somewhat melancholic
Habits
Previous Attacks—No. First attack. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Unknown, unless it be a dispute with the Clergyman and Heritors of his parish, regarding the erection of a schoolhouse

Symptoms. First.
Mental Depression of spirits
Bodily It is stated that all the bodily functions were more or less affected.

Recent.
Mental Delusion that he committed some great crime for which he would have to be punished. Delivered himself to the Police for this purpose
Bodily Occasional refusal of food; at other times voracity. Emaciated

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack Four months.
Other Facts or Remarks During the earlier part of his residence here, this patient was at times violent, attacking the weakest & least rational of his fellow patients: He also indulged in denunciation of those with whom he had formerly connected; otherwise he was quiet, taciturn and industrious. In '72 his habits are reported as filthy and destructive. In '73 and in '75, he suffered from Erysipelas of the head & face. Otherwise the bodily health has been good.
Facts of Medical Certificates That he is in a state of lunacy.

NAME David Mein

STATE ON ~~ADMISSION~~ 9 May. 1895

Mental.

Exaltation

Depression

Excitement

Enfeeblement Speaks incoherently at times, and instead of answering questions mumbles Latin and Greek names to himself.

Memory Good, except for recent events, about which it is hazy.

Coherence Impaired at times Can answer questions? Yes.

Delusions States that his mouth was once connected with Heaven by means of a string and in this way he received the Holy Ghost.

Other Abnormalities He has the habit of talking to himself and muttering Greek and latin names.

Bodily.

Appearance He has a stoop when walking. Is moderately well nourished

Skin Healthy. Hair Grey.

Eyes Brown. Pupils Equal & of moderate size.

Muscularity Moderately good Fatness Moderately good.

Nervous System—*Motor* Functions fairly well performed. The Gait is feeble from age.

Sensory Functions moderately good.

Reflex Action Average. Special Senses Moderately good.

Retina

Lungs healthy. Respirations. 18 per. min.

Heart Apex impulse in usual position. Heart sounds healthy

Tongue Red. Clean, moist. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. The arteries are tortuous and atheromatous.

Appetite Good

Urine s.g 1022, acid, reddish yellow. No albumen or sugar.

Menstruation

Pulse 78. & high tension, regular. Temp. 95° 4. 10. 10 pm.

Height 5/1 6½ in. Weight 146½ lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes.	Yes

NAME, David Mein.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85		97.3		76	147	This patient is an industrious worker in the garden; he has a great liking for the pigeons and talks away to them. He has the idea that the Holy Ghost has descended on him by means of a pigeon. He is fond of recalling the Greek & Latin names for the things he sees: He enjoys good bodily health.
15.9.85						Has lived a quiet & uneventful life since last report being constantly employed in the garden or as he calls it the Garden of Eden. He talks to animals & inanimate things as if they were rational creatures & seems to be in a perfectly contented & happy frame of mind always in good temper & delighted to be taken notice of. He has enjoyed good health during the last three months
8-11-85						His memory for remote events & acquisitions is extraordinary. He retains a very excellent knowledge of Latin & Greek and quotes various of the classical poets with great readiness & aptness. His perception of new actions & ideas is however much impaired and so far as regards interest in or knowledge of the present world around him is concerned he is demented. When alone he chatters incoherently mixing declensions into everyday topics. He enjoys a very excellent temper & happy disposition & has fair physical health.
18-1-86						When lowering a window today he stood on the end of a bench to do so & the latter tilting he fell heavily to the floor fracturing his right humerus just below the insertion of the deltoid.
5-3-86						After a long course of treatment the fracture united but a slight degree of contraction of the biceps occurred. He is again employed in garden labour.
15th Septr 1887.						D.M. is quiet & industrious & always wishes one a "good morning" cheerfully but yesterday he was incoherent & talked to himself - being unable to answer a question - his bodily health is good ~~& he~~ but he has become weaker He still works in the garden & takes a great interest in

NAME. David Mein

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887.						
15th Septr.						the apple crop. His arm now gives him no trouble. He is quiet & demented.
Jan 1888						In the same condition gets fradually feebler in body & mind.
10 March 1888						No change in this old man.
10 June 1888						Works in the Garden still but will not go out on damp days. a nice quiet old fellow
1 Octr						No change.
18 Decr						This old man still works on in the same way in the Garden - on cold or wet days he stays in & will not go out.
30 Mar. 1889						David Mein gets feeble, more so as time goes on. No mental change.
1 July						Just goes on quietly without event.
10 Septr.						He is careful not to go out on bad mornings.
18 Novr						Still quiet & works on as a Gardener.
15 March 1890						He works in the Garden as before.
15 June						This old man is most regular in his hours & takes the greatest care of himself - in good health (for him).
1 September						No change.
1 November						He continues much as before.
4th Oct. 1891						This old man has been in failing health for some time and has been confined to bed. He died today from senile decay at the age of 84 years.

NAME, Robert Simpson No. 103
Admitted, 19 February 1857 Pr. Ad.
Sex, Male Age, 28 Marriage, Single Occupation, Writer
Education, Religion,
Private or Pauper, Private Where from? Annan

HISTORY.

Constitution.
Disposition Amiable
Habits
Previous Attacks—No. one Kind Melancholia
Duration Where treated Crichton Inst.
Hered. History—Insanity Mother & Sisters Eccentric & Melancholic
Other Diseases
Predisposing

First Symptoms.
Exciting Excessive Study, Seclusion & religious impressions about the Gospel
Mental Depression peculiarity of temper, Spiritiveness & vigilance
Bodily Subject to Hæmorrhoids of a severe form

Recent Symptoms.
Mental Increased depression and other Symptoms of Melancholia, Alienation from friends Suicidal tendency
Bodily

Insane Habits and Propensities Destructive. Refuses to strip off his clothes at all times
Suicidal Yes
Dangerous
Duration of Existing Attack Two years
Other Facts or Remarks Since his admission his insanity has been of a religious character tinged with a Suicidal tendency Calls himself Immanuel! Conducts Services in all his leisure time - frequently performs a series of evolutions when he is on his feet! Calling it dancing before the Lord - He has a scheme for restoring The Temple His bodily health has been good

Facts of Medical Certificates
Melancholia

NAME Robert Simpson

STATE ON ~~Admission~~ 2 Nov.r 1881

Mental.

Exaltation

Depression

Excitement Restlessness Making Continual Circular Movements around his room

Enfeeblement

Memory Moderately good.

Coherence Moderately good Can answer questions? Yes

Delusions That he is chosen to restore the Temple at Jerusalem

Other Abnormalities

Bodily.

Appearance Stooping from Posterior Incurvation of Spine

Skin Covered on chest & arms with an eczematous Eruption Hair Brown, scanty { Poorly nourished

Eyes Blue Pupils Small & Equal

Muscularity poor Fatness Small

Nervous System—*Motor* Has a circular movement somewhat like a waltz step in his walk - He revolves even when going up stairs

Sensory The skin is tender over and around & over and around the eczematous areas

Reflex Action Moderately good Special Senses Hearing & Sight impaired

Retina

Lungs Chest narrow and contracted - Breath Sounds healthy Respirations 20 per min.

Heart Apex beat in usual position & Moderate Strength Heart sounds healthy

Tongue Red slightly furred Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There is a Haematoma Auris on the right side - There is posterior incurvation of Spine most marked in the upper dorsal region

Appetite Good. Many of the teeth wanting

Urine S.G. 1020. acid. pale yellow. No unusual constituents

Menstruation

Pulse 90 per min. & good Strength Temp. 97.6. 9.25 a.m

Height 5 ft 6 Weight 7 Stn 9 lbs

Disease Religious Mania *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes.							Yes	

NAME, Robert Simpson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1·4·85		97·4		80	102	This patient has many delusions, chiefly of a religious character. e.g. that he is a messenger of the Lord sent to restore the Temple at Jerusalem, for which he asks subscriptions and is quite content when he obtains verbal promises for £50 or £100. He is unconnected & rambling in speech. He indulges in peculiar gyratory movements which he calls dancing before the Lord and at Nights frequently sings hymns for two or three hours. His bodily health is impaired
3·4·85	101·4	100·3	110	106		To-day shows symptoms of acute Bronchitis. He is removed to the Infirmary. Ammon Carb. with Inf. Senega ordered.
4·4·85	99·4	100·	104	108		Is a little better. Is expectorating more freely. Is restless and sleepless.
5·4·85	99·3	98·4	102	100.		Is restless and difficult to manage, wishes to get up. Signs of double pneumonia
6·4·85	97·3	98·	98·	98		The cough is easier and expectoration free. ℥ss doses of Liq. Morph. Mur. ordered every two hours to diminish the restlessness.
7·4·85	99·4	99	108	104		This morning a bedsore the size of half-a crown was discovered upon the sacrum. He was placed upon an airbed. The dose of Morphia was doubled. In the evening he was much weaker.
8·4·85	99·2		102			About twelve o'clock this morning Mr Simpson became unconscious, and despite the free administration of stimulants & artificial respiration kept up for over an hour, he expired at one o'clock

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, William Stewart (Vol VII 167) No. 557
Admitted, 7 april 1857 Pr. Ad. Sept 1852
Sex, Male Age, 30 Marriage, Single Occupation, Labourer
Education, Religion,
Private or Pauper, Pauper Where from? Twynholm

HISTORY.

Disposition Quiet
Habits
Previous Attacks—No. One Kind
Duration One year 7 eight months Where treated Crichton Royal Institution
Hered. History—*Insanity*
Other Diseases
Predisposing
Exciting Religious Impressions

Symptoms. First.
Mental Has had a peculiar manner since last admission
Bodily

Recent.
Mental Restlessness; tendency to wander specially at night
Bodily

Insane Habits and Propensities
Suicidal Has cut off part of his nose in obedience he affirms to a command from heaven
Dangerous Regards it his duty to destroy the wicked but is quiet to those he calls [Christians
Duration of Existing Attack
Other Facts or Remarks On admission suffered from an attack of acute Mania during which he required to be fed & was very violent. After the attack he had many delusions eg. that he had been murdered; that he had real properties; that he received special favours from Heaven; he was also supreciliously arrogant. From that time he has passed slowly into a state of Dementia & the delusions have gradually faded away. His nose took a considerable time to heal but otherwise he has enjoyed good health.
Facts of Medical Certificates
That he is in a state of Mania

NAME William Stewart

STATE ON ~~ADMISSION~~ 7th February 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Speaks incoherently. Takes little interest in anything and cannot carry on a connected conversation

Memory Weak. says he has been here only a few days.

Coherence Impaired Can answer questions? Sometimes.

Delusions

Other Abnormalities

Bodily.

Appearance Rather thin & pinched but still fairly well nourished

Skin Healthy. Hair Iron grey

Eyes Brown Pupils Normal

Muscularity Impaired Fatness

Nervous System—*Motor* power is good but co-ordination is somewhat impaired as seen by his shuffling gait.

Sensory Impaired

Reflex Action Special Senses Normal

Retina

Lungs Dulness over left apex anteriorly, over which area breath sounds are harsh. No cough present

Heart sounds feeble

Tongue Flabby showing marks of teeth Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There is a cicatrix across the bridge of the nose, which is broken, where he attempted mutilation. There is a backward dorsal curvature & slight lateral right curvature. Right Scapula prominent & compensatory protrusion of left thoracic wall

Appetite Moderately good

Urine s.g. 1024. acid. amber coloured. no abnormal constituents.

Menstruation

Pulse 66 per minute, regular Temp. 96·4. Th. 8. 46.

Height 5ft 4. 3/4. Weight 123 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Average

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. William Stewart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12.6.85		98.3		74	124½	To day the right side of the lower jaw of this man was noticed to be swollen, and his throat inflamed; the cause of this cannot be ascertained. He was placed in bed & milk diet ordered.
16.6.85		98		74		The swelling of the jaw continues; it is red, but gives no pain according to the patient, who eats and sleeps well.
15.9.85						The swelling rapidly disappeared & he has since enjoyed moderately good health. Mentally there has been no change. He has been quiet & orderly & industrious being employed in the general work of the Gallery. He seldom speaks but answers readily enough when addressed but if the conversation is continued becomes rambling & sometimes quite incoherent. With this however there is a considerable amount of intelligence present.
11-1-86						He continues to be a quiet and industrious useful demented. His physical health is fairly good
Oct 21.1887.						W.S. is quiet & works well. There is no change in this man.
28 Dec 1887.						Works well in the 3rd Division & is in ordinarily good bodily health. He eats & sleeps well & is quiet & contented. Mentally he has not changed.
30 March 1888						This man whose nose bears trace of mutilation at times makes a great mess of himself with soap & water & stuff — is quiet at present
20 June 1888						No change.
1 Octr						Works in the 3rd Division & shews no change.
18 Decr						This man is depraved & is weakminded & silly — he would easily become excitable if he were interfered with.
30 Mar 1889						He is quiet but depraved & weakminded & is very untidy.

NAME, William Stewart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 July 1889						This man is working quietly in the 3rd Division.
10 Septr.						Still works on – He is in fairly good health –
18 Novr						He is inclined to be untidy & dirty in his habits. His health continues much the same.
15 March 1890						He works in the 3rd Division & is a shy retiring demented fellow.
15 June						No change.
1 Septr.						He is still in the 3rd Divn & works at scrubbing &c.
1 Novr						No change.
1st Oct 1892						Died at Kinmount – from Rupture of ~~right ventricle~~ left auricle.

99

Born 1825 –

NAME, Joseph Bell Richardson No. 120

Admitted, 23 November 1857 Pr. Ad.

Sex, Male Age, Marriage, Occupation, Divinity Student

Education, Religion,

Private or Pauper, Private Where from? Montrose

HISTORY.

Condition.

Disposition Mild & good natured

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Hereditary taint

Exciting Intemperance, Excess of Smoking, Overstudy, & Solitude

Symptoms. First.

Mental Self obstruction

Bodily

Recent.

Mental Delusions as to mental & moral Condition
-General Excitement

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks After his admission he was much occupied in self-contemplation making out courses of Self instruction & writing voluminously but incoherently to prove his Sanity. He has been a frequent contributor to the "New Moon". Has preached twice to the patients in the S. C. Asylum – His bodily health has been good

Facts of Medical Certificates

Fatuity

NAME Joseph Bell Richardson

STATE ON ~~ADMISSION~~. 15 Dec. 1869

Mental.

Exaltation

Depression

Excitement

Enfeeblement His Conversation is rambling & unconnected and his writings are incoherent.

Memory Of recent events meagre

Coherence Impaired Can answer questions? Yes

Delusions That he has seen visions and continues to see Remnants of them

Other Abnormalities Is very fond of trumpery jewelry which he wears in great abundance also of coats (Second hand) trimmed with fur

Bodily.

Appearance Sallow complexion, Slight build, but well nourished

Skin Sallow & coarse texture Hair Greyish brown

Eyes Arcus senilis well marked Pupils Equal & Contractile to light

Muscularity Moderate Fatness Fairly good

Nervous System—*Motor* Moderately good

Sensory Cutaneous sensibility impaired

Reflex Action Slight Special Senses Deafness & defective vision

Retina

Lungs Moderately well formed Chest. Lung sounds healthy Respirations 18 per. min.

Heart Apex impulse feeble Cardiac Sounds weak

Tongue Clean Bowels Confined

Other Organs, Abnormalities, Bruises, &c. Liver Kidneys Abnormal

Appetite Good

Urine S.G. 1018 pale yellow acid reaction Slight deposit of ~~Albumen~~ urates

Pulse 90 per min. Average Strength Temp. 97°. 2. 11 p. m.

Height 5 ft 3 Weight 9 Sts 4 lbs

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME, Joseph Bell Richardson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·3·85.		98·1		76	131	Is incoherent in speech and writing. He preaches in the second House on Sunday mornings and his sermons are unconnected and rambling. His manner is abstracted and the expression of his face contemplative. He is fond of Brummagem jewellery and is outré in his dress. His bodily health is good. He has outside parole.
10·5·85.						This morning Mr Richardson did not rise at his usual hour & on visiting him he is found to be suffering from Lumbago, evidently a severe attack. Ln Saponis.
13·5·85.						Today he is up but confined to his room & the pain is not so severe.
16·12·85						Mr Richardson enjoys good bodily health at present. He continues to conduct service at 2 o'clock - His discourses are not more to the point than formerly.
18·4·86						Mr Richardson's services as Chaplain have been dispensed with. He suffers from Rheumatism in the knees and sometimes Lumbago. He walks a good deal and is not careful in avoiding damp.
19·5·86.						went to Kirkmichael today.
1·7·86						Mr Richardson is still at Kirkmichael. He is strong in bodily health but still
9/9/86					141	complains of lumbar pain which he makes an apology for asking beer, tobacco, whisky, money &c. &c. And he also makes
14/12/86					144	injury to the back his excuse for avoiding all unpleasantness himself. He has pleaded to be excused from coming to the dressing room for meals, preferring them in his rooms; also from bathing &c.
14/9/87					154	Mr. Richardson still complains of pain in his back, but is contented if supplied with any form of lotion, always pronouncing it a very good one. He is very incoherent in conversation, but answers ordinary questions intelligibly.

NAME, Joseph Bell Richardson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14/12/87					156	Mr. Richardson's chief subject of conversation is the weakness of his back. He has lumbago occasionally, but exaggerates his trouble very much. He is never satisfied unless he has a lotion to apply; any lotion he gets he pronounces to be an excellent one. He is very lazy, and inclined to lie on the sofa all day. He torments the medical officers for certificates of his sanity, and is satisfied with any nonsense they may write. He is very anxious to be sent to a lodging in town, that he may live less expensively, and be less of a burden to his friends. He is now in the Low East.
3d3/88					156	Mr. Richardson has not been complaining so much of his back lately, and has been more active. He is still anxious to get a lodging in town, that he may be less of a burden to his brother; but has been partially consoled by being told that his board here will be reduced if necessary.
27/88					155	
1/9/88					152	
25 Feb. 89						He is still the same. He is fond of frequent change of lotion each one is better than the other, though each is a panacea at present - so he does not seem to be suffering. He still plagues the Officials about opinion on his sanity &c.
23 April					148	No change.
July 30th 89.					148	Much the same physically. Mentally he is becoming more demented, childish in manner, fond of rubbishy in the way of ornaments & dress - very facile &c. Went to Kinnoull on 19th July & returned 16th August.
Sept. 30th 89.					152.	No change worth recording physically or mentally. Has given up the habit of rubbing himself with acetic acid & liniments.
~~May 20 1890~~						
May 20 1890.						Mr R. again complains of his back. It is easily relieved by a simple liniment. No change mentally. Occasionally has twitchings of hands, arms, & facial muscles.
July 1st 1890.						Was sent to Kinnoull to day - in fair health.
8th Sept 1890						Mr Richardson returned today in good health & spirits.
2.2.91						No change.

Cont. on p 527

103

NAME, Alexander Robson (Vol vii 349). No. 628

Admitted, 12 June 1858 Pr. Ad.

Sex, Male Age, 27 Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Maxwelltown

HISTORY.

Occasion.

Disposition

Habits

Previous Attacks—No. First attack Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Suspiciousness; suspects several persons of having shot at him Delusions; says that a friend of his has been hanged by order of the Sheriff.

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks On admission he was full of delusions but after 14 years residence he had lost them all & passed into a state of dementia in which at first he talked much to himself in an incoherent manner occasionally gesticulating & uttering peculiar noises. With the increase of the Dementia the excitement has passed off in great part.
He has always been a good worker & enjoyed good health.

Facts of Medical Certificates Delusions that he has been shot at; that a number of people are in his room, and that a friend of his has been hanged by order of the sheriff.

NAME Alexander Robson

STATE ON ~~ADMISSION~~. 9 May. 1885.

Mental.

Exaltation

Depression

Excitement Is restless, talks rapidly and incoherently, moves his hands and arms about in an unusual manner, and utters strange noises.

Enfeeblement Incoherent in speech, cannot talk rationally, but when spoken to usually repeats a phrase, such as "What's the time" or "How are you getting on" over and over again.

Memory Poor. States he has only been here half a year.

Coherence Impaired Can answer questions? Sometimes

Delusions

Other Abnormalities

Bodily.

Appearance Strong and muscular.

Skin Healthy. Hair Scanty. Greyish brown.

Eyes Dark blue. Pupils Moderate in size equal.

Muscularity Good. Fatness Considerable

Nervous System—*Motor* Functions well performed.

Sensory Functions moderately acute.

Reflex Action Good. Special Senses Hearing is impaired

Retina

Lungs Chest large. Lungs healthy. Respirations. 18 per. min.

Heart Apex in usual position. Heart sounds strong and healthy.

Tongue Clean. red moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite good

Urine Sp. 1032. acid. reddish yellow. Granular deposit of urates. No albumen. No sugar.

Menstruation

Pulse 72 of good strength, regular. Temp. 95. 8. 9 pm.

Height 5 ft 5 3/4 in. Weight 184 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes

NAME, Alexander Robson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85		97.2		70	184.	This patient indulges in strange peaks and movements. He has a few phrases such as "what's the time" "Further up" and "How are you getting on?" which he calls out irrespective of time & place.
14.6.85		98.		78.		To-day it was noticed that this patient was limping and on examination it was found that his right leg had been injured. Over the upper part of the calf the veins are varicose and the whole limb is swollen. The foot cannot be put to the ground on account of the pain. The attendant can give no explanation of the injury.
16.6.85		98.2		74.		The swelling continues, and there is great pain when any movement is attempted & inability to walk.
18.6.85		97.3		70.		The swelling has been reduced somewhat by the rest in bed. There has been a considerable effusion of blood amongst the muscles as evidenced by the extensive yellow discolouration, which has first shown itself to-day.
17.9.85						The leg has now recovered completely but the veins are very much dilated much more so than those of the left leg. Mentally there is no change he is constantly on the move gesticulating & utter strange noises or repeating his favourite phrases. At present the once injured leg takes up much of his attention so that he prepares to shew it to all & sundry no matter where he is. He enjoys good health.
2-1-86						He is most untidy & slovenly but works well. Indoors his favourite attitude, if allowed to assume it, is a prone position on the floor. Outside he waves his arms in gestures & chatters incoherently. Still he is able to express his wants in an indirect way. e.g. if his foot requires a lace he stretches his hand to the head attendant saying "what's to pay?" To medical officers he generally says "Come a good fellow: how are you getting on?" either as a salutation or as an answer to a question. His bodily condition is one of great obesity & plethora.

NAME, Alexander Robson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th Dec 1887.						A.R. is much the same quite demented but in good bodily health at present. He repeats his words frequently, & in the same tone of voice. "What's to pay" works well with the harrows.
5 March 1888						Thinks "green dirt" is put down his throat at times & has hallucinations of sight trying at times to ward off a blow or some other imaginary attack.
20 June 1888						This peculiar old fellow shews no change.
1 Octr						Same state.
18 Decr						This man works at the lime cart & shews no change in the character & intensity of his delusions. He hurt his hand badly at Cricklewood House works but is better now.
30 Mar 1889						He still has the delusion about "green dirt" & remains the same.
1 July						Still in his usual health & having the same delusions.
10 Septr						This man is restless & very peculiar in his manner when speaking he cannot keep still.
18 November						No change.
15 March						He always sits when indoors, speaks in a peculiar voice and generally his conversation is "how are you coming on" repeated several times. He moves about swaying to & fro & rubbing one elbow with the other hand.
15 June						Much the same.
1 Septr.						He is working at the Artesian well & is much as he was.
1 Novr						Still working out of doors & is as peculiar as ever.

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883

NAME, Henry Hogg (S. C. A. Vol VII 381) No. 637

Admitted, 15 July 1858 Pr. Ad.

Sex, Male Age, 24 Marriage, Single Occupation, Seaman

Education, Good Religion, Protestant

Private or Pauper, Private Where from? Crossmichael

HISTORY.

Disposition Quiet

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity A sister attempted suicide Afterwards died insane

Other Diseases

Predisposing

Exciting

Symptoms First.

Mental

Bodily

Recent.

Mental Suspiciousness; quarrelsomeness; delusions.

Bodily

Insane Habits and Propensities

Suicidal Threatens to drown himself.

Dangerous

Duration of Existing Attack

Other Facts or Remarks On admission he was in a state of mania which in 14 years had passed into dementia with periods of depression during which he refused his food. His habits also were unsatisfactory as he eat his excrement & drank his urine when he had the opportunity. These habits gradually passed off. He has continued in a state of quiet Dementia ever since. In March 1883 Mitral disease was first noticed with a well defined murmur & irregular pulse. Otherwise his health has been good.

Facts of Medical Certificates "The delusions on various subjects, which he entertains; the suspicious and quarrelsome character which he sometimes shows. Dangerous and almost uncontrollable fury at times.

NAME Henry Hogg

STATE ON ~~ADMISSION~~. 1-10-83

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot take an intelligent interest in any thing or converse intelligently.

Memory Seems much impaired

Coherence Coherent Can answer questions? Yes but only when very simple

Delusions

Other Abnormalities

Bodily.

Appearance Strong well developed & well nourished

Skin healthy Hair Grey

Eyes Brown Pupils Normal

Muscularity Average Fatness

Nervous System—*Motor* Sluggish

Sensory Sluggish

Reflex Action Special Senses Normal

Retina

Lungs Healthy

Heart The first sound in the mitral area is replaced by a soft blowing murmur. Heart action very irregular

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 78 per minute very intermittent Temp. 97. 10.20 pm.

Height 5 ft. 4 in. Weight 140 lbs.

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									1

NAME, Henry Hogg.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6. 6. 85		966		74.	142.	There has been no change in the mental condition of this patient since last report. He is quiet and does some work. He is much mentally enfeebled.
5-2-86						He is chiefly employed at the Slaughter house. His bodily health is good. Mentally he is a quiet & harmless dement.
27 Dec 1887.						H. H. is quite demented. Quiet & mildly industrious he pursues his even way in the Slaughter house.
30 March 1888						No change in this man.
20 June 1888						He still goes to the Slaughter house & works as before. At times works on the Farm
1 Octr						This man has been sick & suffered from nausea for a short time but is better now.
18 Decr						Still working on as before & is in his usual health.
30 Mar 1889						He works as before at the Slaughter house.
1 July						H. H. is quiet & weak minded
10 Septr						He still works in the Slaughter house.
18 Novr						No change.
7 March 1890						Knee jerks exaggerated. No Triceps nor Wrist jerks but arms are very emaciated. No Rigidity 2 sound of heart accentuated at base
15 June						No change.
1 Septr.						He works in the Slaughter House & continues quiet & demented.
1 Novr						Same state.
30th Decr 1899:-						Sent to Farm annexe :—
30 August 1903.						Had an apoplectic seizure few days ago and he is now back to 2nd House, in bed in sick ward. Has failed very much of late.
1904 March 1st						Continues in bed in S.W. In poor health gradually fatting.

Died 19/2/05

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, William Finch No. 151
Admitted, 24 November 1858 Pr. Ad.
Sex, Male Age, 28 Marriage, Single Occupation, Chemist
Education, Religion,
Private or Pauper, Private Where from? Lancashire

HISTORY.

Condition.
Disposition Mild and good natured
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing The excessive use of stimulants & onanism
Exciting Suicide of an individual who had been supplied with poison by him

Symptoms. First.
Mental
Bodily He was seized with an Epileptiform fit at the sight of the body of the Suicide

Recent.
Mental Want of stability & purpose, desire to be alone, dread that his friends are suffering injuries through him &c
Bodily Has had two or three Epileptiform fits since

Insane Habits and Propensities
Suicidal Supposed to be, Has asked for Prussic acid often
Dangerous
Duration of Existing Attack 31 years.
Other Facts or Remarks After admission he was oppressed by the Delusion that he injured everybody who came in contact with him; that everyone pointed the finger of Scorn at him - He imagines that there is a detective constantly dogging his footsteps & who remains outside his bedroom window every night with pistols to shoot him. Lately he seems to have become brighter & more talkative though still hearing imaginary voices speaking to him
Facts of Medical Certificates

Want of Correctness in his sensations & in his imagination, coupled with an irritable & highly disordered state of the nervous system - Restlessness depression, dread of Society, suspicion & doubt of himself

NAME William Finch

STATE ON ~~ADMISSION~~ 24 dec. 1884

Mental.

Exaltation

Depression Is at times depressed, refuses to speak & imagines that people are endeavouring to injure him

Excitement

Enfeeblement

Memory well developed, remembers anecdotes & dates extremely well

Coherence Can answer questions!

Delusions That he is persecuted & cruelly treated - He hears voices speaking insultingly to him

Other Abnormalities

Bodily.

Appearance Small, thin, & ill nourished, Sallow complexion

Skin Dark, healthy Hair Brown

Eyes Brown Pupils Equal, Small

Muscularity Moderate Fatness Diminished

Nervous System—*Motor* Functions moderately good

Sensory Functions good

Reflex Action Average Special Senses Hearing deranged. Hears unreal voices

Retina

Lungs Chest small & narrow. Lower part of Sternum depressed. Lung Sounds normal. Respirations 18. per. min.

Heart Apex impulse normal. First Sounds feeble

Tongue Slightly furred Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Moderately good

Urine S.g. 1018. acid. Bright yellow. Ppt. of phosphates on boiling.

Menstruation

Pulse 78 per. Min. feeble Regular Temp. 97.5°. 11. p. m.

Height 5 ft 6 in Weight 9 st 8 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME. William Finch

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.3.86.		97.9		76	133.	This patient is weak minded & melancholic at times he is rather acutely depressed and has delusions that he is being persecuted by the officials who make cruel and false accusations against him. He has an excellent memory for dates & anecdotes, and is fond of repeating stories of great men Napoleon being his favourite, stories of whom he will relate at all times. He is methodical in his habits. He has outside parole.
16.12.86.						Mr Finch continues in good bodily health. He attends all amusements and is very pleased if asked to sing. His temper is short. He is often seen to turn round and swear at imaginary beings who follow him to persecute him.
18.4.86.						Mr Finch is quite contented & happy. He has unlimited parole of which he is careful. He is very methodical and punctual. He is fond of whist, and attends all amusements with pleasure. His imaginary enemies are very troublesome and receive many a hearty curse from Mr Finch. Sometimes he thinks the officials have a hand in this persecution and he swears roundly at them accordingly.
18.6.86.						Mr Finch went to Kirkmichael on 19th May and is still there. He has parole and explores the country on every side. He returns tomorrow.
6.7.86.					131.	Mr Finch continues the same.
20/1/87					133.	Mr Finch is unchanged mentally he is in good bodily health.
14/9/87					132.	Mr. Finch is in good health and spirits. He has a large fund of information on all sorts of unlikely subjects, which he likes to air upon all occasions, suitable and unsuitable. For example, he addresses the company in general at table

NAME, William Finch.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						d'hôte on the height of the great pyramid, the wonders of the electric light, &c&c. Unfortunately his information is frequently inaccurate.
14/2/87					138	Mr. Finch has still hallucinations of hearing: he often surprises his neighbours by suddenly saying in an angry tone, "Damn you, be quiet", when no one is addressing him. He eats voraciously, and is in good health & spirits.
9/1/88						Mr. Finch's outside parole was stopped today, as he is making himself disagreeable by begging money from the officials which he probably wishes to spend in drink. His punishment has made him very meek.
3/3/88					142	Mr. Finch is again in his usual quiet inoffensive condition.
18/8/88						Returned from Kirkmichael today. He is even more talkative and full of pointless anecdotes than ever.
19/9/88					153	
25 Feb. 89						Mr Finch has not full perch of his own self will. He still is full of quaint remarks which he lets out at times unexpectedly, & often joins with a remark in a conversation when he is not supposed to be interested. He knows also that if he is questioned he becomes at once silent.
23 April					137	no change
Jan. 30th 89					137	Mr. Finch is the same as above still. Physically he enjoys good health Has a voracious appetite.
Aug. 6th						Went to Kinmount.
Aug. 30th						Returned from Kinmount.
Sept. 30th					137	No change worth reporting mentally or physically.
May 20th 1890						Mr Finch's hallucinations of hearing still continue & he occasionally swears at invisible people. He is fond of a good cup of tea, & has a great appetite. He tells funny stories at times, usually having one to tell every day. If interrupted in a story he is silent afterwards.
July 16. 90						Was sent to Kinmount to day.
Sept 3rd 90						Mr Finch returned from Kinmount to-day in good health.
" 20th						Mr F. still gives utterance to his pointless stories at table doing them like a school-boy reading his lessons.

cont'd on p 529

NAME, Robert Colthard (Vol. VIII. 1) No. 673
Admitted, 9 December 1858 Pr. Ad.
Sex, Male Age, 25 Marriage, Single Occupation, Labourer
Education, Religion,
Private or Pauper, Pauper Where from? Dumfries.

HISTORY.

Causation.
Disposition Quiet
Habits
Previous Attacks—No. One Kind
Duration 6 weeks Where treated
Hered. History—Insanity A maternal Aunt was once treated in C.R.I.
Other Diseases
Predisposing Heredity
Exciting

Symptoms. First.
Mental Became gradually low-spirited & changed in his behaviour to his father for whom he formed a great dislike
Bodily

Recent.
Mental Depressed. Childish - forgetful. States that he is a healthy man which is a delusion
Bodily Sleeps little

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks On admission he was deeply under the influence of delusions & talked greatly to himself - In the beginning of Novr 1875 he had a sudden attack of Hæmatemesis treated by cold baths & iron & ice internally. For some time after he remained very quiet & did not talk but worked well; but in June 1876 he again became noisy & given to much gesticulation but would not carry on any conversation with anyone
Facts of Medical Certificates Imagines he consumes many articles of food different from those he has actually partaken. Says he does not require to work as he has large potatoes - & childish in his sayings and pursuits.

NAME Robert Colthard.

STATE ON ~~ADMISSION~~. 9 May 1885

Mental.

Exaltation

Depression

Excitement Speaks and mutters rapidly to himself.

Enfeeblement Enfeeblement of the reasoning and judging faculties: is unable to talk connectedly or rationally. Is markedly incoherent

Memory Impaired. Cannot tell how long he has been here.

Coherence Impaired Can answer questions? No

Delusions

Other Abnormalities

Bodily.

Appearance Well nourished. Brown complexion

Skin Healthy. Hair Black.

Eyes Dark blue. Pupils Dilated

Muscularity Considerable. Fatness Considerable.

Nervous System—*Motor* Functions moderately well performed.

Sensory Functions dulled

Reflex Action Diminished Special Senses apparently good.

Retina

Lungs healthy. Respirations. 18 per. min.

Heart Apex beat feeble. in usual position. Heart sounds feeble.

Tongue Clean, red, moist. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. He has Varicose veins on both legs. The arteries are atheromatous.

Appetite Good.

Urine. amber coloured, S.g. 1028. acid. No albumen or sugar.

Menstruation

Pulse 68. high tension. regular Temp. 98·5. 10 pm.

Height 5 ft. 8 in. Weight 156 lbs.

Disease Chronic Mania passing into Dementia *Clouston's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes.

NAME, Robert Coulthard

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85		97		66.	156.	This patient is at present noisy and restless. He executes jumps, stands upon one leg, hops and shouts and talks incoherently. He takes little notice of questions but continues to mutter to himself.
19-11-85						He mutters a great deal to himself. Labouring under the delusion that he is a little horse he gets sent to neighing & showing endeavours to conduct himself in accordance with his delusion.
20-1-86						He is subject to mild attacks of excitement when any sound or kind meets. Mentally he is much enfeebled when excited he becomes exalted and makes incessant speeches to no one in particular.
30 Dec 1887.						R. C. is generally quiet but now & again he becomes mildly excited & restless & irritable. he is rambling & incoherent in his conversation & his ideas are not consecutive. He is much enfeebled mentally & when excited moves his feet about & in a dolorous manner & tearfully talks incoherent nonsense to himself. He is in good health
30 March 1888						Still excited at times – works in the Garden –
20 ~~Apl~~ June 1888						Much the same as before.
10 October						Bodily health is good & he is still in a state of mild excitement.
18 Decr						This man is quiet but when irritable can strike & become much excited when other patients meddle with him.
30 Mar. 1889						He is as incoherent & restless as before.
1 July						Still subject to attacks of mild excitement.
10 Septr						His bodily health is average Mentally the same

NAME. Robert Coulthard

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 Novr						1889 This man is still excited at times, is demented; his health is good.
15						March 1890 He is still working out of doors & goes on in the same way from day to day.
15						June No change.
1						Septr He is still restless at times & gesticulates absurdly.
1						Novr When excited he is useless as he will do no work - He is much demented.

Died 22nd Septr 1895.

NAME, David Yeoman (Vol. VIII. 15.) No. 680

Admitted, 14 February 1859. Pr. Ad.

Sex, Male Age, 19 Marriage, Single Occupation, None

Education, Religion,

Private or Pauper, Pauper Where from? Annan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity His Mother's cousin & other connections were insane

Other Diseases

Predisposing Heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Since birth

Other Facts or Remarks On admission he was quite imbecile but sometimes had paroxysms of acute excitement, assaulting attendants & patients tearing their clothes. He masturbated to excess. He has continued in much the same state except the periods of excitement are at longer intervals & not so violent.

Facts of Medical Certificates

Mischievous, irritable & difficult to manage
Great general mental deficiency

NAME David Yeoman

STATE ON ~~ADMISSION~~. 9 May 1885

Mental.

Exaltation

Depression

Excitement Is at times subject to attacks of excitement in which he is sometimes violent.

Enfeeblement There is general mental enfeeblement, memory is weak, the behaviour often childish and stupid. Is unable to converse

Memory Poor. Cannot tell how long he has been here.

Coherence Impaired. Can answer questions? At times

Delusions

Other Abnormalities He laughs without apparent reason whenever he is spoken to. He is mischievous and untidy

Bodily.

Appearance Well nourished.

Skin Healthy Hair Brown

Eyes Blue Pupils Equal: of moderate size

Muscularity Moderately good Fatness Average.

Nervous System—*Motor* Functions fairly good

Sensory Functions dulled. He does not feel strong pinching

Reflex Action Dulled. Special Senses Apparently good.

Retina

Lungs Healthy. Respirations 20 per. min

Heart Apex in usual position. Heart sounds healthy

Tongue Clean, red, moist Bowels regular

Other Organs, Abnormalities, Bruises, &c. He has varicose veins on both legs.

Appetite Good

Urine Pale yellow. Clear. S.g 1020. acid No Albumin or Sugar.

Menstruation

Pulse 78. regular. of good strength Temp. 97. 1: Th. 1-30 am.

Height 5ft: 6½ in. Weight 142 lbs.

Disease Congenital Imbecility *Skae's Classification*

General Bodily Health and Condition Moderately Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes.								Yes.

NAME, David Yeoman.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85		98.3		74	142	There is no change in the mental condition of this imbecile since last report. he is contented and works well and never suffers from bodily illness.
29-12-85						His disposition is cheerful. His articulation is thick and indistinct.
21 Oct 1887.						Yeoman is quiet generally but occasionally gets into a fight & hurt James Boath's leg the other day. He wheels his barrow easily & responds to a question but is not capable of much ideation. He is ~~demented~~ imbecile with persons of his attainment. In good bodily health.
2 Jan 1888						No change - a degraded fellow who is mischievous & at times violent. Works with the barrows.
30 March 1888						Still the same - a silly fellow.
20 June 1888						D. Y. works with the spade & laughs & swears boisterously - he is not very industrious
1 Octr.						This man is violent & very dangerous at times - he has as little moral sense as cd be expected.
18 December						His imbecile remains much the same. He is still dangerous.
30 Mar. 1889						He had a fainting fit lately & was very bad. He has been getting very stout for some time
1 July						In his usual health & in a state of mental exaltation.
10 Septr						Quiet but can at times be very dangerous.
15 Novr						Much the same - He works a little.
26th March 1890.						D at present pretty quiet. His knee jerks are exaggerated.

Notes also in Chronic Case Book page 5.

David Yeoman.

This patient suffers from marked mental enfeblement. He is contented & agreable & never violent but speaks little, & cannot converse rationally or intelligently. He suffers from rheumatic thickening & enlargement of the joints of his hands, which are much deformed in consequence & he is unable to dress himself or use them to any degree.

January 29. 1907. The mental state of this patient shows little change, he gives no trouble & appears contented. Physically he is in good health.

August 10. He remains in the same condition mentally — sits all day in a chair & appears quite contented & happy. He answers fairly sensibly if spoken to, but cannot sustain a conversation & at times laughs immoderately without reason. Physical health good.

Apr. 8. 1908. No change at all in the condition of this patient, he continues to be quiet & gives little trouble. General health fairly good.

Jan. 19. 1909.	Mental — This old man is very demented. He is quiet but requires general supervision. Physical. He is becoming more enfeebled but does not require bed treatment. He suffers from chronic rheumatoid arthritis of the joints of his fingers
Jan 15 1910.	Patient remains unchanged, mentally & physically. He is at the Sanatorium.
Jan. 5. 1911.	On some date after last note on Jan 15. 1910. patient has found his way down to the S. Villa. but to-day as a change was being made. he has been sent up again to the Sanatorium. He is the same mentally but is getting weaker physically.
Jan 12. 1911.	Is all right at Sanatorium but has had one faint
Dec 14	No Change.
1911. Nov. 27.	Keeps fairly well. Is troubled with a bad cough at times, & shows physical signs of chronic bronchitis.
1916 - May 9.	Getting more feeble as time goes on Demented. No particular trouble

Cont'd on p 912

NAME,

DATE.	Te Mor
6.6.85.	
29-12-85	
21 Oct.	
2 Jan 1	
30 Mar	
20 Jun	

	laughs & swears [illegible] is not very industrious
1 Octr.	This man is violent & very dangerous at times - he has as little moral sense as cd be expected.
18 December	This imbecile remains much the same. He is still dangerous.
30 Mar. 1889	He had a fainting fit lately & was very bad. He has been getting very stout for some time
1 July	In his usual health & in a state of mental exaltation.
10 Septr	Quiet but can at times be very dangerous.
15 Novr	Much the same - He works a little.
26th March 1890.	Is at present pretty quiet. His knee jerks are exaggerated.

NAME, David Yeoman.

Temperat. Morn. Even.	Pulse. Morn. Even.	Weight, lbs.	PROGRESS OF CASE.
June 1890			No change.
November			He laughs uproariously & is imitative – no change mentally.
bruary 8th 1900:–			Was sent on 24th Oct last to Farm Annexe.
6th 1900			Returned to 11no House
ly 28th 1900			An imbecile: easily managed but now past doing any work, sits idle all day, careless of his appearance and at times dirty in his habits. His bodily health is gradually failing
uary 19th 1901:–			No change: Dirty dement
y 16th 1902			No change: an enfeebled dirty dement.
March 10			Continues the same untidy imbecile. Health fair.
March 1st			Keeps in fair health. In 3rd Dir:
Dec. 11th			No change physically or mentally. Went last week from Male Hospital to Sanatorium.
Dec. 18th			Returned to Hospital last week. Cause unknown.
Aug 19. 1909			Mental – This old man is very demented. He is quiet but requires general supervision. Physical. He is becoming more enfeebled but does not require bed treatment. He suffers from chronic rheumatoid arthritis of the joints of his fingers
Jan 5 1910.			Patient remains unchanged, mentally & physically. He is at the Sanatorium.
Jan 5. 1911.			On some date after last note on Jan 15. 1910. patient has found his way down to the S.H. Villa. but to-day as a change was being made he has been sent up again to the Sanatorium. He is the same mentally but is getting weaker physically.
Jy 2. 1911.			Is all right at Sanatorium but has had one faint
Dec 4th			No Change.
1912 Nov. 27.			Keeps fairly well. Is troubled with a bad cough at times, & shows physical signs of chronic bronchitis.
1916 – May 9.			Getting more feeble as time goes on Demented. No particular trouble

Cont'd on p 912

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NAME, David Hogg. (S.C.A. Vol VIII. 41) No. 693
Admitted, 29 March 1859. Pr. Ad.
Sex, Male Age. 24 Marriage, Single Occupation, Student
Education, Religion, Presbyterian
Private or Pauper, Private Where from? Thornhill

HISTORY.

Condition.
Disposition
Habits
Previous Attacks—No. one Kind
Duration Where treated Southern Counties Asylum
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental Depression of Spirits
Bodily Had what is said to have been a fit.

Recent.
Mental Unable to understand or reason; impulsive in his actions
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack 30 years
Other Facts or Remarks On admission he was sullen, and spoke little with periods of excitement which have got milder but more continuous. In 1872 he is reported as continually walking up and down, incoherent, and able to strike at any one that came in his way. This continued till in 1877, when he was made to work outside. Since then he has been quieter though liable to be violent on very slight irritation

Facts of Medical Certificates
Sullen, and will not answer questions
Dirty in his habits, and constantly muttering to himself
Apt to be furious, and injure persons or property

NAME David Hogg.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Sometimes gets excited, and strikes anyone near him.

Enfeeblement Great mental enfeeblement; can tell his own name, but nothing else about himself can be got from him.

Memory Very poor

Coherence Can answer questions? Very difficult to get even "yes" and "no"

Delusions Speaks to himself angrily about a dirty black thing, which he sees before him.

Other Abnormalities

Bodily.

Appearance Slightly under. dazed

Skin healthy Hair dark brown

Eyes Brown Pupils normal

Muscularity Good Fatness moderate

Nervous System—*Motor* normal

Sensory normal

Reflex Action diminished Special Senses normal

Retina

Lungs Breath sounds are rather harsh all over, but otherwise his lungs are normal

Heart Action weak, but no bruit.

Tongue Will not protrude tongue Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has nocturnal incontinence of urine

Appetite Good

Urine s.g. 1028. acid. pale yellow. No albumen, sugar, or deposit.

Menstruation

Pulse 78 per minute. feeble. Temp. 98.3° F - 8 pm

Height 5ft. 3in. Weight 130lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Feeble

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Occasional ~~Simple~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes.							Yes	Yes

NAME, David Hogg.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7.6.85.		98.3		74		There has been no change in the mental condition of this patient since last report. He mutters a good deal to himself about "a dirty black thing" but will give no explanation about it.
18-11-85						This patient is confined to bed from debility. Unless spoken to he is generally quiet & apathetic but if questioned he replies in monosyllables showing but a feeble comprehension of the nature of the injuries. At times he becomes restless & tears his clothes.
27 Dec 1887						A quiet little man who does what he is told & does not give much trouble. Nothing will induce him to speak. Loiters about.
30 March 1888						No change - cant keep his clothes buttoned - or rather, wont do so. also tears his clothes.
20 June 1888						Still as troublesome as before. He is profoundly demented.
1 October.						Remains the same.
18 Decr.						This man is a quiet little dement but could become excited on occasion -
30 Mar. 1889						His habits are cleanly now He used to be a very dirty case.
1 July						Quiet & demented & in good health
10 Septr						Merely slinks about never speaking.
18 November						Continues quiet & cleanly.
15 March 1890						He is much as before.
15 June						He silent & never speaks -
1 Septr.						He pulls his hair out & it is partly grey, partly black, but he keeps his skin intact.
1 Novr						No change.
February 7th 1900 :-						In 2nd Division: He is in fair physical health. Mentally a thorough dement. He is idle and may now be said to be past work

NAME. David Hogg.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He rarely speaks and then only in monosyllables. He becomes readily excited and irritable and angrily waves you to move. He requires constant attention in the daytime to keep him clean: He is taking his food fairly well.
July 28th 1900						No change either physically or mentally from last note.
January 19th 1901:-						No change: He is easily made excited and chattering if you talk to him or take any notice of him. Very dirty untidy & demented.
January 16th 1902						No change: Still easily excited & made chattering.
1903 March 1st						Much the same irritable irritable & impulsive at time. In fair health.
1904 March 1st						No change. Keeps in fair health.

SEE CHRONIC CASE BOOK

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NAME, William Sinclair No. 165
Admitted, 10 May 1859 Pr. Ad.
Sex, Male Age, 23 Marriage, Single Occupation, Bank Clerk
Education, Religion,
Private or Pauper, Private Where from? Glasgow

HISTORY.

Disposition Soft sensitive and weak
Habits & religiously inclined
Previous Attacks—No. First attack Kind
Duration Three months Where treated Lunatic House
Hered. History—*Insanity*
Other Diseases
Predisposing
Exciting Annoyance caused by his family & companions who failed to see a diseased state in the sensibility of his condition
Mental Nervousness and depression of Spirits
Bodily
Mental Vagueness & inconsequence of ideas, slowness of thought Exalted notions of Self, regarding his talents & experience in farming
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Occasionally
Duration of Existing Attack 29 years
Other Facts or Remarks The mental state of this Gentleman has undergone little change since his admission – He has one or two predominant ideas about political economy & women which he has reiterated for the last 29 years – He also imagines himself an authority in agriculture
His bodily health is good

Facts of Medical Certificates

NAME William Sinclair

STATE ON ~~ADMISSION~~ 16 Dec 1884

Mental.

Exaltation Thinks himself an authority on agriculture although his knowledge of this is very limited

Depression

Excitement

Enfeeblement His reasoning faculties are weak ideas limited and conversation trivial

Memory Poor

Coherence Fairly good Can answer questions? Yes

Delusions

Other Abnormalities He is suspicious & irritable fond of gossiping & unnaturally curious about the antecedents & persons whereabouts of everyone he meets

Appearance Stout & strong - florid complexion, enlargement of the facial veins

Skin Moist in texture Hair Brown - Moist & on nose & cheeks

Eyes Blue Pupils Equal

Muscularity Good Fatness Considerable

Nervous System—*Motor* Functions good.

Sensory Cutaneous Sensibility blunted

Reflex Action Dulled Special Senses Good

Retina

Vessels.

Lungs Chest large & well formed - Breath Sounds healthy Respirations 20 per. min.

Heart Apex in usual position Impulse feeble, Cardiac Sounds weak

Tongue Whitish furred Bowels Confined

Other Organs, Abnormalities, Bruises, &c. Liver duluess normal

Appetite Good

Urine S. G. 1030 Very acid Deposit of urates

Menstruation

Pulse 72 feble regular Temp. 98.2. 2 a.m.

Height 5 ft. 9 Weight 14 8½

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, William Sinclair

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·3·85		97·5		78	198	Is weakminded. He is inquisitive & asks trivial and absurd questions about every stranger he meets. He has curiously absurd notions about political Economy & agriculture, on which he considers himself an authority. He is irritable when contradicted; vain of his personal attractions, which are inconsiderable pompous and quasi-important in manner, enjoys good bodily health.
16·12·85.						This patient enjoys robust health. He is gluttonous. He is greatly concerned about the "poor farmers" these bad times.
18·4·86.						Mr Sinclair continues as reported above. He is very inquisitive and generally has a trivial question to ask when he meets one. He introduces the subject with a long rigmarole and with an air of great importance.
18·6·86.						Mr. Sinclair continues as reported above. His bodily health is excellent. He is very childish and weakminded. He has generally a most foolish and unimportant question to ask when he meets one, which he asks in a manner of great importance and with an attempt at eloquence.
14·9·86.					200. ~~143.~~	
22/12/86					204	Mr Sinclair is unchanged. He attends the evening parties with exemplary regularity & dances 'Triumph' with the prettiest girl in the room
14/9/87					202	No change in Mr. Sinclair's condition. He shews most intelligence when playing draughts, being a good player. He still gives forth his small opinions in a pompous way, and asks trivial questions as if they were of great moment.
14/12/87					205	Mr. Sinclair continues to enjoy robust health. He is a regular frequenter of the evening parties, and dances with enjoyment, if not with grace. Mental condition unchanged.
30/3/88					208	No change to report.
20/7/88					202	Is in good health. No change mentally.

NAME. William Sinclair

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15/88					199	Is in robust health - No change mentally -
25/3.89						no change.
23 April					200	no change
July 30th 89.					201	This patient remains the same as above described. Has been in excellent health lately.
Oct. 30th 89.					203.	Attends the dances and parties and is willing and agreeable. Is always concerned about "the crops and weather" and has a question ready always to propound to one about some stupid question.
May 1st 1890.						Mr Sinclair has not changed materially since last entry. He still bothers every one, by asking stupid questions, which are of no practical significance. He lately wrote an article on Commerce in which he showed that Labour was the true measure of value not money. See New Moon Feb. 1890.
May 25th 1890.						Mr S. was mortally offended by some one asking him about whales, (This is a standing joke). He did not speak for a fortnight after the 2nd May, on which date he received this, what he called a gross insult.
20/9/90						Very much concerned today about the crops as it is raining slightly.
3.4.91						Mr Sinclair is at Kinmount and is quite demented. He asks foolish questions about business etiquette. Health good.
16.2.92						Returned from Kinmount to-day.
3.3.92						went to Kinmount to-day. Mental condition unchanged
12.4.92						Still at Kinmount. Demented, quiet and happy.
30.1.93						Still at Kinmount. Asks questions always appears to have some good reason for asking them. As these are details in a train of Thought which he is following out however irrational or unreasonable it may be. He has a good memory & can hardly be called demented.
5.10.3						Has been at Penetanguishene for some time. Quite happy. Has personal prejudices.

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NAME, David Currie (Vol. VIII. 65.) No. 705

Admitted, 12 May 1859 Pr. Ad.

Sex, Male Age, 25 Marriage, Single Occupation, Servant

Education, Religion,

Private or Pauper, Pauper Where from? Kirkmahoe

HISTORY.

Disposition Quiet & civil

Habits

Previous Attacks—No. First Attack Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Mental

Bodily

Mental Depressed in Spirits believing himself lost

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks On admission he was much under the influence of delusions & incoherent. After 13 years residence his delusions had disappeared but he was degraded in habits & morals; eat the pigs meat, told lies for amusement & used very bad language. This continued till 1874 when he gradually began to improve & become more cleanly although still noisy at night occasionally & prone to using abusive language, not necessarily in anger. Since then he has been becoming more & more demented

Facts of Medical Certificates Incoherence of speech, fear that his soul was lost, delusions that something introduced into his food has caused great weakness all over his frame; that the fire of Hell is in his belly; that he saw the Glory of God through the head of the bed and it told him that he would never be better.

NAME David Currie

STATE ON ~~ADMISSION~~ 9 Feb. 1885.

Mental.

Exaltation

Depression

Excitement Talks rapidly and incoherently especially upon the subjects of his delusions. e.g. in abuse of the Irish tramps.

Enfeeblement There is general infeeblement of the mental faculties When not excited little brain action seems to go on he is silent and stupid

Memory Moderately good, but impaired for recent events.

Coherence Impaired at times Can answer questions? Yes.

Delusions that Irish tramps come in through the windows at night and annoy and abuse him.

Other Abnormalities His language is frequently foul, and abusive and he swears a great deal.

Bodily.

Appearance Well-nourished and muscular.

Skin Healthy Hair Sand-coloured

Eyes Grey. Pupils Equal. small. regular.

Muscularity Good. Fatness Good.

Nervous System—*Motor* Functions good

Sensory Functions good

Reflex Action Fairly good Special Senses Good

Retina

Lungs Healthy. Respirations. 18 per. min.

Heart Apex impulse in usual position. Heart sounds healthy.

Tongue Clean, red, moist. Bowels regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite good

Urine pale yellow. acid. s.g. 1020. No unusual constituents.

Menstruation

Pulse 72. regular. of good strength. Temp. 96·4° Fh. 1·20 asr.

Height 5ft. 7½ in. Weight 140 lbs.

Disease Chronic Mania. *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	Yes.

NAME, David Currie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8·6·85		97		68.	141	Is continually talking to himself about Irish tramps etc. who he states, try to tear him to pieces. He works in the garden and does well.
17·9·85						There has been no change to note in this case since last report. He is usually quiet & industrious, taking little or no intelligent interest in his work but performing it in a merely mechanical way. The Irish tramps as previously noticed are almost the sole subject of his thoughts & against them he is never tired of swearing & muttering threats. He has enjoyed good health since last report.
1-1-86						No change. He is incoherent, demented, cheerful & very industrious.
1-6-87						Irish tramps still follow Currie. His language is frequently violent against these rascals.
18th Decr 1887						D.C. is much the same. He still talks of Irish tramps & gabbles away about nonsense of all kinds & is incoherent. Works with the Squads - In good health. Has very large ears.
30 March 1888						Talks a great deal to himself, having the same delusions as before.
20 June 1888						Seems to think that everyone else is afflicted with Irish tramps as he professes to be. Much the same as before.
1 Octr.						This fellow is noisy at night & troublesome by his talkativeness.
18 Decr						Still incoherent & restless - he is weakminded & noisy.
30 Mar 1889						Much the same - his delusions continue.
10 July						Still very loquacious & restless
10 Septr						He has the same delusions & is g talkative & restless.
18 Novr						His bodily health is good & he works out of doors.
15 March 1890						He works on the farm & is quiet

NAME, David Currie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						& has the same delusions as before.
15 June 1890						This man works at odd jobs & if offered money he at once retreats & will have nothing to do with it.
Septr.						No change.
Novr.						Works out of doors as before & is much as he was.
February 7th 1900:-						In good health: Mentally he is a cheery active pleasant dement. Who works in the barrow squad for ashes &c — He becomes incoherent whenever the talk with him is prolonged. Sleeps well & eats well.
July 28th 1900:-						In good health:- Still an active worker in barrow squad — No change: rambling & incoherent cleanly in his habits.
January 19th 1901						No change: In fair health always pleasant incoherent & talkative when he meets you outside: He has many odd ways: If given a penny or tobacco he keeps them for about a minute & then returns them as if suspicious about them.
Aug 16th 1902:						He is more enfeebled and has lately been taken off work on account of his mental & physical weakness.
Oct 29th 1902.						Died today.

Died
29th October 1902.

NAME, Robert Walker (Vol VIII 203) No. 775
Admitted, 16 June 1860 Pr. Ad.
Sex, Male Age, 26 Marriage, Single Occupation, Labourer
Education, Very moderate Religion, Episcopalian.
Private or Pauper, Pauper Where from? Gatehouse

HISTORY.

Causation.

Disposition Quiet, but always weak-minded and silly
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity Some of his relations weak in intellect
Other Diseases Many relations "nervous".
Predisposing
Exciting His being dismissed from his employment.

Symptoms. First.

Mental Became impressed with the idea that he was poisoned by his employer, which was a delusion
Bodily

Recent.

Mental Exaggerated notions of his personal appearance and attractions, and mental endowments, imagined that many young ladies were in love with him
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack 25 years or thereabouts.
Other Facts or Remarks On admission he had many delusions, and was extremely vain, showing this in his manner and discourse. After 12 years residence his vanity, lying, filthy discourse, and bad habits were his chief characteristics; since then he has improved little, his conversation being grandiose, and sometimes impertinent. He was sometimes violent on one occasion using a spade in an attack on an attendant.

Facts of Medical Certificates

Weak intellect from birth
Delusions as to personal appearance
Sometimes furious from imagining himself ill-used
Broke all the furniture in his cell in jail.

NAME Robert Walker

STATE ON ~~ADMISSION~~, 10 1885

Mental.

Exaltation

Depression

Excitement becomes excited at times talking rapidly and loudly, swearing or using indecent language + threatens violence.

Enfeeblement

Memory his memory is moderately good

Coherence Some slight incoherence at times Can answer questions? yes

Delusions He seems to have a delusion as to having been given medicine by doctor before admission to make him ill

Other Abnormalities He talks in an excited and gesticulating manner frequently mentions "lords", "ladies" and "women" in fact his conversation consists

Bodily.

Appearance Restless, eyelids work on speaking Strongly + erotic ideas

Skin presents no peculiarity Hair Thin, fair, no appearance of greyness

Eyes Blue Pupils equal, react sluggishly

Muscularity Moderately good Fatness

Nervous System—*Motor* functions normal he seems to be always emphasising his conversation by gesticulating in an extravagant degree

Sensory functions normal

Reflex Action normal Special Senses normal

Retina

Lungs normal

Heart Action rather excited

Tongue indented by the teeth Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine s.g. 1022. bright yellow. acid. Contains no unusual constituents

Menstruation

Pulse 84 Strong regular Temp. 97° Fh. 8 p.m.

Height 5 ft. 7½ in. Weight 188 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition In average bodily condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	yes							yes	yes

NAME. Robert Walker.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.6.85.		98.2		74		This patient has many delusions: he states that he gets arsenic in his food & that they endeavour to injure him by telling fiends to assault him at night. His language is often foul & indecent.
17.9.85						There has been no change to report in this case during the last three months. Usually quiet & industrious he is very suspicious of the officials & especial the Drs against whom his language is strong & threatening as he holds they have been the authors of all his troubles & still continue to persecute him. He is talkative & sociable with the other patients & likes to tell them stories & lecture them on Scriptural subjects & on their good behaviour. He has enjoyed good health since last report.
18-11-85						His conversation is plentiful but very incoherent. With exuberant gesticulations and what looks like bad temper he will assure one that his hat does not need mend or that his name is Col. Walker & so forth. He works well but gets along best if not interfered with.
18-1-86.						He works well as a plumber & is friendly with all the patients and attendants but is irascible with head officials often when spoken to suddenly springing up and threatening violence in most extreme language. By persuasion & tact he can generally be talked into a quiet condition. He refuses to dance but attends the dances. Only daughters of Dukes are fit company for him yet he is willing to do the most menial work. He is a good specimen of a chronic Maniac passing into Dementia
Oct 21. 1887.						R. W. is a cunning & impudent man. He has delusions or professes to have, that he is God; is Moses is Aaron &c &c. At times he is impertinent & violent — He is gradually becoming demented. He works still with the plumber.
2 Jan 1888						An ill-tempered violent fellow full of delusions; very evil tongued. In good health.

NAME. Robert Walker.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 March 1888						Has been put to the barrows as he became unmanageable with the plumber & wd take a cup off the housemaid's tray & frighten her. A cold bath is the only threat that will quieten him.
20 June 1888						An obscene abusive fellow needing a strong hand over him.
1 Octr						At the plumber's work again - he is a dangerous fellow.
18 Decr						This man having misbehaved in many ways is again at the barrows.
20 Mar 1889						He is still at the barrows - his language is filthy & he is very cunning.
July						This man is a little quieter & & does not speak so much.
Septr.						He is restless & excitable; a very obscene man.
18 Novr						Much the same. He works with the barrows.
15 March 1890.						This man is still very foul mouthed & is somewhat threatening in his manner.
15 June						No change.
25 August						He is a ribald jesting foul fellow.
1 Novr						Much as he was. Works out of doors - at the Farm.
December 1899						Sent to Farm Annexe.
April 7th						Has a marked lobar pneumonia, very depressed - temp 104° - Resp 28 pulse 102.
14th						Has got his crisis safely past and looks more cheerful today - the left lung is gradually clearing.
June 9th						Was today returned to annexe.

Died
9th Decr: 1903.

NAME, Robert Crocket (Vol XIII 239) No. 790

Admitted, 21. August 1860 Pr. Ad.

Sex, Male Age, 18 Marriage, Single Occupation, Pauper

Education, Religion,

Private or Pauper, Pauper Where from? Dumfries Poorhouse

HISTORY.

Causation.

Disposition Good

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Congenital

Exciting

Symptoms. First.

Mental General lack of mental development-

Bodily

Recent.

Mental Answers questions imperfectly; destructive;

Bodily

Insane Habits and Propensities Masturbate

Suicidal

Dangerous

Duration of Existing Attack Since birth-

Other Facts or Remarks On admission he was quite idiotic, smiled when spoken to but gave no answer usually. In 1872 he was comparatively intelligent- & industrious, always exceedingly good natured obliging but- at the same time self-conscious & vain of his personal appearance as seen by the great care with which he dressed himself when he could & the attempts at self adornment- that were noticed.
In 1882 he had an attack of erysipelas in the head but soon recovered.
No change in the mental state has been noticed during the last 10 years

Facts of Medical Certificates

Can give no answer but- Smiles when spoken to
Tears his clothes-

NAME Robert Crockett

STATE ON ~~ADMISSION~~ 20th February 1883

Mental.

Exaltation

Depression

Excitement

Enfeeblement Marked. Could not carry on an intelligent conversation. His whole conversation is silly & weak.

Memory Much impaired Does not know his age or how long he has been here

Coherence Can answer questions? Yes but only simple ones

Delusions

Other Abnormalities Shows considerable personal vanity; likes to adorn himself and admire himself under ornice

Bodily.

Appearance Thin

Skin Complexion ruddy Hair Red & Thin

Eyes Pupils Normal

Muscularity Poor Fatness

Nervous System—*Motor* Impaired walks with a slouching gait

Sensory

Reflex Action Special Senses Normal

Retina

Lungs

Heart

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse Temp.

Height Weight

Disease Congenital Imbecility. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

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NAME. Robert Crockett

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17·3·85						Left this house, apparently in his usual health; after his dinner of which he had partaken heartily and went, as usual, to assist in the Bakehouse. About 2·30 PM. he uttered a scream, while crossing the floor & dropped down, striking his head against the table & causing a wound on the left side of the head. A few convulsive movements were noticed but before Dr Rutherford & Dr Smith could be in attendance he was dead.
						The appearances noticed were general congestion of the skin especially of the face & neck, glistening eyes, dilated pupils & retracted tongue.
						The death was reported to the Procurator Fiscal —
19·3·85						a post mortem examination was made and death certified as due to Impaction of Embolus in Pulmonary artery.

NAME.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, John Burke (Vol VIII 255). No. 800

Admitted, 20 September 1860 Pr. Ad.

Sex, Male Age, 40 Marriage, Single Occupation, Labourer

Education, Religion, Roman Catholic

Private or Pauper, Pauper Where from? Perth Prison & Wigtown Prison

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated He himself says Morpeth

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; destructiveness; incoherence

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks. On admission he was very excited & violent. He remained many years in a state of chronic exhilaration with paroxysms of acute excitement lasting for various periods & in which he was liable to assault any one near him with the nearest missile & that without provocation. It was this propensity for assault that made him an inmate of nearly every prison in Scotland before admission & ended in his confinement under the Procurator Fiscal of Wigtown's petition. With advancing age the paroxysms have become shorter milder & at longer intervals till now he is a quiet & harmless demented.

Facts of Medical Certificates

Violent & Excited without apparent cause
Talks incoherently

NAME John Burke

STATE ON ~~ADMISSION~~. 9 May. 1885.

Mental.

Exaltation

Depression

Excitement Is occasionally mildly excited, and talks rapidly and incoherently.

Enfeeblement Incoherence of speech, general weakening of the mental faculties, apathy and weakness of memory.

Memory Weak. states he has only been here four months.

Coherence Impaired Can answer questions? At times

Delusions

Other Abnormalities He frequently strips himself naked, without apparent reason, and will give none for doing so.

Bodily.

Appearance Well nourished and muscular.

Skin Healthy Hair Grey

Eyes Grey. Pupils Dilated

Muscularity Good. Fatness Moderately good.

Nervous System—*Motor* Functions good.

Sensory Functions good.

Reflex Action Good. Special Senses Fairly good

Retina

Lungs Healthy. Respirations 17 per. min.

Heart Cardiac action weak. Apex impulse in usual position

Tongue Clean, red, moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine pale yellow. s.g. 1014. acid. No abnormal constituents.

Menstruation

Pulse 72. regular, compressible. Temp. 98. 3. °Fh. 4 p.m.

Height 5ft. $\frac{3}{4}$ in. Weight 126lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes

NAME, John Burke.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		97.4		80	1[illegible]4.	There has been no change in the mental condition of this patient since last report. He is incoherent in speech, often mutters to himself, and strips himself naked whenever he obtains a chance.
12-11-85						He is now engaged in attending the pigs on the farm and does his work well. But he is seldom able to say whether two or twenty pigs are in the farm and he knows nothing about horse breed. His demented state is very noticeable.
11-12-85						He is labouring under an attack of exaltation and excitement.
14-12-85						The excitement has passed off.
5-5-86						He continues to be quiet. If spoken to he chatters incoherently. There is now no tendency to exposure of his body without clothes.
14th Septr 1887.						J.B. is a harmless dement he jumps into the air when asked to do so & is proud of his performance. He works fairly well & is quiet as a rule, but fond of being noticed & at times enters into a violent quarrel with a fellow patient - he does not strike
10th Octr						Same condition - bodily health good. He works with the squads.
Dec 18. 87.						An enquiry was made about him by the prison Commissioners & & the Governor of the Maxwelltown prison came to see him.
2 Jan 1888						Quite demented. unable to give any account of himself or his past life.
30 March 1888						No change. Is fond of tying pieces of black rag &c round his ear or throat for ornament.

NAME, John Burke

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 June 1888						Works with the refuse-men – is as peculiar as before. Can give no account of himself.
Octr						No change
18 Decr						Is liable to fits of excitement & & jumps & bellows when in this state – he has also many insane habits & propensities.
30 Mar 1889						Remains the same & is at times excited.
1 July						He is still noisy, & ridiculous in his ways.
5 Septr						This man works with the pigs & the waste carts.
8 Novr						Still noisy & excited at times.
5 March 1890						A demented fellow who can give no account of himself or his former life. He is fond of tying rags round his head & limbs – He is a most extraordinary fellow in his behaviour – jumping &c.
5 June.						No change
25 August						He still pushes the sewerage cart & when at leisure jumps about in an extraordinary way.
Novr						Tied a piece of cloth round his penis & scrotum very tightly & he could not walk without limping for two days when the swelling went down.
February 7th 1900 –						In good bodily health: Mentally he is a quite incoherent restless old man who occasionally does a little dusting: He still "jumps" up & down occasionally in a very funny way. He is up to all sorts of mischief recently he got into the dust shoot at the top of the 3d storey & went down it to basement. Then broke a window and was found wandering in grounds uninjured: Their occasionally talkative at night: The Prison Commission still write about his case at sporadic intervals. – 821

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NAME, John Young (Vol VIII. 273) No. 809
Admitted, 7 November 1860 Pr. Ad. 586
Sex, Male Age, 19 Marriage, Single Occupation, Weaver
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Todhill Cumberland.

HISTORY.

Condition.
Disposition
Habits
Previous Attacks—No. One Kind
Duration 12th Nov. 57 - 12th May 59 Where treated Southern Counties Asylum.
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Refusal to speak; childishness; tendency to wander
Bodily

Insane Habits and Propensities Masturbates
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks Twelve years after admission he is reported as in a hopeless state of dementia, owing principally to masturbation; filthy in his habits; moon imbecile. No improvement could be expected in this case & none has occurred. He has remained in the above state varied by periods when he was made to work outside but with very little success.

Facts of Medical Certificates ~~He is weakminded & subject to epileptic fits, which are often followed by great maniacal excitement violence & general incoherence.~~ Childishness: refuses to speak or answer questions; conceals himself in secret; wanders away from home, evidently not knowing where he is going

NAME John Young

STATE ON ~~ADMISSION~~ 4th January 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement does not comprehend even the simplest questions; takes no interest in anything

Memory Gone entirely

Coherence Can answer questions? No

Delusions

Other Abnormalities

Bodily.

Appearance Thin & miserable

Skin Hair Brown; thin

Eyes Pupils Normal

Muscularity Poor Fatness

Nervous System—*Motor* Impaired from general weakness; walk is slouching & all his movements sluggish

Sensory Sluggish

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart sounds quick regular without any bruits

Tongue Coated with a white fur Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Sits in one place till told to move, with his head hanging down & the saliva running out of either angle of his mouth but there is no paralysis of the facial muscles.

Appetite Poor. Often vomits immediately after ingestion of food

Urine Yellowish white. s.g. 1024. neutral. No Albumin Sugar nor Bile

Menstruation

Pulse 80 per minute Temp. 95° Fh. 8 pm

Height 5ft. 6in Weight 109 lbs.

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME, John Young

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10.6.85		98.2		74.		This patient has shown no signs of improvement since last entry: he is dirty in his habits and much addicted to masturbation when spoken to, he returns no answer. and pays little attention to anything.
19-11-85:						There is no change to report in this patient's habits or mental condition. The frequent vomiting of food immediately after meals has not, as might have been expected it should, produced any greater emaciation.
18-1-86						This wretched being continues in the same state as before vomiting his food over himself, being dirty in his habits, grievously emaciated & anaemic and utterly demented. Phthisis Pulmonalis has been developing & progressing slowly for the last seven years. This combined with vomiting which has lasted 11 yrs incessantly has brought him to an extreme pitch of exhaustion & emaciation.
17-4-86						Last night he suddenly began to breathe stubbornly & liquid became effused ~~into lungs~~. They rapidly filled up & the patient died in a few hours. Died at 12:30. am on 17th. of Phthisis Pulmonalis & Exhaustion

D. Dead

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, Alexander Burnie (Vol VIII. 854) No. 854
Admitted, 23 May 1861 Pr. Ad. 767
Sex, Male Age, 20 Marriage, Single Occupation, Labourer
Education, Poor Religion, Protestant
Private or Pauper, Pauper Where from? Twyneholm

HISTORY.

Causation.
Disposition Sullen, obstinate & reserved
Habits
Previous Attacks—No. One Kind
Duration 8th May 1860 – 15th April 1861 Where treated Southern Counties Asylum
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental Depression & restlessness
Bodily

Recent.
Mental The above along with fits of violence rendering him dangerous
Bodily

Insane Habits and Propensities
Suicidal
Dangerous Has threatened his parents
Duration of Existing Attack
Other Facts or Remarks Eleven years after admission he had passed into a state of fatuity & was harmless, taciturn & morose, never spoke spontaneously but was regular in habits & industrious. He continued in this state till 1883 when he became slovenly & untidy & shewed a great want of cleanliness. Since that time he has improved
He has occasionally had fits of dyspnoea of an asthmatic character otherwise his general health has been good

Facts of Medical Certificates
Very shy; will hardly answer questions
Threatened violence to parents

NAME Alexander Burnie

STATE ON ~~ADMISSION~~. 10 May. 1885

Mental.

Exaltation

Depression

Excitement Becomes frequently excited, and is then restless, irritable and violent.

Enfeeblement Takes little interest in what is going on around him, is unable to talk coherently, and is apathetic.

Memory Impaired. Cannot tell how long he has been here.

Coherence Impaired Can answer questions? no.

Delusions

Other Abnormalities His manner is peculiar; he laughs immoderately when spoken to, and his facial expression is vacuous

Bodily.

Appearance moderately well-nourished.

Skin healthy Hair reddish brown.

Eyes grey. Pupils equal & regular.

Muscularity good Fatness moderately good.

Nervous System—*Motor* functions well performed.

Sensory sensibility to touch moderately acute

Reflex Action of average acuteness Special Senses apparently of average acuteness

Retina

Lungs respirations 18 per min. lung-sounds healthy.

Heart apex in usual position & of average strength. heart sounds healthy.

Tongue clean, red, moist. Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine sp. gr. 1018, acid, pale yellow. Contains no unusual constituents.

Menstruation

Pulse 90. of good strength, regular. Temp. ℃

Height Weight

Disease Chronic Mania passing into Dementia *Skae's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	yes								yes

NAME, William Clarke (Vol VIII 404) No. 875

Admitted, 14 August 1861 Pr. Ad.

Sex, Male Age, 50 Marriage, Single (Married) Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Jealousy and false imaginations.

Symptoms. First.

Mental He has been "flighty" for years

Bodily

Recent.

Mental Unnatural jealousy of his wife, and threatening to commit suicide.

Bodily

Insane Habits and Propensities

Suicidal Has threatened suicide

Dangerous

Duration of Existing Attack

Other Facts or Remarks During his residence here this patient has been subject to attacks of mental depression in which he is irritable and complains much of imaginary grievances. He has had the delusions that persons fill him with horse dung and pull things out of his skin. In '77 when he was visited by his wife, he threatened to cleave her with a spade In '76 he had a slight attack of pleurisy.

Facts of Medical Certificates Delusions that his wife cohabits with other men, that his penis was destroyed by Dr Scott of Lochmaben with a hot wire; that his friends wish to kill him: great depression of spirits Has threatened to commit suicide.

NAME William Clarke

STATE ON ~~ADMISSION~~ 2 July 85.

Mental.

Exaltation

Depression

Excitement

Enfeeblement His reasoning power is weakened. and he assigns absurd causes for his bodily ailments. e.g. that some zinc ointment given him a year ago, which was rubbed into his leg. has caused him to vomit today

Memory Moderately good.

Coherence Impaired at times Can answer questions? Yes.

Delusions That his wife has been often unfaithful to him, though he cannot say when or with whom.

Other Abnormalities

Bodily.

Appearance He is thin and poorly nourished. Sallow complexioned.

Skin healthy Hair black

Eyes grey. arcus senilis well marked Pupils. Small & equal.

Muscularity moderately good. Fatness diminished.

Nervous System—*Motor* functions fairly well performed.

Sensory Sensibility to touch fairly good. Dull gnawing pain is complained of over the Epigastrium

Reflex Action moderately acute. Special Senses sight is impaired.

Retina

Lungs healthy. Respirations 18 per. min.

Heart heart sounds are feeble.

Tongue clean, red & moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. There are nausea & vomiting coming on immediately after taking food.

Appetite Poor.

Urine Straw yellow. acid. s.g. 1020. There are no unusual constituents.

Menstruation

Pulse 80. feeble regular. Temp. 98. 3° Th. 4 pm.

Height 5 ft. 7 in. Weight 135 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeblement.
								Yes	Yes.

NAME. William Clarke.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85						This patient is at Kirkmichael: his mental condition remains unchanged. He has delusions about his food being poisoned, and states that his wife is constantly unfaithful to him.
8.8.85						For some days he has been complaining of feeling unwell; headache, pain in Epigastrium, costiveness being the chief symptoms. A dose of salts relieved him much. Last night he was worse. Pulse 100 strong & almost thumping; Temp.e 101.6°F. Pain in Epigastrium severe. Received a mixture of Liq. Ammon. Acet. & Vin. Antim. &c & a blister was applied over seat of pain. This morning he was sweating freely. Pulse 80. He is much better. As his symptoms point to gastric catarrh, thus, being pyrosis & water brash, he has been ordered ℞ Bismuthi Subnitratis grs VIII Pulv. Mucis Vomicae grs V Pulv. Rhei Co grs IV ft. pulv. Mitte tales XII Sig. One thrice daily before meals.
16.9.85						Improved a little under treatment & returned to Kirkmichael but was soon sent back as bad as before. He has for some time been confined to bed from weakness but without any definite symptoms. His tongue is dirty & his bowels constipated but his appetite is comparatively good. He complains of pain in the Epigastrium but the worst symptom is the rapidly increasing emaciation. Has been ordered ℞ Tinct. Ferri Perchlor. ʒii Infusion Quassiae ad ℥vi Sig. A tablespoonful before meals Also ʒii of Rochelle salts every second morning.
18-11-85						This patient is & for some time has been confined to bed because of his extreme weakness. Profound cachexia & emaciation are present. It is difficult to make out any definite disease but the symptoms point to a cancerous affection of the stomach. In addition to the ordinary signs & symptoms of flatulent indigestion there is marked vomiting of food after meals & copious belching up of an acid watery fluid at other times. His mental condition is much improved. He seldom expresses any delusions about his food being poisoned. But he is anxious to get home to die & equally anxious to have a great pipeful of tobacco. Gastric sedatives & antifermentatives are being given with milk diet & clops.

NAME. William Clarke.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
-12-85						Vomiting of a thick grairy fluid has occurred. This fluid is streaked with clots of dark nonfrothy blood and contains pultaceous masses which have a peculiarly offensive odour & break down into shreds. The patient is lingering on the verge of death. His mental condition has become worse delusions of suspicion having reappeared.
1-1-86						For weeks this patient has given one the impression of being about to die but on many occasions after sinking into an apparently moribund condition he has rallied somewhat, slept well and been fairly strong for a couple of days or so. Food is now however becoming constant rejected by his stomach. The mind & the body improve & relapse together the mind however giving the first prominent sign of a relapse by delusions being expressed. When fairly well he is full of quack nostrums to cause his immediate recovery.
2 Jan '88						The patient died at 5 pm. On P.M. examination extensive cancer was found occupying all the stomach wall below the oesophagus & pylorus & investing & constricting these canals. The liver was full of secondary deposits, the glands at the roots of the lungs were affected & abscess were in the left kidney the weeker of which was almost blocked with cancer.

Died.

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NAME, Robert Beck (Vol VIII. 443) No. 894

Admitted, 18 December 1861 Pr. Ad.

Sex, Male Age, 21 Marriage, Single Occupation, Shoemaker

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Rutherwell

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Depression alternating with fits of excitement—

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks During the first 11 years of his residence he did not change but continued in the same depressed condition with periods of violent excitement: after that his mind became more enfeebled & the depression not so prominent so much so that in 1881 he was reported as a case of Irritable dementia & in this state he has remained.

Facts of Medical Certificates

Silly; refuses to speak; stares wildly; hangs his head down
Rolls his knees & then jumps up & gesticulates wildly
Sometimes refuses to do anything for himself refuses food

NAME Robert Beck

STATE ON ~~ADMISSION~~. 1st March 1885

Mental.

Exaltation

Depression

Excitement At times becomes excited. strikes himself and cries out "Ye Gipsy, ye gipsy!" in loud tones. besides otherwise talking incoherently.

Enfeeblement does not take any interest in any thing that is going on around him Will not answer any questions addressed to him

Memory

Coherence Impaired when he is excited Can answer questions? No

Delusions Has evidently delusions: he talks at imaginary beings (when excited) in loud and angry tones, addressing them as Gipsies

Other Abnormalities Has a habit of Striking his head forcibly with his hands sometimes even causing a bruise. Will not answer questions

Bodily.

Appearance Thin & frail

Skin Dark Hair brown.

Eyes blue. Pupils Normal

Muscularity Moderate Fatness moderate.

Nervous System—*Motor* Impaired generally

Sensory sensibility to touch fairly good.

Reflex Action average. Special Senses Normal

Retina

Lungs respirations 20 per. min. breath sounds healthy.

Heart sounds healthy. Apex impulse normal in position and strength.

Tongue he will not show it. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The right ear is the seat of an old haematoma auris: The Inguinal, Cervical and Epitrochlear glands are enlarged and are hard

Appetite Moderately good.

Urine

Menstruation

Pulse 80, f. moderate strength, regular Temp.

Height Weight

Disease Secondary Dementia with Enfeblement. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Occasional~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeblement.
	Yes							Yes.	Yes

NAME. Robert Beck

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17·3·85						This morning stains of blood were noticed upon his trousers & his hands were found covered with dry blood. On examination blood was found oozing from the penis but no wound could be found. The next urine passed was examined & the blood was seen to come in the first few drops & the remainder to be clear of blood showing some wound of the mucous membrane of penis. No expression of pain could be elicited on firm pressure on bladder or on prostate per rectum. He would answer no questions as to the cause.
24·3·85						Has completely recovered there being now no blood present. Probably the patient himself had injured the organ by twisting it or passing something into the canal. He now works regularly outside but does not do much being chiefly useful in wheeling barrows &c. His mental state remains as described previously.—
20·6·85		98·1		74		There has been no change in the mental condition of this patient since last entry. He never speaks when spoken to; but when excited he evidently sees some imaginary person, whom he calls in loud and angry tones, "Ye Gipsy, ye gipsy". He works with the barrow party and his health is moderately good.
17·9·85						Still in the same state mentally. May see imaginary person or hear voices but something causes him to pass into violent fits of passion suddenly he then gesticulates utters loud threats &c & if interfered with will strike & kick those nearest him. Generally however he is quiet & easily controlled. Has enjoyed good health since last report.
10-2-85						Usually quiet & unsociable & never speaking to anyone he at times suddenly & impulsively kicks or strikes any individual near him or posses blows upon his own face, his physical health is poor.
18 Decem^r 87						No change; a silent hopeless dement. Sits with his head hanging down — takes no notice of anyone or anything. Works in the garden. Is in poor health sometimes bites & scratches &c.

NAME. Robert Beck.

ATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2 Jan 1885						Has a bad finger with necrosis of a large part of the skin - about half. He did not seem to feel any pain. The hand & arm were swollen & red but poulticing relieved it rapidly - The wound is dressed.
0 Mar 1888						No change - is profoundly demented & a very dangerous fellow.
0 June 1888						R. B. works at the barrows & is a tough wiry fellow. His hand is better.
1 Octr						Has been confined to the house with sore heels but is now better. He is silent - nothing will induce him to speak.
18 Decr						Still in the same condition - He occasionally gives another patient a kicking -.
30 Mar 1889						He is profoundly demented & his mental state shews no change.
1 July						Perfectly quiet but very dangerous if interfered with.
10 Septr.						He is a good barrowman & hard worker.
18 Novr						This man is quiet - never speaks. His health is good.
15 March 1890						He is quiet but occasionally attacks & kicks other people - Nothing will induce him to answer a question.
15 June						Same state.
20 August						He still works out of doors & when not working ~~is~~ always has his hands in his pockets, & his head bent.
1 Novr 1890						No change.
February 7th 1900:-						In fair health but gradually becoming very enfeebled: He is now unfit for work. Sits idly with head bent hasses urine as he sits (etc) paying no attention to himself never speaks. Sleeps well.
July 29th 1900:-						No change in anyway. → 890

NAME, Charles George Morrison No. 223
Admitted, 4 January 1862 Pr. Ad.
Sex, Male Age, 35. Marriage, Single Occupation, Planter
Education, Religion,
Private or Pauper, private Where from? London

HISTORY.

Condition.
Disposition Generous Quick and amiable
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity Grandfather Eccentric
Other Diseases
Predisposing He is said to have lived a fast life in Ceylon
Exciting Sunstroke & disappointment in love

Symptoms. First.
Mental Irritability & uncertainty of temper with periods of depression, laughing without cause & destructive
Bodily

Recent.
Mental Sleepless talks of shooting people, destroys his clothes & furniture, delusions about physic and food
Bodily

Insane Habits and Propensities Destructive of clothes & furniture
Suicidal
Dangerous
Duration of Existing Attack 25 years
Other Facts or Remarks The chief features of this case have been strongly marked, delusions & eccentric conduct inability to carry on conversation - He had occasional periods of excitement & irritability during which he threatened to shoot several people Lately his restlessness has diminished & he appears to be more demented. His bodily health has been good

Facts of Medical Certificates Strange unnatural manner & speech apparent Laughter without cause - Asks for his revolvers to shoot the neighbours - whom he dislikes - Destroys the furniture Demands sweeties and drinks all the medicines he can get Is restless and it is difficult to secure his attentions.

NAME Charles George Morrison

STATE ON ~~ADMISSION~~. 15 Dec: 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot carry on a Conversation for any time Does not Know where he is

Memory Impaired

Coherence Enfeebled Can answer questions? Yes

Delusions That there is a man called Clarke who is always on the watch to shoot him also delusions of identity

Other Abnormalities He thinks his attendant (Barr) is a man named de Grave whom he knew.

Bodily.

Appearance Thin & ill nourished. Brownish Complexion

Skin Healthy fine texture Hair White

Eyes Grey Arcus Senilis Pupils Equal & Contractile to light

Muscularity Poor Fatness Poor

Nervous System—*Motor* Functions good

Sensory Functions normal.

Reflex Action Moderately good Special Senses Apparently good

Retina

Lungs Chest small. Breath Sounds Normal - Respirations 18 per. min.

Heart Apex beat Outside Nipple, of Moderate force. First cardiac Sound louder in pitch and prolonged

Tongue Moist, Slight fur. Bowels Confined

Other Organs, Abnormalities, Bruises, &c. Liver dulness Normal. Teeth nearly all present

Appetite Good

Urine S.G. 1025 Straw yellow colour, acid reaction. Healthy

Menstruation

Pulse 80 of average strength. Regular Temp. 96.4. 8.55 a.m.

Height 5 ft. 9 in Weight 8 St 13 lbs

Disease Monomania of Suspicion *Clouston's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME, Charles George Morrison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.3.85		98.6		80	126	Is eccentric in behaviour; has a delusion that he is followed about by a man who is trying to shoot him. He writes "screeds" of incoherence on whatever paper he can obtain and then tears it up or burns it. Bodily health good
16.12.85.						This patient enjoys good bodily health. He is quite contented so long as he has plenty of paper and a pencil with a sharp point. His calculations are then most elaborate.
2.5.86.						Mr Morrison continues as reported above. He is visited weekly by his sister, who crams him with cakes, sweets, and and various other indigestibles, the result of which is often diarrhoea. He has been taking cod liver oil lately at his sister's desire.
1.7.86.					124	He continues in good bodily health. He amuses himself as formerly by writing a great deal and making most elaborate calculations.
14/9/87					121	No change in Mr. Morrison's condition.
14/12/87					124	Mr. Morrison is in good bodily health. He still spends his time in covering sheets of paper with incoherent scribbling. He is very restless, constantly wandering about the room. He talks to himself a great deal. He does not mention his delusions.
14/2/88						For some days Mr. Morrison has been out of sorts, and taking his food badly. He complains only of constipation. Laxatives have been given with some benefit, but he is still looking far from well. Yesterday he never tasted food. He has been ordered the following:- He is somewhat better today.
						Ry. Ferri et Quin. Citrat. ℥ii Sig. Strychnin. ℥iß Aquam ad ℥viii M Sig. ℥ß. t. i. d. after food
20/2/88						Mr. Morrison is better, and is now taking his food pretty well. He has been kept in bed for two days, as he cannot rest when up, constantly wandering about the sitting-room.
22/2/88						Mr. Morrison was taken home by his sister today at his own request. However he refused to taste food, and wished to return, and was accordingly brought back at night. He still suffers from constip-

NAME, Charles George Morrison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						-ation, but he exaggerates the condition, and asks for castor-oil constantly. He is taking his food better, and in addition has egg-flip at 10 A.M. He has been ordered a mixture of quinine and strychnine before meals, and a podophyllin pill every morning.
21/2/88						Mr. Morrison is up today, and looking better.
7/3/88					118	Mr. Morrison has quite recovered his usual health, but he is hypo-chondriacal, and is never satisfied unless he is taking some purgative medicine. He writes as much as ever.
5/7/88						Is at Kirkmichael.
5/9/88					123	
2 Feb. 89						Mr. Morrison was this morning struck on the left eye by one of the patients, causing some discoloration, which caused a great source of abuse by his sister who still continues her weekly visits. He is otherwise upset, has tendency to be sick & has vomited a little, the vomit being slightly tinged with blood. He refuses to take any food & wants only opening medicine. His heart is found to be dilated & there is some incompetence of the mitral valve, a systolic murmur accompanying the first sound (but this is not always heard).
25 Feb. 89						Mr. Morrison goes about a small again, & wanting as much paper & pencil as ever. Continually asks for medicine, for pills & wants to go on "board a ship".
23 April						[illegible]
July 30th 89.					128	There has been no change in Mr. Morrison's mental or physical state lately. He is still as restless and occupied with paper and pencil as ever. Is quite incoherent although he understands and can answer simple questions.
Sept. 30th 89.					128.	Has been in good health lately and is as busy as ever with sheets of paper covered with incoherent rubbish.
May 19th 1890.						Much the same. Still goes about, often asks for absurd things from people, such as castor oil, altho' his attendant gives him it whenever he requires it.
17.1.91						Continues to scribble on scraps of paper, to ask for castor oil & pills at all times
1.5.91						Went to Kinmount to-day

cont'd on p 531

NAME, James Calderwood No. 235

Admitted, 18 June 1862. Pr. Ad.

Sex, Male Age, 28 Marriage, Single Occupation, Hosier

Education, Religion, U. P.

Private or Pauper, private Where from? Kilmarnock.

HISTORY.

Causation.

Disposition Quet

Habits Good

Previous Attacks—No. one Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Overexertion in business

Symptoms. First.

Mental He commenced to pay all his debts & put his affairs in order as he feared that he would die soon

Bodily He was restless & sleepless

Recent.

Mental Great depression of spirits; accusing himself of fearful sins & threatening to destroy himself

Bodily Restless during day and night

Insane Habits and Propensities

Suicidal Yes

Dangerous

Duration of Existing Attack 22 years

Other Facts or Remarks After admission he was melancholic accusing himself of many sins, refusing food & needing to be forcibly fed - He attempted Suicide several times - About 1865 he began to have delusions of grandeur, imagining himself a Duke Lately he has become more demented but occasionally is excited & then has strong religious delusions - His bodily health has been poor

Facts of Medical Certificates

Sleeplessness - The delusion that he has intercourse with the Devil.

NAME James Calderwood

STATE ON ~~ADMISSION~~ 15 Dec: 1884

Mental.

Exaltation Says he is King & Emperor - Often laughs to himself and talks in a grandiose manner

Depression

Excitement Is sometimes excited, talking rapidly & incoherently

Enfeeblement Cannot concentrate his attention on any subject. Is unable to carry on a conversation: takes no interest in his surroundings

Memory Weakened. Says he has only been here 2 years when over 20 years

Coherence Impaired Can answer questions? Not coherently

Delusions That he is Emperor of Asia

Other Abnormalities

Bodily.

Appearance Thin and sickly - The face has a vacant expression

Skin Pale. A scaly eruption on upper part of chest Hair Black

Eyes Brown Pupils Large, Equal

Muscularity Poor. Fatness Poor

Nervous System—*Motor* Power generally diminished

Sensory General Sensibility. dulled

Reflex Action Moderately good Special Senses Apparently good

Retina

Lungs Chest narrow & deformed from the spinal curvature Lung sounds, feeble Respirations 18 per min.

Heart Apex in usual position. Cardiac sounds feeble

Tongue Clean, red, & moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There is a lateral curvature of the spine - In the upper part of chest there is a small sinus nearly healed - There is Haematina Auris - There is an unwinted pattern of the right clavicle

Appetite

Urine S.G. 1020 Average alkaline ammoniacle. deposite of phosphates

Menstruation

Pulse 80 feeble regular Temp. 97. 11.40 p.m

Height 5 ft 2 Weight 7 sti

Disease Secondary dementia *Skae's Classification* Senile Insanity

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Simple~~ Occasional Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes.							Yes	Yes

NAME. James Calderwood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4·3·85.		97.		90	97	Is demented with occasional periods of excitement during which he talks constantly & is restless. He is at times violent in a stupid senseless manner, striking a person once and never again even though the person struck does not move. He is infeeble bodily health.
16·12·85.						He is a little stronger bodily since last report. Mentally unchanged.
2·5·86.						He has had attacks of violent excitement rather frequently of late. During these attacks he talks incessantly in a monotone, strikes at any person who happens to touch him in passing or who speaks to him. He is feeble and his blows are generally quite harmless.
1·7·86.						Mr. Calderwood is frequently noisy at night and often violent when spoken to. At other times he is quiet and affable and shakes hands in the most friendly manner. He is apt to be wet and will drink his urine if permitted.
14·9·86.					97.	
14/12/86					105	
14/9/87					98	Mr. Calderwood is quiet and affable at present. He talks a good deal to himself and to imaginary visitors. His health is fairly good.
14/12/87					102	No change to report.
22/12/87						Mr. Calderwood was much excited this morning, talking incessantly and looking dangerous. Two colocynth pills quieted him down completely.
30/3/88					105	He is keeping quiet.
20/7/88					101	Is still subject to occasional attacks of excitement. His hallucinations of hearing are well marked; he is constantly
15/9/88					101	conversing with imaginary voices.
25 Feb 89						He is now quiet, otherwise failing in bodily health.
23 April					106	No change

NAME. James Calderwood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
July 30th 1887.					102	Has been more stupid than ever lately - sits all day unoccupied and muttering unintelligibly to himself. Still has hallucinations of hearing.
Sept. 30th 89.					102	Is failing in health and more stupid than he was. Takes no notice of anything. His pait is very feeble.
May 19th 1890.						Is very feeble, silent, and unobservant. Lies in sofa in dayroom of high level, but is not actually in bad health.
1.3.91						Mr Calderwood was noticed to be looking ill today and was put to bed. In the evening the temp. went up to 102° and consolidation was found to be commencing in right lung.
2.3.91						Temp still up: almost the whole of right lung involved.
2.4.91						The lung is breaking down down: the temp goes up from 101 to 103° every night & falls to 99° in the morning according by profuse perspiration.
10.4.91						The heart's temperature continues this strength is failing
15.4.91						died this morning.

171

NAME, George Crosbie (S.6.A IX. 37) No. 942
Admitted, 5 August 1862 Pr. Ad.
Sex, Male Age. 35 Marriage, Married Occupation, Gamekeeper
Education, Religion, Protestant
Private or Pauper, Private Where from? Speddoch

HISTORY.

Condition.
Disposition
Habits
Previous Attacks—No. First attack. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Depression; suspiciousness; irritableness
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Has threatened his brother
Duration of Existing Attack
Other Facts or Remarks After 10 years residence he was not so much under the influence of his delusions but was still very irritable & easily excited & talked a great deal to himself The paroxysms of excitement gradually diminished in strength & frequency till in 1883 he is reported as being in a state of dementia still having delusions but that could only be brought out with difficulty. During the last 18 months he has made no change He has always enjoyed average good health.

Facts of Medical Certificates

Depression of spirits & hesitation of manner
Suspects persons of designing to rob & injure him
Irritable temper
Neglect of his usual occupations

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease Chr. Melancholia into Sec. Dmnt. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. George Crosbie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-6-85		97·3		94.		This patient works as assistant storekeeper. He is quiet and scarcely ever speaks; and takes little interest in anything happening around him. He enjoys good health.
22-12-85						At times he seems depressed and smiles to himself his depression has a religious turn & he is fond of stating that he takes much comfort from God's word.
4-5-86						He has received a severe sprain by falling off a chair. His accident he looks upon as a special dispensation of Providence for something he has done and he attributes the direct infliction of the injury to his enemies. Slight depression is present.
21 Dec. 1887						G. C. still works in the store. He is quiet & reserved & when asked as to his health says "I have nothing to complain of". He is suspicious & at times is irritable if pressed to speak. Is a good worker.
30 Mar 1888						No change from day to day - always has the same answer & is depressed & quiet.
20 June 1888						As dull as ever. He is not the man who ever says much.
1 Octr.						Still working in the store -
18 December						He is laid up at present & is quite broken down in health He began with pulmonary congestion & has now periphlebitis of the right leg. Mental state unchanged.
30 March 1889						His right hand is now swollen painful & useless & he is quite broken down.
20 April						Still very ill & weak & sinking gradually.
1 May						Getting weaker.
10 May						Diarrhoea & black faeces
20 May						This man gradually sank & died.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

175

NAME, Kirchwar William Arnold No. 243
Admitted, 12 August 1862 Pr. Ad.
Sex, Male Age. 30 Marriage, single Occupation, Clergyman
Education, Religion,
Private or Pauper, Private Where from? Oxford.

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. First attack Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Unknown

Symptoms. First.
Mental Eccentricity in conduct. Apparent absorption in a line of thought which when to divide his attention was directed
Bodily

Recent.
Mental He had delusions that people insulted him & one day attacked a stranger whom he imagined to have done so
Bodily

Insane Habits and Propensities
Suicidal
Dangerous Occasionally
Duration of Existing Attack 26 years
Other Facts or Remarks He had many delusions during the first years of his residence here. He imagined that people insulted him & often struck his neighbours under this hallucination. He has twice escaped but was safely brought back. He has lately become more demented. Never reading now though formerly very fond of it. His bodily health has been excellent
Facts of Medical Certificates Incoherent conversation, wandering about the Country at night without any purpose or intention and being brought back by the police as unfit to be at large. Made an unprovoked attack upon a stranger

NAME K. Wm Arnold

STATE ON ~~ADMISSION~~. 11 Dec. 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement His perceptive & reasoning faculties are dulled

His conversation rambling & at times incoherent

Memory Poor Cannot remember recent events in his life

Coherence Impaired Can answer questions? Yes

Delusions Thinks that the institution belongs to him

Other Abnormalities His attention seems preoccupied when spoken to & he often bursts out laughing at some of his own thoughts when spoken to

Bodily.

Appearance Thin & Sallow

Skin Sallow Hair Greyish black

Eyes Grey Pupils Equal

Muscularity Moderate Fatness Poor

Nervous System—*Motor* Functions good

Sensory Functions good

Reflex Action Moderately good Special Senses Average

Retina

Lungs Hyperresonance on percussion over whole chest. Respiration prolonged - Respirations 17 per. min.

Heart Dulness decreased, Sounds faint. Epigastric pulsation

Tongue Clean & moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver slightly displaced downwards

Appetite Good

Urine S. G. 1018 pale yellow, Acid reaction, No abnormal Conds

Menstruation

Pulse 80 feeble regular Temp. 98·6 10 am.

Height 5 ft 6 in Weight 8 St 10 lbs

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME. Kirchevar W. Arnold

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
6·3·85		98.		70	123	This patient is demented: he rarely speaks and does not employ himself either in reading, writing or conversation. Has the delusion that the Institution belongs to him, and is particular in looking into all the rooms possible "to see that all is right". Enjoys good bodily health.
16·12·85.						Mr arnold is not so careful about the house being all right of late. He sits on the sofa or lies at full length on his face, and would remain in that position for hours if allowed. His bodily health is good.
2·5·86.						Mr arnold is becoming more demented. He is very indolent, lies on the sofa all day if allowed. Is silent unless spoken to when he answers shortly.
19·6·86						Went to Kirkmichael today
6·6·86						Escaped from Kirkmichael today at about 10 a.m. He was on parole and went out for a walk after breakfast. At dinner hour he was not to be found.
9·6·86						Brought back by Mr. Asst. Davie who found him near Carlisle. He had walked all the way from Kirkmichael and was on his way home to Grasmere.
14/9/86					114	He is none the worse of his journey –
1·7·86.						Mr. arnold continues as usual.
14·12·86.					115.	No change in Mr Arnold. He rarely speaks only when an answer to a simple question, never reads or writes. He has vague ideas of time. When he answers questions does so in a slow & hesitating manner, the voice gradually dies away. If a paper is put into his hand he is asked to read he does so but without understanding in the least what he is reading. He can read the time on a watch. His bodily health continues good.
14/9/87					113	No change in Mr. Arnold –

NAME, Kirchwar William Arnold.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11/12/87					113	Mr. Arnold is not in a satisfactory state of health. He has a fainting turn recently, but recovered quickly, and has been in his usual condition since. He cannot answer questions about his symptoms, and never complains. He is quite demented, and never speaks except in answer to questions: his answers are incoherent except on the simplest subjects. He is now in the low basket.
23/88					117	Mr. Arnold is in fairly good health. He has been more restless of late, and talks to himself a great deal; but he can only answer the simplest questions in a coherent way. He is now in the Low Basket.
7/7/88					112	Mr. A. has made no attempt to escape this summer, but he has been very carefully watched. There is no change in his mental condition: his bodily health is fair.
1/9/88					109	No change to report.
25 Aug 89						No change.
28 April					116	No change
July 30th 89.					107.	He has made no attempts to escape lately and has been well-behaved. Takes slight interest in cricket occasionally and reads a little. Is silent unless spoken to when he answers in a curt manner and then walks away.
Aug. 22nd						Went to Kinmount to day.
Sept. 8th						Returned from Kinmount, somewhat benefited physically by the change.
Sept. 17th					119.	Went to Kinmount again. Has been rather troublesome lately by attempting to run away at times.
May 19 1890.						Has lately been writing a great deal, copying out of 'Cornhill Magazine'. Is silent and quiet. Goes out to Kinmount to day.
June 9th 1890.						Returned from Kinmount to day. Is still a great care that attempts escape.
6.91						He has been at Kinmount this summer and returned to-day. Is morose & silent
7.-92						He is in good health has played the winter well. No change in mental condition.
8.-92						went to Kinmount
29.-92						Returned from "
12.11.92						No change.

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179

NAME, James Macanally (Vol IX 42) No. 947
Admitted, 28 August 1862 Pr. Ad.
Sex, Male Age, 18 Marriage, Single Occupation Farm Labourer
Education, Medium Religion, Roman-Catholic
Private or Pauper, Pauper Where from? Torrsmuir

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. First attack Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Epilepsy?

Symptoms. First.
Mental
Bodily

Recent.
Mental Excitability; incoherence
Bodily

Insane Habits and Propensities
Suicidal
Dangerous Yes
Duration of Existing Attack
Other Facts or Remarks During the first 13 years of his residence he had very numerous Epileptic seizures, before & after which he was extremely violent; striking out at anyone that came near him but between the attacks he was quiet & good natured. He then passed through a stage of mild excitement followed by a continued period of violent excitement but after this it was noticed that his mental faculties did not return to their usual & quickly after the fits. The dementia increased till he lost all consciousness & was only stupid & confused before & after the storms of fits to which he has been subject.
Facts of Medical Certificates

Violent excitement; incoherence
States that the Devil is the "Lord"
Has assaulted various persons

NAME James McAnally

STATE ON ~~ADMISSION~~ 8th June 85.

Mental.

Exaltation

Depression

Excitement Becomes restless and at times impulsively violent before the onset of the fits.

Enfeeblement There is a certain amount of mental enfeeblement. He has diminished power of will.

Memory moderately good

Coherence Good Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance stout and well developed

Skin healthy Hair brown

Eyes brown Pupils equal, small & contractile

Muscularity good Fatness considerable

Nervous System—*Motor* has epileptic fits. about a dozen at a time. lasting about three days and occurring about every fortnight—

Sensory Sensibility to touch diminished.

Reflex Action diminished Special Senses moderately good.

Retina

Lungs chest large. lungs healthy. Respirations 18 per. min.

Heart's action strong. heart sounds healthy.

Tongue clean, moist. fissured Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine orange yellow. s.g. 1025 acid. No unusual constituents.

Menstruation

Pulse 76. left radial much weaker than the right. Temp. 96° F. 11 p.m.

Height 5 ft. 6 in Weight 186

Disease Epileptic Dement Shaw's Classification Epileptic Insanity

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Occasional~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes					Yes			Yes

NAME, James McAnally.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		98.2		76.		This patient is subject to severe epileptic convulsions, usually coming on about once a fortnight & lasting for two or three days, in which time he will have a dozen fits which afterwards leave him stupid for a day or two. In the intervals, he is quiet and industrious. The frequency of the fits has caused a certain amount of mental enfeeblement. He has a capital appetite and with the exception of the fits enjoys good bodily health.
17.9.85						There has been no change during the last three months. He has been employed during the intervals of the storms of fits in teasing hair. Immediately before the fits he has been exceptionally violent lately striking on very little or no provocation rendering him dangerous in the Infirmary among the feeble patients. The fits have also lately been very severe & numerous.
6-2-86						This patient is subject to severe epileptic fits lasting for two days and occurring once the fortnight. During the attack he is stupid, heavy and apt to be violent. At other times he is a quiet sober minded pleasant man passing steadily into secondary dementia. Physically he is full-bodied and plethoric.
7-5-86						Fits continue to be frequent - once the fortnight or oftener. His articulation is becoming more impaired
29/10/86						Mac Naly is just now recovering from one of his epileptic storms which has lasted for about a week. There has been an interval of a month between this & the last one. His condition after the fits has been unusual. He has lain for hours at a time almost completely comatose with slow shallow breathing. Very slight conjunctival & plantar reflexes were present. Colour of face was quite natural & the tongue was pressed against the dental arch. Pupils equal & moderately contracted & react to light. The lids are closed but when pulled open they remain open & a slight rotatory movement of the eyeballs was seen. Patient has been less violent than usual during this attack.

NAME, James McAnally

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16/2/86.						Today Macanally had a fit the first since ~~Nov~~ October 29th. For the last three weeks he has been having 3¼ Pot. Bromid. three daily.
Dec 22nd						After the fit he was put in a dark room & a dose of 20 grs Chloral with 3¼ Pot. Bromid was given he slept for fourteen hours & wakened stupid. Next evening the same dose was repeated & he slept almost continuously till Dec 20th only waking up for his meals. He has only had one fit on this occasion & has shown no maniacal symptoms. He is now in his usual condition.
2/6/87.						Sent out of bed after a week of sulky & irritable temper succeeding his fits. Does not take his Bromide now except when he is in the excitable state following his fits, as he says it causes heart burn.
3/6/87.						Three fits last night. Kept in bed to day
6/6/87.						Still in bed. Very sulky. irritable
15/6/87.						Got out of bed today. taking bromide.
2/6/87.						Refusing Bromide.
2/6/87						A fit last night - is dull but not violent
2/6/87.						Another fit today - 2 in afternoon -
3/6/87						Another fit today. irritable. put to bed.
2/7/87.						2 fits yesterday.
8/7/87.						Allowed out of bed -
14th Sept 1887.						Has taken fits as usual - these fits are peculiar - he is not violently convulsed but snaps cracks his fingers moves his arms & hands about, all the time unconscious - He swings his arms round his head & moves his head from side to side. ~~At~~ Today he was in a semi-stupor & sd he had not seen me for days tho' he had spoken to me the night before. He is becoming more demented & yesterday was very dangerous - his memory today is very bad & he does not know when he saw me last. The aura is a dizziness in head.

See page 794.

NAME, Alexander Gourlay (Vol IX 956) No. 956
Admitted, 28 November 1862 Pr. Ad.
Sex, Male Age, 20 Marriage, Single Occupation, Shoemaker
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Kirkcudbright

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity Two brothers were insane
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Excitability; violent conduct to members of the household
Bodily

Insane Habits and Propensities
Suicidal Yes
Dangerous Yes
Duration of Existing Attack
Other Facts or Remarks After 10 years residence he was reported as being in a state of Chronic Dementia, memory tolerably accurate but intelligence much impaired. His habits then became extremely filthy & his memory weaker till he passed urine & voided faeces in the bed or on the floor; could not wash himself & spoke little. He has remained in the above state many years being tried at outside work occasionally but without any success

Facts of Medical Certificates
Outrageous conduct
Has threatened his mother

NAME Alexander Gourlay

STATE ON ~~ADMISSION~~ 10. May 1885.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Does not speak when spoken to: does not appear to comprehend what is said no him: takes no notice of what passes around him.

Memory Weak: cannot remember what he has been doing to-day.

Coherence Can answer questions? No.

Delusions

Other Abnormalities Is at times of uncleanly habits and if not attended to, would never heed the calls of nature

Bodily.

Appearance he is ill-nourished and anaemic.

Skin On the skin over the tibiae of both legs there are the dry crusts of ~~ulcers~~ Hair brown.

Eyes The left eye is completely blind Pupils the right pupil is of moderate size and contracts to light.

Muscularity moderate Fatness diminished.

Nervous System—*Motor* functions feeble. The voluntary motions are slowly and feebly performed.

Sensory Sensibility to touch diminished.

Reflex Action diminished Special Senses Sight is absent in left eye.

Retina

Lungs respirations 18 per min. chest narrow. breath sounds healthy.

Heart Apex impulse feble: systolic bruit most audible over mitral area.

Tongue slightly whitish furred Bowels regular.

Other Organs, Abnormalities, Bruises, &c. there is slight oedema at the ankles, over the tibiae of both legs there are several dried crusts over recent ulcers.

Appetite moderately good.

Urine amber coloured. s.g. 1020. acid. No abnormal constituents

Menstruation

Pulse 69. weak. irregular. Temp. 98·2° Fh. 9 pm

Height 5ft. 6in. Weight 150 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, Alexander Gourlay.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85.		98.1		77		There has been no change in this patient since last entry; he is apathetic, does not speak when questioned, and is inclined to dirty in his habits. The ulcers on his legs are now quite healed up.
5-5-86						He is constantly endeavouring to mutilate himself in some way preferably by gouging out his eyes. He neither speaks to himself nor to others & seldom changes the position in the room he may take up or be placed in. He performs no work & is inattentive to his own wants & surrounding
14 Sept 1887.						Is still the same filthy dement trying to gouge his eyes out has succeeded in gouging one eye out - now performing on the other.
2 Jan 1888						The same state except that he does not try so much now to mutilate himself - Will not now reply to a question as he did a few weeks ago.
30 March						At times dirty in his habits & tries to mutilate himself.
20 June 1888						Still tries to mutilate himself - Habits seem improved.
1 Octr						This man has already gouged out one eye & is in process of gouging out another -
18 Decr						At times A.G. is talkative & excited & he is still depraved in his habits.
30 Mar 1889						This man is excited restless & noisy by day & by night.
1 July						He is now quiet & stupid & tries to mutilate himself.
10 Septr.						He is still quiet & demented
18 Novr						a little restless just now.
8 March 1890.						as above. Knee Triceps & Wrist jerks very exaggerated
15 June						No change.

NAME, Alexander Gourlay.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21 August 1890						He is at times mildly excited & is restless. His health is fairly good. Still forgets out his remaining eye occasionally.
Nov^r						Died 16/5/94.

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NAME, David Morgan No. 257

Admitted, 6 December 1867 Pr. Ad.

Sex, Male Age, 37 Marriage, Single Occupation, Gentleman

Education, Religion,

Private or Pauper, Private Where from? Brompton. Kent.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Paris under Dr. Pinel

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Imagines Strangers are in different parts of the house will wander about in search of them

Bodily

Insane Habits and Propensities Dirty. Drinks his own urine

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks There has been little change in this patients Condition since his admission - His habits have been dirty and he has always had a strong desire to drink his urine which he thinks is good beer. His bodily health has been good

Facts of Medical Certificates Loss of memory as to time & place. Small power of arranging his ideas. Has great difficulty in answering questions. Solitary in his habits. Taciturn & Suspicious & depressed in Spirits

NAME David Morgan

STATE ON ~~ADMISSION~~ 13th Dec. 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement Has lost all note of passage of time. Says he has been here only a week when it is over 20 years

Memory Bad - Does not know a day of the week

Coherence Impaired Can answer questions? No

Delusions That his urine is beer & consequently he attempts to drink it on every occasion

Other Abnormalities To almost everything asked him he replies "Good" "God" and this is usually all his remarks

Bodily.

Appearance Small but Strong. Vacant Impression of Countenance

Skin On Shoulders all Marked with boil Scars Hair Brownish grey. Small in quantity

Eyes Grey Pupils Equal

Muscularity Good Fatness Moderate

Nervous System—*Motor* Has a peculiar pony of during the muscles of lower part of chest & upper part of abdomen which appears from the form & extent of the muscular action that the Stomach is compressed

Sensory Impaired -

Reflex Action Impaired Special Senses Taste & Smell depraved

Retina Drinks his urine

Lungs Healthy - Respirations 16 per min.

Heart Cardiac action, Good. Apex beat in usual position

Tongue Covered with White fur Bowels Constipated

Other Organs, Abnormalities, Bandages, &c. Liver dulness - Normal

Appetite Good, but depraved

Urine S. g. 1018. acid. bright yellow. healthy

Menstruation

Pulse 72 Strong & regular Temp. 96.4 . 2.30. p. m

Height 5 ft. 4 in Weight 8 St. 12 lbs

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeblement.
									Yes

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NAME. David Morgan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·3·85		97		72	126	Is demented. cannot give rational answers to the questions asked him. Is dirty in his habits and tries to drink his urine, believing it to be good beer. Is in frail bodily health
13·3·85	95·2	97·3	72	74		Yesterday it was noticed that there was swelling of a firm consistence attended with a bluish black discolouration, extending from the right iliac crest downwards to the upper part of the popliteal space, and across the buttock to the mesial line behind. The discolouration is patchy, not uniform. The difference between the size & consistence of the two buttocks is striking. No evidence of external injury or fracture can be obtained. He is placed at rest in bed. To-day a small abscess which had recently opened was noticed on the inner surface of the left leg just above the knee joint, but having no connection with it. It was dressed with Carbolic oil.
14·3·85	97		72			To day the discolouration is not so marked, and the swelling is diminished. He is kept in bed.
19·3·85						The discolouration and swelling have almost disappeared, and the patient is able to rise.
19·6·85.						Mr Morgan is now in his usual health bodily & mentally. He is now at Kirkmichael & his habits are cleanly.
2·6·85						
16·12·85						Mr morgan derived considerable benefit from his visit to the country residence.
2·5·85						Mr Morgan is in his usual bodily health and mental condition. He is dirty in his habits, cannot speak a word of sense, says "Good God" or "Lord God" to any question asked him. —
11·6·86						went to Kirkmichael today.
1·7·86						Mr Morgan remains at Kirkmichael. He is quite happy & contented. He is sunk very low in dementia.
14·9·86.					132.	
14/12/86					134	
14/9/87					124	

NAME. David Morgan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12/12/87					127	No change in Mr. Morgan's condition. He cannot speak a word of sense, and when asked a question makes some such exclamation as "Good God", "Most extraordinary", &c. A short time ago his feet swelled without any obvious cause, but this has now passed off.
Fr. 4th 1888						Mr. Morgan lifted a knife from the dinner table today, and without warning struck "Prof." Munro in the back with it. Fortunately it came in contact with his braces, and the blade snapped across, doing no injury.
2/3/88					132	Mr. Morgan has been quiet and harmless since last entry.
7/7/88					120	Mr. Morgan has been out of sorts lately. He has been sleeping in the Infirmary dormitory, and has evidently been at his old habit of drinking urine. Consequently he has been removed to a single room. An egg flip and glass of port wine in the forenoon have been ordered, as he is not taking the ordinary diet well.
1/9/88					126	He is now much better.
25 Feb. 89						He is now fairly well & clean in habits. He is stupid, occasionally smile when spoken to & make some incoherent remark or other, but he seems to understand the Welsh language when spoken to him & reply with a few monosyllables correctly.
23 April					131	No change.
July 30th 89.					126	Has been quiet and fairly clean lately. but has to be constantly watched to be prevented from drinking his urine. July 19th went to Kinmount. Returned from Kinmount to-day.
Aug. 24th						
Sept. 30th					132	Is in fairly good health now and somewhat cleaner than he was. Scarcely ever speaks now and only smiles as a reply to a question.
May. 9th 1890.						Went to Kinmount to day.
July 18th 90						Returned from Kinmount to day. Is demented, but excited, & restless in making gestures &c.
July 1891						Went to Kinmount
20.7.91						Returned from Kinmount to-day. When spoken to he says "what God" &c.
5.7.92						He can scarcely be induced to keep his clothes on during the day: he is filthy in his habits & drinks urine.

cont'd on p 541

NAME, John McClymont (Vol IX. 58) No. 963
Admitted, 22 January 1863 Pr. Ad.
Sex, Male Age, 16 Marriage, Single Occupation, None
Education, Religion, Protestant
Private or Pauper, Pauper. Where from? Minigaff.

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing Congenital
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Restlessness; incoherence; insomnia
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Yes.
Duration of Existing Attack From birth
Other Facts or Remarks For nine years after his admission his state of imbecility was varied by paroxysms of excitement during which he was sometimes dangerous. Since that time the fits of excitement have worn away & he has been quiet & industrious although his intelligence has always been much impaired and his memory poor.
His general health has been remarkably good since admission.

Facts of Medical Certificates
Restlessness; incapacity to converse intelligently on the simplest subjects; talks much to himself; is incoherent.
Has assaulted various persons without provocation

NAME John McClymont

STATE ON ~~ADMISSION~~ 22 June 1885.

Mental.

Exaltation

Depression

Excitement He is subject to attacks of excitement and is then violent upon the smallest provocation.

Enfeeblement His reasoning capacity is small; he cannot perform simple arithmetical operations and his memory is poor.

Memory Poor. Does not know how long he has been here.

Coherence Impaired at times Can answer questions? yes.

Delusions

Other Abnormalities

Bodily.

Appearance Fairly well nourished

Skin on the legs is dry, thickened roughened, and fissured Hair red.

Eyes grey Pupils small, equal

Muscularity good Fatness good.

Nervous System—*Motor* functions fairly well performed but articulation is indistinct

Sensory Tactile sensibility fairly good

Reflex Action Acute Special Senses moderately good.

Retina

Lungs Chest well formed. Lung sounds healthy. Respirations 18 per. min.

Heart action and sounds healthy.

Tongue clean, red, moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The head is small, and the frontal regions poorly developed. The teeth are good.

Appetite good.

Urine bright yellow. 1018, acid, contains no abnormal constituents.

Menstruation

Pulse 70. compressible, regular. Temp. 97.4° Th. 8pm.

Height 5ft. 7in. Weight 141 lbs.

Disease Congenital Imbecility *Shaw's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Simple~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								yes.

NAME. John McElymont.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
17.6.85		97.4		72		There has been no improvement in the mental condition of this patient since last report. He becomes excited at times and talks very incoherently, but these attacks of excitement are not so frequent as they used to be. At other times he is quiet & industrious
23-12-85						He is suffering from ordinary symptoms of the septic poison. Large doses of Tr. Ferri Perch. are being given internally with much benefit.
4-4-86						He has recovered his usual bodily health & is now engaged with the Sewage Squad.
2 Jan 1888						J. McC. is still in the Sewage Squad. He has not altered at all – at times is excited but has not lately given any trouble & his attacks are less frequent than they used to be.
30 March 1888						No change in this case.
20 June 1888						Seems in fairly good bodily health – He is at present quiet & industrious.
1 Octr						Same state.
18 Decr						This man still works on as before. He is quiet & his bodily health is good.
30. Mar. 1889						This is a most quarrelsome fellow who is never without a grievance & a grievance with him means a fight if possible.
1 July 1889						He is always fighting & never without a black eye or a scratch.
10 Septr						Still fighting – a dirty depraved
15 Novr						He is much the same & had 3 fights in 5 minutes the other day
15 March 1890						much as before – a very depraved fellow – He works on the farm among the pigs chiefly.
15 June						No change.
20 August						He is still quarrelsome & pugnacious.
1 November						Fights every day.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME. James Anderson (Vol IX 77) No. 982

Admitted, 29 April 1863 Pr. Ad.

Sex, Male Age, 21 Marriage, Single Occupation, None

Education, Religion,

Private or Pauper, Pauper. Where from? Newton Stewart.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Not first. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Congenital

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Since birth

Other Facts or Remarks A congenital imbecile of a low type; manifesting alternate periods of depression & mild excitement. The imbecility has, if possible, become more marked till the above varying phases have become almost imperceptible & he can do nothing for himself

Facts of Medical Certificates

Restless specially at night
Irritableness & sometimes violence

NAME James Anderson

STATE ON ~~ADMISSION~~. 8 June 1885.

Mental.

Exaltation

Depression

Excitement P

Enfeeblement Cannot fix his attention on anything for more than a moment, speaks in half sentences and not to the point.

Memory Poor cannot tell how long he has been here.

Coherence Impaired Can answer questions? No

Delusions

Other Abnormalities Is dirty in his habits; requires to be fed, and resists having his clothes put on and off.

Bodily.

Appearance Thin, wretched looking and ill-nourished.

Skin has erythema on his buttocks Hair brown

Eyes brown Pupils small, equal, & sluggish

Muscularity poor Fatness diminished

Nervous System—*Motor* Functions feeble. He cannot retain his saliva and his articulation is indistinct.

Sensory Tactile sensibility diminished

Reflex Action diminished. Special Senses bellied

Retina

Lungs Chest narrow, lung sounds healthy. Respirations 18 per min.

Heart sounds healthy.

Tongue covered with a dirty fur. Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine pale yellow. 1010. acid. No unusual constituents.

Menstruation

Pulse 710 regular compressible. Temp. 98.9. 7 pm

Height 5 ft. 5 in. Weight 120 lbs

Disease Congenital Imbecility *Skae's Classification*

General Bodily Health and Condition Reduced.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, James Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		98.2		72	120	There has been no change in this patient since last report. He cannot do anything for himself; cries and weeps without cause; is dirty in his habits & requires to be fed.
16.10.85						Has been confined to bed for some days symptoms - Cough, dry & harsh. Loss of appetite, pallor & increasing debility. If taken notice of he frequently begins to groan & moan. Cannot answer any questions. Ordered ℞ Spr Chloroformi Tinct. Hyoscyami āā ℥ß Syr. Scillae, ℥i Inf. Senegae ad ℥vi Sig ℥ß ter in die.
18.10.85						Getting weaker. More difficulty in breathing apparent. Appetite diminishing. Fed with difficulty ordered Whisky ℥iv in the 24 hours.
24.10.85						Very weak. Evidently suffers from pain in breathing but an examination of the chest is impossible. The symptoms point to congestion.
26.10.85						The hands are becoming oedematous but not the feet. Can hardly turn in bed. Coughs very little.
29.10.85						Died at 4.45 a.m.

NAME.

DTE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, Alexander Morran. (Vol X. 15) No. 1071
Admitted, 20 August 1864 Pr. Ad. 734
Sex, Male Age, 50 Marriage, Single Occupation, Labourer
Education, Religion, Protestant
Private or Pauper, Pauper. Where from? Creca, near Annan

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. One Kind
  - Duration 21st Oct 59 – 3rd Nov 63 Where treated Southern Counties Asylum
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting Supposed to have resulted from a blow on the head

Symptoms. First.
- Mental Restlessness; excitability
- Bodily

Recent.
- Mental Restlessness; incoherence; delusions
- Bodily

Insane Habits and Propensities
Suicidal Yes
Dangerous Yes.
Duration of Existing Attack
Other Facts or Remarks During the first nine years of his residence he seems to have been deeply under the influence of his delusions as to his wealth &c. In May 1873 he is reported to have had epileptic fits which he continued to have with varying severity for the next 8 years. These left him in a state of dementia & whereas before he sometimes was very violent, striking without provocation &c he now became quiet & contented; but his delusions still continued though not in such a marked form

Facts of Medical Certificates

Talks incoherently
Has delusions as to his vast wealth &c
Wanders from home, usually at night

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Alexander Morran.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16.6.85		97		80		There has been no change in the mental condition of this patient since last report. He is at Kirkmichael and works well and enjoys moderately good bodily health.
10-2-86						Still employed at Kirkmichael.
7-5-88						He is still at Kirkmichael.
28 Dec	1888					A. M. is ~~still at~~ now here in the 2nd House. He is quiet but dull. Lately had a large axillary abscess which has now quite healed after incision. He does little light jobs about the place.
30 March 1888.						Seems in good bodily health (for him) now. Teases hair & does a little work.
20 June	1888					Is short tempered & irritable & does not care to be noticed - his health is much the same.
1 Oct.						Much as before.
18 Dec.						This man is quiet but irritable & will not say much - he is weakminded & weak in bodily health.
30 March.	1889					He is quiet except when much spoken to, he then becomes irritable.
1 July						No change to record.
10 September						His health is good & he is quiet. A demented fellow.
15 November						Sent to Kinmount.
						Died of Apoplexy.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

NAME, William Murray (Vol X. 21) No. 1077
Admitted, 30 September 1864 Pr. Ad.
Sex, Male Age, 38 Marriage, Widowed Occupation, Joiner
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Glasgow & Glasserton

HISTORY.

Constitution.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Epilepsy

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous At times.
Duration of Existing Attack Three years.
Other Facts or Remarks Ever since his admission he has been subject to severe & frequently repeated epileptic fits which have gradually told on both his mental & bodily conditions At first he was occasionally very violent but became quieter as the dementia became more marked. His general health has also become impaired. In May 1876 he sustained a fracture of a rib in a fall during a fit. In November 1883 his right shoulder was dislocated during a struggle with an attendant who was bathing him.

Facts of Medical Certificates He is weakminded & subject to epileptic fits, which are often followed by great maniacal excitement, violence and general incoherence

NAME William Murray

STATE ON ~~ADMISSION~~. 8. 6. 85.

Mental.

Exaltation

Depression

Excitement Becomes excited after the fits.

Enfeeblement Has little reasoning capacity, has little interest in anything and cannot carry on a conversation

Memory Poor. does not know how long he has been here.

Coherence Impaired Can answer questions? Not well.

Delusions

Other Abnormalities He chatters and talks incoherently to himself

Bodily.

Appearance moderately well nourished

Skin There is pigmentary mottling over the legs. Hair brown

Eyes brown Pupils small equal

Muscularity poor. Fatness moderately good

Nervous System—*Motor* power feeble. He is subject to mild convulsive seizures

Sensory Sensibility to touch dulled

Reflex Action diminished Special Senses dulled.

Retina

Lungs healthy. Respirations 20 per. min.

Heart healthy. though the sounds are feeble.

Tongue clean, red and moist Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c. On the left side of the tongue near the lip there is a fissure and a hard cicatrix, the result apparently of a wound

Appetite good

Urine turbid yellow. s.g. 1024 acid Deposit of urates.

Menstruation

Pulse 54 feeble. regular Temp. 97.4 °F. 12 p.m.

Height 5 ft. 7 in. Weight 142 lbs.

Disease Epileptic Secondary dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME. William Murray

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
17-6-85.		97·2		80.	141	This patient is still subject to severe epileptic convulsions after which he becomes mildly excited. He is mentally enfeebled, cannot converse rationally, pays little attention to anything happening to him his memory is poor, and he mutters incoherently to himself. His bodily health is moderately good
10-2-87						He is in a state of profound dementia. Physically he is too feeble to be employed in any way.
7-5-88						His circulation is very feeble his feet are oedematous very cunning. Mentally he is profoundly demented but he is still able to recognise people whom he knows.
15th Sept. 1887.						He is still subject to the fits & is quite demented - he recognises those whom he has seen often before. A hopeless case.
2 Jan. 1888						Takes the fits frequently - is much demented - quite enfeebled - except for the fits his health is ordinary.
30 March 1888						No change in his condition.
20 June 1888						Has been taking fits every day for a fortnight - Sometimes 2 or 3 fits a day - He is irritable at these times
10 Octr 1888						Died

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

207

NAME, James Graham No. 315

Admitted, 11 November 1864

Sex, Male Age, 38 Marriage, Widowed Occupation, Draper

Education, Religion,

Private or Pauper, Private Where from? Annan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind Mania

Duration Four months Where treated Crichton R. D.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Violence, delusions that people act upon & injure his mind from a distance

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 20 years

Other Facts or Remarks On admission he was excited & threatened & had delusions that he was injured by what he called the "Secret System". For some years he was alternately excited and quiet. When excited he often was violent. He has had delusions that his room was entered at night by people for improper purposes & that his food was poisoned His bodily health has been good

Facts of Medical Certificates

Very excited & violent. Has delusions as to Dr Bojle of Annan exercising secret influence over him & of being a medical man himself

NAME James Graham

STATE ON ~~ADMISSION~~. 15th Dec. 1884

Mental.

Exaltation

Depression

Excitement He frequently becomes excited when he accuses his Enemies of having improper motives towards him

Enfeeblement

Memory Good

Coherence Good Can answer questions? Yes

Delusions That his room is entered at night by persons for improper purposes & upon impure motives. That he is Governor of the Institution

Other Abnormalities He asserts that he is not the man to injure anyone in the house, but that he is constantly assaulted, which is not the Case

Bodily.

Appearance Healthy — Expression of Suspicion

Skin Thick & coarse Hair Greyish black

Eyes Grey Pupils Equal

Muscularity Good Fatness Moderate

Nervous System—*Motor* Has a slight limp in walking which he says is due to varicose veins which he has.

Sensory Has paresthesiæ about the rectum, which he says are the attempts of people to commit sodomy upon him.

Reflex Action Moderate & good Special Senses Average

Retina

Lungs In the left Infra-mammary region there is considerable flattening & depression of the Chest wall, with projection of the ribs at inner edge of Mamæ. Respirations 20 per min.

Heart Apex beat normal. Cardiac Sounds healthy

Tongue Clean & moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver & Splenic dulness normal

He has varicose veins on the left leg.

Appetite Good

Urine S. G. 1020 Straw yellow acid, no unusual Constituents

Menstruation

Pulse 84 regular of moderate Strength Temp. 98. 2 2. p. m.

Height 5 ft. 8½ Weight 10 Stone 8 lbs

Disease Monomania of Suspicion *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	

209.

NAME, James Graham.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
6·3·85		98		76	150	Is suspicious and when spoken to always declares that there is an impure motive against him in the Institution, and that people come at night & abuse him. He is in average health.
16·12·85.						There is no change to report in this patient. He has the delusion still that he is abused at night and blames the attendants.
2·5·86.						Mr. Graham is very much troubled with the delusion that there is "an impure motive" against him in the night time. That he is "set upon" by the attendants and patients whom he names - Asks to be sent down to the gate so that he may leave - Claims the protection of the medical officer from those who abuse him.
5·6·86.						Mr. Graham has not been troubled so much with his delusions of late, or he has not complained of them so much. He is generally found standing near the door of his sitting room seldom sitting - He often asks to be conducted as far as the gate, from which he could find his way home - He never tries to find his own way to the gate.
4·7·86.					140	There is no change in Mr Graham's condition.
14/12/86					142	No change in Mr Grahams Condition.
14/9/87					138	Mr. Graham had still the delusion that there is an "impure motive" against him in the gallery during the night. He demands protection, and request to be conducted to the gate, invariably remarking:- "Im your friend if you are mine. I hope you are here to protect." He grumbles at having any polishing to do, saying that he had been accustomed to a different station, and that he came to the Institution as a representative of the government.
14/12/87					141	Mr. Graham continues in good health. His delusions are unchanged.
20/3/88					145	No change.
20/7/88					144	The "impure motive in the gallery" is still Mr. Graham's one
15/9/88					142	subject of conversation - He is very incoherent.

NAME, James Graham.

DATE. 1889	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
27th Feb.						Mr Graham has been rather troublesome & is removed from the mid West & the Low North. He still always talks about the impure motive.
23rd April					144	No change.
July 30th 89.					144	Mr Graham is still in the Low North. He very restless, excitable, irascible and at times noisy and troublesome. When excited is very querulous, complains of his clothes being too old and of a system instituted against him specially by the authorities here.
Sept. 30th 89.					144	Has been fairly quiet lately - but still liable to outbursts of mild excitement.
July 1890						Is in Byk West gallery - Has been there for some time. Says that every night "they are on him", & that there is "an impure motive" against him. Is more demented.
14.4.91						Variable but always suspicious; generally quiet; sometimes excited and complaining of people having impure motives upon him & that he is annoyed during the night.
7.2.92						He becomes frequently excited, charges people with having impure motives upon him, hopes I will protect him &; he wishes to leave the place. He is very suspicious excited for some days if a new patient is placed in the gallery, or any alteration made.
12.1.92						Is morbidly suspicious, accuses various patients of annoying him and having impure motives towards him: asks the officials for protection. In good health.
3.1.93						Same sentence every morning on which he is excited. "Look here there is a an impure motive in the place" &c
25.3.93						Still troubled by that "impure motive"
22/1/95						Has delusions that "an impure motive is upon him" which he describes as "a handle in bed & at table. Says the "meat is unclean" & is altogether very indignant. "I did not sleep half an hour the whole night through" which statement is false.

859.

211

NAME, William Tyfe No. 337

Admitted, 19 June 1865 Pr. Ad.

Sex, Male Age, 32 Marriage, Single Occupation, Book keeper.

Education, Religion,

Private or Pauper, Private Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Three or four Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Over application to business

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Mutilates himself by scratching & tearing

Suicidal No

Dangerous? Yes

Duration of Existing Attack 20 years

Other Facts or Remarks Since admission has been in a state of Chronic Mania - which is on passing into Dementia. He has been liable to furious attacks of excitement in which he has injured himself & others - He has often scratched himself to the Effusion of blood in order he says to clean his system of the bad blood

Facts of Medical Certificates Restlessness, excitement, suspicion and incoherence of speech during the excitement

NAME William Tyfe

STATE ON ~~ADMISSION~~. 15 Dec 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement Takes no interest in his surroundings. Pays no attention to anything

Memory

Coherence Can answer questions? No

Delusions

Other Abnormalities Refuses to speak. will not show his tongue Looks at you in a stupid dazed fashion

Bodily.

Appearance well nourished. Vacant Expression of Countenance

Skin Coarse & dry Hair Brown & thick in texture

Eyes Blue Pupils Equal

Muscularity Considerable Fatness Moderate

Nervous System—*Motor* Has peculiar movements turning round often when walking &c

Sensory Functions apparently good.

Reflex Action Moderately good Special Senses Apparently good

Retina

Lungs well formed chest & healthy lung sounds. Respiration 18 per. min.

Heart In usual position, Cardiac Sounds normal

Tongue Refuses to show it Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver & splenic dulness normal Has a Haematoma in both Ears

Appetite Good

Urine S.G 1020. pale yellow. acid. healthy.

Menstruation

Pulse 90 Mod: Strength Temp. 98. 2 2 p.m

Height 5ft 6½ in. Weight 8 ~~stone~~ 8 lbs

Disease Secondary Dementia *Skae's Classification* Senile Insanity

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermitteney.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. William Tyfe.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·3·85.		98·9		70	121	Is demented does not speak when spoken to: indulges in many curious movements touches objects with his hand. walks off. turns round often and touches them again. Is in good bodily health.
16·12·85.						This patient has not changed noticeably since last report. Bodily health continues satisfactory.
2·5·86.						Wm. Tyfe is deeply demented, when spoken to seems utterly oblivious, and never answers. He has been free from excitement since last report.
3·6·86.						This case has not improved since last report. – The attacks of excitement from which he occasionally suffers are becoming rarer and milder – His bodily health is good.
4·7·86					126.	Wm. Tyfe remains just the same.
14/12/86					126	
14/9/87					126	No change to report.
14/12/87					132	Wm. Tyfe has has no attack of excitement since last report. He is quite demented, takes no notice of anything, and does absolutely nothing. When spoken to, he pays not the slightest attention, and never answers.
20/3/88					135	Wm. Tyfe continues silent, inoffensive, and obedient.
20/7/88					134	No change.
15/9/88					134	
23 Feb 89						No change.
13 April					138	
July 30th 89.					134.	Wm Tyfe has been very quiet, silent and inoffensive lately. Has had no attack of excitement for some Time now. Never answers when spoken to.
Sept. 30th 89.					138.	Remains the same as above. Sometimes expresses the belief that he is a "lady". Physically well.
Feb. 24th 1890						Wm Tyfe continues silent & inoffensive; sent to Hannahfield today.
Nov. 4th 19th						Wm T. brought back from Hannahfield to-day to High North and to Hannahfield to-day. No change.

NAME, William Fyfe.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2[illegible]4·91						He has been at Hannahfield till to-day when he was sent to Kinmount. He is occasionally irritable and impulsive, and has struck other patients; he is always obstinate.
6[illegible]·91						Returned from Kinmount to the Crichton.
17·[illegible]·91						Sent to Hannahfield to-day
18·[illegible]·91						Returned from " " as he had been resistive, stubborn & impulsive.
5[illegible]3·92						He is keeping quiet at present: in good health.
27[illegible]3·92						Come to Kinmount yesterday.
12[illegible]·92						Still at Kinmount
25·[illegible]·93						Sent back from Kinmount some weeks ago because he ran after lady patients & generally misbehaved himself.
25·[illegible]·93						No change. Behaves well enough here
6/[illegible]/95.						Very quiet, never speaks. Struck at the A.M.O. when he tried to take his pulse, in the gentlest possible fashion. Eats well & appears to be in fair bodily health.
17/9/95.						Is surly & discontented. Cannot be got to engage in conversation. Does nothing but sit on the sofa in the high West, & eat. Will not read or do anything.
10/2/95.						No change in Mr. Fyfe's condition since last note
8·[illegible]·1901						Since last note Mr. Fyfe's condition remains as above, he is very demented. Never answers a question, but shakes hands & says "good morning" at times. He makes curious movements still, touching a thing & then drawing back & looking at it with his head on one side. He also frequently strikes attitudes & remains standing in one position for a long time. He frequently mutters to himself. Is very inquisitive. He is a masturbator. General health is good.

Continued on page 898

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NAME, Robert Thomson (Vol IX 2141) No. 11141
Admitted, 21 September 1865 Pr. Ad.
Sex, Male Age, 32 Marriage, Married Occupation, Travelling Draper.
Education, Religion,
Private or Pauper, Pauper. Where from? Howgill Burn

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity A brother & sister were insane
Other Diseases
Predisposing
Exciting "Fear of Want."

Symptoms. First.
Mental
Bodily

Recent.
Mental Incoherence, excitement, attempted strangulation, refusal of food.
Bodily

Insane Habits and Propensities Masturbation
Suicidal
Dangerous
Duration of Existing Attack

Other Facts or Remarks Seven years after admission he is reported as often excited and ill-tempered having many delusions chiefly as to his attire. A year after he is reported as a case of Chronic Mania with many delusions, often excited & sometimes dangerous. His delusions then took the form of assertions as to nocturnal tortures & various injuries being inflicted on himself. Since then he has become more quiet although still talkative & sometimes abusive.

Facts of Medical Certificates Wild and excited appearance; incoherence; raving about religion; delusions that he has direct command from God communicated to him by plants & other objects and that he is judge of the world.; refusal of food; attempted to strangle himself.

NAME Robert Thomson

STATE ON ~~ADMISSION~~. 1-10-83

Mental.

Exaltation Frequently mentally walks mildly; swears; threatens; uses abusive language; gesticulates but is seldom violent.

Depression

Excitement

Enfeeblement Powers of judgement impaired also powers of self control,

Memory Impaired cannot tell his length of residence &c

Coherence Incoherent rarely Can answer questions? Yes

Delusions That the Institution belongs to him; that his bowels & other organs are removed by the inmates at various times &c

Other Abnormalities

Bodily.

Appearance Small, thin, moderately well nourished

Skin healthy Hair Reddish grey

Eyes grey Pupils Normal

Muscularity average Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs healthy

Heart Normal

Tongue Brown (chews tobacco) Bowels Liable to constipation

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 68 per minute Temp.

Height Weight

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Robert Thomson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18.6.85		98		92		This patient is talkative and exalted in feeling: he has the delusion that people act injuriously on him at night. He works upon the farm and has been free from any acute illness since last report.
17.9.85						Has been regularly employed since last report outside. His delusions as to his influence & authority have a marked influence on his conduct rendering him self-assertive & domineering towards the other patients and making him irritable & excitable when thwarted in any way or when he supposes he has been slighted. He threatens letters threats against the offenders but is seldom violent. His letters are written in high flown language & are chiefly composed of the occurrences on his estate & of the doings of his servants. He upholds the Institution so he says. His general health has been in a satisfactory condition.
6-2-86						He is pleased & considered of a philosophical turn of mind and in ordinary reasoning he indulges in the expression of wise saws and modern instances but once the fortnight he storms exalted and with great vehemence assumes the appeals of neglect, dereliction of duty and slave oppress. At these times he writes such letters as he attached. His bodily health is fairly good.
26/1/87.		98.2°		77		This patient remains in excellent health. He is still frequently excited & at times violent as the outcome of his delusions. His conversation is an incomprehensible conglomeration of pedantic phrases & long words. He has a marked delusion of grandeur. He believes that his father is the M.P. for this County. That he is overseer of the C.R.I. farm where he now works with a squad. He is fond of talking about his ailments & asks for medicine. His description of a cold in the head is incomprehensible from the grandeur of the language in which he uses.
Oct 7. 1887.						R.T. is a very peculiar man & at times still becomes excited – his grandiloquent language has no bearing on any one subject but R refers to a new subject in almost every sentence.

NAME, Robert Thomson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He is fond of the dance but more so of talking & drawing attention to himself. On being spoken to on one occasion he stopped before the assemblage &
at the dance						addressed me "I beg to inform you, Sir, that this is not the Circus" & went to his seat. He thinks he has hundreds of thousands of pounds & his conversation tho' rambling treats chiefly of clothes – he thinks he possesses splendid suits of clothes – his bodily health is good.
2 Jan 1888						Among R.T.'s delusions he has fixed ones that there are "mice & men" in his entrails. His health is good & his language frequently obscene – he works well.
30 March 1888						No change in R.T. – He still talks of his delusions.
20 June 1888						He is as grandeloquent as ever – a good natured little fellow, always asking for medicine.
1 Octr						Same state – Writes grand letters wh. are too incoherent to read.
18 Decr						This man is always complaining of his jaws about wh. he has some delusion. He has many delusions of grandeur & is talkative.
30 Mar 1889						No change.
1 July						This little man's letters are a peculiar study.
10 Septr.						He still works on the farm, pitting potatoes. &c.
15 Novr						Much the same very loquacious & very fond of whiskey.
15 March 1890						He has been laid up with rheumatism & a severe attack of constipation. The constipation was relieved & he got rapidly better.

see page 816

NAME, James Kilpatrick (SCA Vol IX 218) No. 1145
Admitted, 30 September 1865 Pr. Ad.
Sex, Male Age, 37 Marriage, Single Occupation, Stone Dyker
Education, Religion,
Private or Pauper, Private Where from? Kirkpatrick

HISTORY.

Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms, First. Mental
Bodily
Recent. Mental
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks Since his admission he has had almost regularly recurring attacks of mania with well marked delusions. During the attacks he was much excited, talked incoherently, had delusions as to his overall position. Between the attacks he was quiet & talked quite coherently, his delusions seemed to be in abeyance. Such has remained his condition except that the excited periods have gradually become shorter & less violent.

Facts of Medical Certificates Restlessness, excitement, incoherence; delusions that he has direct command from God communicated to him by plants and other objects; that he is judge of the world.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Dis. Mania mts Sec. Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. James Kilpatrick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		98		74		Since last report this patient has been free from excitement, he is indolent, and will do nothing except when obliged. He is vain and dogmatic especially upon subjects he knows nothing about. He suffers at times from Piles, but otherwise has been free from illness during the last six months.
1-1-86						He is virtually on parole and superintends the conveyance to milk to the S.C.A. He labours under the delusion that the Cricketm belongs to him. Consequently mental enfeeblement is showing itself.
30 March 1888						This man is enfeebled in body & mind & suffers a great deal from cough. He also has piles badly especially when he sits on the cold ground. He has the delusion that he is the "Trustee for the Southern Counties Asylum" & probably has other delusions. He is idle & a gossip – a great Asylum politician. He frequently goes messages to town & is useful in this way.
20 June 1888						No change.
1 Octr						This man remains in the same state.
18 Decr						Goes to town on messages & is useful but at times is troublesome as he has the delusion that he can do as he likes being the "sole trustee of the S.C.A."
30 Mar 1889						This man is still in a state of mental exaltation.
1 July						He believes that he owns the Asylum.
10 Septr						Coughing a little as he is bronchitic.
15 Novr						He goes for the milk & is much the same.
11 March 1890.						Harsh Breathing left bases & apices of lungs. Perspires greatly. Knee jerks glib. Triceps & wrist jerks present

NAME. James Kilpatrick.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 June 1890						He is in weak bodily health & in a state of mental exaltation.
1 August						Had a quarrel with the milk people & would not go for the milk so his key was threatened to be taken from him.
1 Novr						Had an attack of piles - & he has a fistula in ano.
February 7th 1900:-						He has chronic bronchitis and he is thin and worn out looking. The pulse occasionally becomes irregular. He is in fair health at present, though he generally is worst in this season. He recently had a small cancerous wart removed from cheek, which has not recurred. Mentally he is still exalted and delusional: The whole S.C.A. belongs to him and he is constantly handing one notes with the Signature. "J.K. Sole trustee S.C.A. &c." He is generally pleasant and talkative however. Mildly incoherent when on the subject of his delusion.
July 26th 1900:-						James is very thin and feeble looking but is still able to go back & forward to town on occasional message: He is easily managed & on complete parôle. He is still very bronchitic & the heart's action is irregular almost constantly now. He eats well & sleeps fairly: Still exalted & delusional
January 19th 1901:						very thin feeble & not in robust health. He is still able to go message. He is becoming more tart and slow: He eats fairly: His bronchitis has not troubled him this winter. He is easily managed pleasant old man: always pleased to play cribbage or Dominoes: He has many delusions of wealth & grandeur.
Jany 16th 1902						Standing this winter fairly well.

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NAME, Edward Moffat (Vol IX 224) No. 1151

Admitted, 31 October 1865 Pr. Ad.

Sex, Male Age, 30 Marriage, Single Occupation Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Finwald

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity Brother committed suicide

Other Diseases

Predisposing

Exciting Stated to be Masturbation.

Symptoms. First.

Mental

Bodily

Recent.

Mental Either from stupidity or design nearly lost his life by exposing himself in the way of Railway Engines

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks For seven years after admission he was considered a noisy, dangerous patient & to show homicidal tendencies although no definite act of violence is reported since that time he has had periods of quietness & industriousness alternating with periods of acute excitement with great muscular restlessness & incoherence & increased intensity of delusions. Such has been his condition during the last ten years. The excited periods seem to be increasing in duration but diminishing in intensity

His general health has always been good

Facts of Medical Certificates Restlessness; irritability, confusion and absence of mind. suspicious that everybody is speaking disparagingly of him or plotting for his hurt. states that he hears voices at night which prevent him from sleeping and keep his mind constantly occupied.

NAME Edward Moffat

STATE ON ~~ADMISSION~~ 25 June 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement cannot carry on an intelligent conversation, when spoken to he mumbles incoherently, but makes no direct reply.

Memory Poor. cannot tell how long he has been here or how old he is

Coherence Impaired Can answer questions? No.

Delusions

Other Abnormalities

Bodily.

Appearance He is fairly well nourished

Skin healthy. Hair greyish brown.

Eyes blue Pupils small, equal

Muscularity good Fatness good

Nervous System—*Motor* functions fairly well performed.

Sensory Sensibility to touch good.

Reflex Action acute Special Senses fairly good

Retina

Lungs chest well developed; lung sounds healthy. Respirations 17 per. min.

Heart Apex impulse in usual position: Heart sounds healthy.

Tongue clean, red, moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. teeth fairly good.

Appetite good.

Urine straw yellow. s.g. 1015. acid. No abnormal constituents.

Menstruation

Pulse 66. of average strength, regular Temp. 96.4° F. 7.30 pm.

Height 5ft. 7in. Weight 142 lbs.

Disease Secondary Dementia *Skae's Classification* Masturbational Insanity

General Bodily Health and Condition moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

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NAME. Edward Moffat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.6.85		97.7		68		This patient becomes excited at times and then talks rapidly incoherently & laughs without apparent cause. Usually he is quiet and industrious.
6-2-87						There is no change to report incoherent chattering and general mental enfeeblement being the chief points of this case.
7-5-88						No change.
~~27~~ 7 Oct 1887.						Edl. works with the Squads - he is now quiet & does his work without giving any trouble. His bodily health is good & he is a sort of machine.
1 Jan 1888						He is just the same - no change in his case & at present no excitement.
30 March 1888						A demented fellow who works in the garden.
20 June 1888						Still works as before - had a fit of vomiting lately but is now better again.
10 Octr						No change.
18 Decr.						This man is a quiet demented fellow who works in the garden with an attendant. His bodily health is fairly good.
30 Mar 1889						He is quiet & silly - his voice is seldom heard - He works in the garden.
1 July						This man is quiet & gives no trouble.
10 Septr.						He is at Kinmount.
18 Novr						Doing well at Kinmount.
15 March						He is back from Kinmount & is working out of doors again.
15 June						No change.
1 November						This man is quiet and demented - he works as before.

Edward Moffat

Admitted 31st Oct: 1865 Casebook 1-223
Sent to Annexed 28th Ap. 1900

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Edward Moffat.

Admitted to Hospital from Farm Annexe on December 10. 1906.
His patient is an epileptic but takes few fits — he also
is mentally enfubled, but is a quiet, contented man.
Physically his condition is fair but he is troubled with
chronic bronchitis & coughs at night.

January 29. 1907. Since admission here this patient has only
had one fit — & that a slight one — he is working outside
& doing well, & indoors is a contented easily managed man.
He does not speak much but answers fairly rationally when
addressed. His cough is only troublesome at night.

August 10. Remains in the same condition, quiet & works
outside every day. He has had no more fits & his
cough seems to have disappeared. Physical health fairly
good.

April 8. 1908. No change in his mental or physical condition.
He recently had an attack of influenza but has
now quite recovered. He had another fit — very
severe — two days ago, the second since admission here

Aug. 16. 1909. Transferred to Male Sanatorium where he is to be in bed for
a time. Physical health poor. mentally. a demented old man.

Feb. 10. 1910. No change in this old demented man, mentally or
physically.

Aug 17th 1910 ~~No~~ This old man has been removed to the Sanatorium
This morning he suddenly became unconscious and
looked as if he had had a cerebral haemorrhage. Con-
sciousness returned after 20 minutes and he was able

Aug 1. 1911. In Sanatorium. A lot of emphysema & wheeses. Nil else.

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NAME. Edward Moffat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9.6.85						
6-2-86						
7-5-86						
~~X~~ 7 Oct						
2 Jan						
30 Mar						
20 Ju						
10 Oct						
18 A						
30						
1 J						
10						
18						
15						
15						
1						

March 29th 913. Has a little cough. Otherwise no change

March 2. 1917. Has been gradually failing. Lately has had bronchitis and died today at 1.20 p.m.

Died.

Edward Moffat

Admitted 31st Oct: 1865 Casebook 1-223
Sent to Annexe 28th April 1900

July 24th 1900:- A quiet easy demeanr. He is subject at times to attacks of mild excitement and confusion. He eats & sleeps very well and works fairly: He has been easy to manage since going to annexe.

January 18th 1901:- In good health: He has been active pleasant & talks rationally: gives no trouble.

January 30th 1902: In good health, works well still subject to slight excited turns lasting a few days.

1903 Jany 10th: No change. Quiet & demeanr. a good worker in Convalescent Squad: In good health.

July 10th: much the same & in good health.

1904 Jany 10th: No change & in good health.

Nov 26. In good health. Mentally varies little but at times has attacks of petit mal & faints away.

to move his limbs. Pupils moderately dilated.

22

NA

DATE.

9.6.85

6-2-8

7-5-8
~~8~~ 7

2 J

30 M
20

10
18

30

1

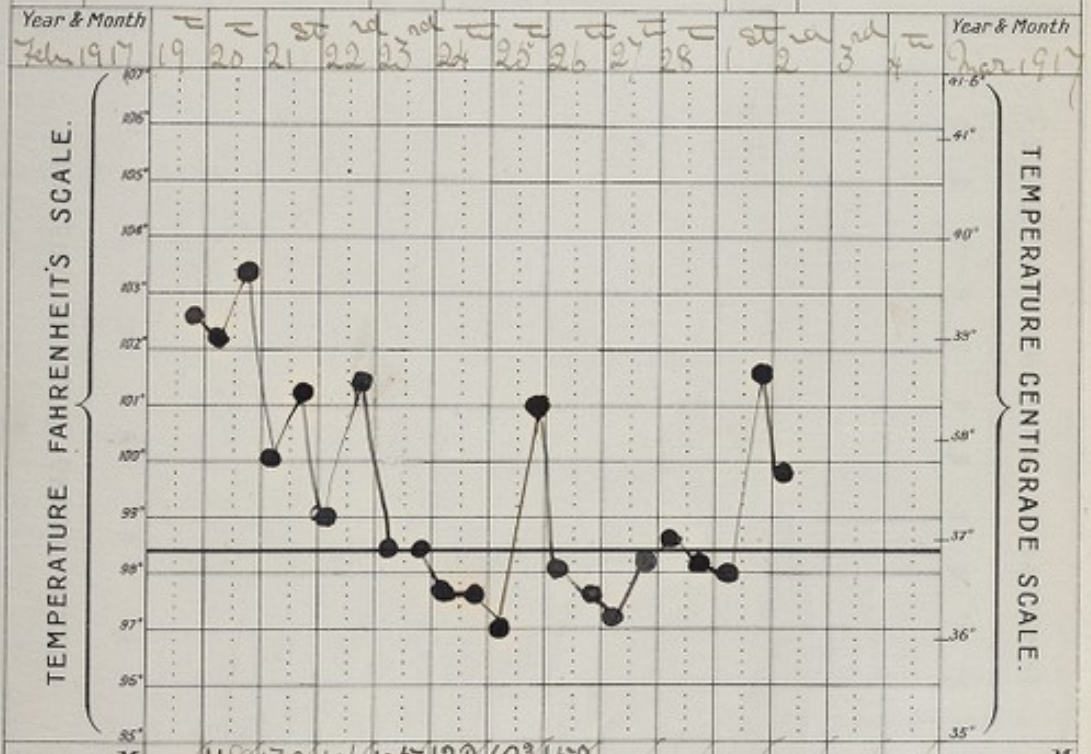
10
1
15

1

C. R. I. CLINICAL CHART.—*House (and Ward)* Nithsdale

Date of Month and Year of Admission	Name and Age of Patient	Duration of Illness on Admission
	Edward Moffat	

Date	DIET AND EXTRAS	Date	MEDICINES	Date	REMARKS

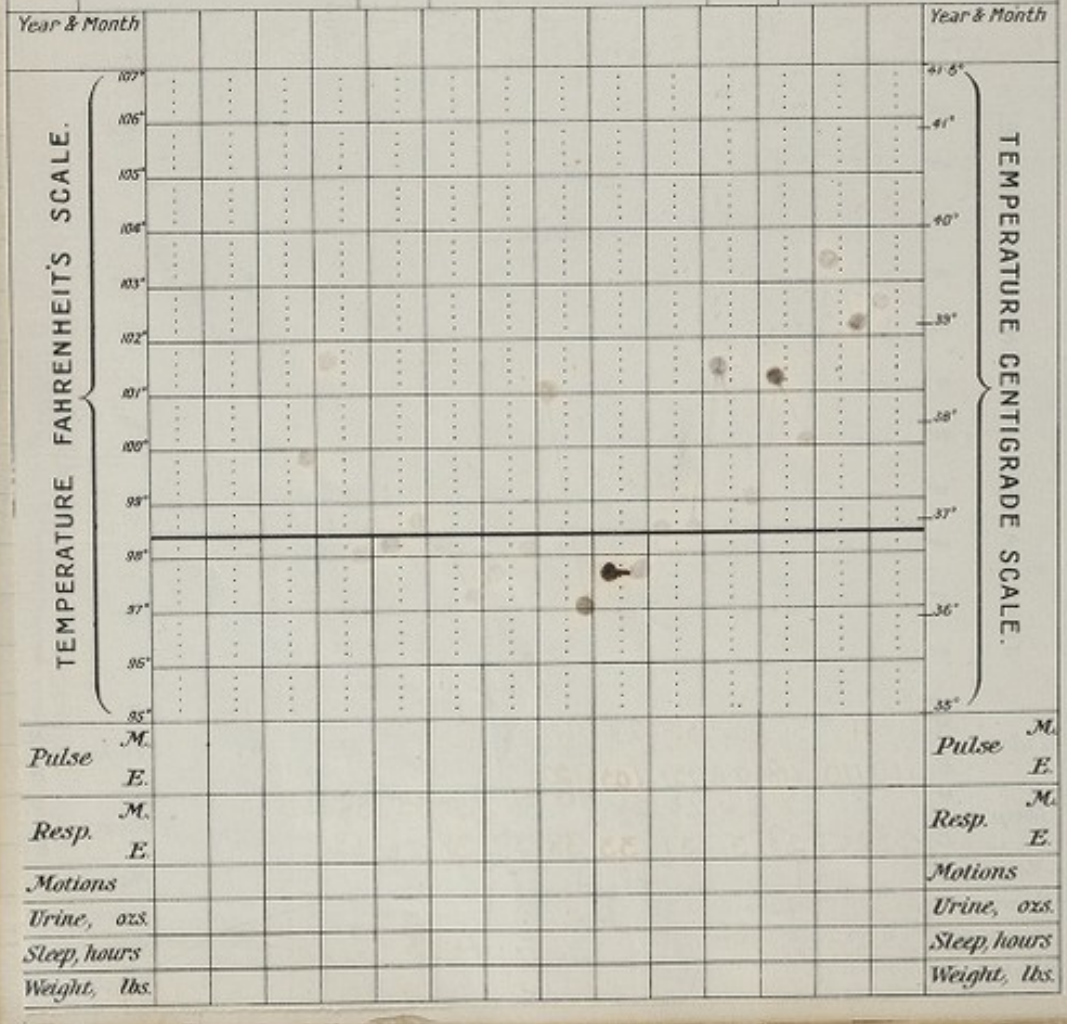


Pulse	M.		118	130	104	105	120	103	150								*Pulse* M.
	E.	110	110	118	96	121	105	120									E.
Resp.	M.		33	28	26	26	30	30	36	35	35	38	40				*Resp.* M.
	E.	38	33	28	31	31	33	38	37	38	36	42					E.
Motions				1				1									*Motions*
Urine, ozs.																	*Urine, ozs.*
Sleep, hours		5	3	5	5	4		3	3	4	3	2					*Sleep, hours*
Weight, lbs.																	*Weight, lbs.*

C. R. I. CLINICAL CHART.—*House (and Ward)*.....

Date of Month and Year of Admission	Name and Age of Patient	Duration of Illness on Admission

Date	DIET AND EXTRAS	Date	MEDICINES	Date	REMARKS



C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name Edward Moffat

Died on 2-3-17 at 1.20 p.m. P.-M. on 5-3-17 at 11.15 a.m.

Mental Disease Dementia.

Cause of Death Fatty heart and Senile decay.

General Survey.

P.-M. Lividity Present

P.-M. Rigidity Passing off

Nutrition Poor. Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.) 2 oz

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium — Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity — Weight of Encephalon (M. 49 oz., F. 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium

Heart (M. 11 oz., F. 9 oz.) 16 oz. Large - considerable infiltration of fat.

Cavities

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.)

atheroma of aortic valve.

Muscle soft, fatty.

Aorta and Vessels

Respiratory System.

Left Pleura

Left Lung (M. 21 oz., F. 15 oz.) 22 oz } Bronchitis - and a good deal of congestion of lungs.

Right Pleura

Right Lung (M. 24 oz., F. 17 oz.) 21 oz }

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.) 42 oz

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz., F. 5 oz.) 6 oz } cortices diminished substance granular.

Right Kidney (M. 5¼ oz., F. 4¾ oz.) 4 oz }

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician W.T.

NAME. Edward Moffat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
February 7th 1900:-						In fair bodily health: He is mentally very enfeebled. Still in a working party. He is frequently more excited and restless and talks incoherently, as a rule however he is quiet, silly and no trouble. He sleeps well. Eats well and is cleanly.
April 28th 1900:-						Sent to farm Annexe —

See F. A. Case Bk.

NAME, John Todd No. 354

Admitted, 13 December 1865 Pr. Ad.

Sex, Male Age, 37 Marriage, Single Occupation, Ironmonger

Education, Religion,

Private or Pauper, Private Where from? Keswick.

HISTORY.

Disposition Suspicious but quiet

Habits

Previous Attacks—No. Two Kind Monomania of Suspicion

Duration Where treated C. R. I

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Dyspepsia

Causation.

First Symptoms. Mental

Bodily

Recent. Mental Imagines his food is poisoned. Thinks this is proved by the sensations he feels after Eating

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks When admitted was suffering from Monomania of Suspicion & from an Eruption thought to be syphilitic Has had numerous delusions Eg. That he is God. That he has no Stomach. Occasionally becomes enraged without apparent Cause

Facts of Medical Certificates Extreme exaggeration of bodily suffering & delusions absurd incessant and wild nocturnal talking. Erroneously imagines his food is poisoned

NAME John Todd

STATE ON ~~ADMISSION~~ Dec. 15th 1884

Exaltation Believes himself to be the Creator

Depression

Excitement At times becomes excited & shouts that he is the Creator & no one shall injure him

Enfeeblement

Mental.

Memory Good

Coherence Good Can answer questions?

Delusions That he has lost all his internal organs & that he is God. That the Spirits that founded the world are in his bowels & rack his entrails all night

Other Abnormalities He is suspicious to an abnormal extent of his neighbours

Bodily.

Appearance Stout & well nourished florid complexion

Skin Thick & moist Hair Greyish white

Eyes Blue Pupils Equal

Muscularity Good Fatness Moderate ~~Size~~

Nervous System—*Motor* Functions normal

Sensory Has perverted sensations of pain from his internal organs

Reflex Action Good Special Senses Good

Retina

Lungs Large well formed chest. Lung sounds healthy Respirations 18 per min.

Heart Apex in usual position Cardiac sounds healthy

Tongue Clean & red Bowels Confined

Other Organs, Abnormalities, Bruises, &c. Has a swelling the size of a large orange on inner surface of left arm near the elbow of firm consistence & slightly moveable - result of an injury

Appetite Good

Urine S.G 1016 Acid Clear light straw colour no unusual (Contd)

Menstruation

Pulse 80 per min. Regular Temp. 97. 9. 4 P.M.

Height 5 ft 9 in Weight 14 Sts 4 lbs

Disease Monomania of Unusual Agency *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME, John Todd.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
7·3·85.		97		78	201	Is under delusions that he is the Creator of all things visible & invisible; and that he is tormented by the spirits of devils in the foundation of the Earth, who will not let him sleep at night. He is in robust bodily health.
16·12·85.						Thinks he has no bowels, no inside. Complains usually of being stuffed up, and asks for pills to relieve this sensation. Thinks he is about to give birth to devils. —
2·5·86.						Says he is Jehovah. That he will judge us all at the last day. Sometimes he groans with a loud voice and says it is the thunders of hell. Says he came not to condemn the world but to save it. His bodily health is good. Has the delusion that there are living beings in his stomach.
1·6·86.						Mr. John Todd continues to have many strange delusions, such as that he is about to give birth to a litter of weasels. That he is the Ruler of the Universe &c.
4·7·86					198.	Mr. Todd remains the same. His bodily health is good. — He acts as tablemaid
14/12/86					199.	to the gallery, arranges the knives & forks & dishes & washes them &c:
14/9/87					187	Mr. Todd's health is good. He is a busy worker in the gallery. He has as many delusions as ever — says he is the "creator of all things visible and invisible", the "Redeemer of Mankind," &c. He is bitter in this abuse of the Institution, and demands his freedom. After which high-flown talk, he will beg for a stick of black sugar.
14/12/87					191	Mr. Todd's visceral delusions and delusions of grandeur remain the same. He has an eczema of the upper lip which formerly troubled him, and has broken out afresh just now. The lip is chronically thickened. The hair is being kept short, and an ointment applied containing equal parts of lanoline and zinc ointment.
30/3/88					191	The eczema is gone, and Mr. Todd is in good health. He works most diligently in the gallery, and seems to believe that his chance

NAME. John Todd

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						of getting his liberty depends on the amount of work he does. His delusions are unchanged.
1/2/88						Mr. Todd was found in the balcony in an unconscious state this afternoon. He soon revived, but was rather dazed. The only account he could give of himself was that "the spirits in the foundation" had deprived him of his reason. At 10 P.M. he was found lying on the floor of his bedroom, unconscious and breathing stertorously. He soon came to his senses, but for an hour he had convulsive movements affecting the right side, with partial paralysis of the left. The left pupil was slightly contracted. A brisk purge was administered. He quieted down completely at 11.30 P.M., but complained of weakness and giddiness, and said that he had lost his senses. The attack seems to have been one of congestive apoplexy.
7/2/88						Mr. Todd has been kept in bed till today, but has had no recurrence of the above symptoms. He is rather weak, and he says his bones are all sore; otherwise he is in his usual state. There is still slight inequality of the pupils.
13/2/88						He got dizzy and faint after tea tonight, but soon recovered.
15/2/88						He was removed to the Infirmary today. It is difficult to determine how far he is under the influence of his delusions, and how far his weakness is real. He would remain in bed if allowed to do so, but he is made to get up for part of the day. The pupils are equal.
29/2/88						Mr. Todd has had no more attacks, but he is weak and drowsy. He walks in the airing-court every day. The left side is weakened.
1/3/88						Mr. T. fell when out in the airing-court this forenoon, and cut his head slightly. His left side is markedly hemiplegic. He is now confined to bed.
26/3/88						Mr. Todd is very restless and sleepless. For some days the bedstead was removed and his mattress put on the floor, as it was feared he would fall out of bed and hurt himself. He is now rather quieter. He cannot raise himself up, and is very dirty in his habits. Apparently he passes his urine and faeces unconsciously.
11/4/88						Mr. Todd is quite helpless. Bed sores are prevented with difficulty. He is in a dazed state, and scarcely understands what is said to him. He cannot speak today.
19/4/88						He became gradually weaker, and died at 12.40 A.M. this morning.

231

NAME, Archibald Harkness (Vol X. 72.) No. 1202
Admitted, 26 May 1866 Pr. Ad.
Sex, Male Age, 26 Marriage, Single Occupation, Weaver
Education, Religion, Protestant
Private or Pauper, Pauper. Where from? Ecclefechan.

HISTORY.

Constitution.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Epilepsy?

Symptoms, First.
Mental
Bodily

Symptoms, Recent.
Mental Restlessness; irritability; delusions
Bodily

Insane Habits and Propensities
Suicidal No.
Dangerous Yes, if annoyed
Duration of Existing Attack
Other Facts or Remarks Ever since his admission he has been subject to epileptic fits of varying intensity. At first there was considerable excitement before each fit but this gradually diminished and his intelligence became more and more blurred till he passed into a state of complete dementia but still being subject to paroxysms of fits.
During the winter of 1882-1883 he had an attack of pulmonary congestion.

Facts of Medical Certificates. Stupidity, hesitancy of manner and speech. weak memory: threatening language and violence towards his brother & sister.

NAME Archibald Harkness

STATE ON ~~ADMISSION~~. 23 May. 1886

Mental.

Exaltation

Depression

Excitement

Enfeeblement Takes no interest in anything: is unable to answer questions. and has a vacant and stupid facial expression

Memory Impaired. Cannot tell the day of the week etc.

Coherence Can answer questions? No.

Delusions

Other Abnormalities He is wet & dirty in his habits.

Bodily.

Appearance Moderately well nourished.

Skin healthy. Hair brownish grey.

Eyes brown Pupils small. equal.

Muscularity fairly good Fatness Average.

Nervous System—*Motor* Has frequent & severe epileptic convulsions: Is sluggish in his movements.

Sensory Sensibility to touch slightly diminished

Reflex Action Moderately good. Special Senses Dulled.

Retina

Lungs Respirations. 18 per. min. Lung sounds healthy.

Heart's Impulse feeble. Cardiac sounds weak.

Tongue He will not show it. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. He has lost the external part of the left ear.

Appetite good.

Urine s.g. 1023, acid. amber coloured: contains no albumin

Menstruation

Pulse 72. feeble. regular. Temp. 99° F. pm

Height 5 ft. 1 in. Weight 123 lbs.

Disease Secondary Dementia *Skae's Classification* Epileptic Insanity

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								yes	

NAME. Archibald Harkness

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.7.85		97.2		74	124.	There has been no change in this case: he is subject to severe fits. and is much mentally enfeebled. apathetic. pays little heed to anything said or done to him. and his memory is poor. His habits are unsatisfactory.
20-1-86						This epileptic is in a most advanced state of secondary dementia. It is noticeable that before a series of epileptic fits come on he inhibits a slight amount of excitement and waking up from his stupor becomes talkative + laughs to himself.
7-5-86						No change except that bodily health is failing
2 Jan 1888						A. H. is quite demented. Just before a fit he becomes jovial & laughs outrageously. He becomes irritable at times & always needs watching as his habits are dirty. He is fat little creature & his health is good at present.
30 March 1888						Still takes the fits & in the same way.
20 June 1888						Takes fits as before - he is a deeply demented patient.
1 Octr						Remains much as before.
18 December						Still variable according to the onset of his fits. He is also a wet case - Deeply demented.
30 Mar 1889						His fits continue as before.
1 July						Still Epileptic -
10 Septr						There is no change in this demented creature.
15 Novr						He continues much the same.
7 March 1890.						Much same. Knee jerks. Triceps & wrist jerks very exaggerated.
15 June						Continues to take fits as before. He quite demented.
21 August						Same state.
1 November						He still laughs outrageously just before a fit.
Dec. 1892						Died - had been confined to bed for some time & had developed red-sores over each trochanter

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

235

NAME, George Gass (Vol X 82) No. 1212

Admitted, 20 June 1866 Pr. Ad.

Sex, Male Age. 39 Marriage, Married Occupation, Draper

Education, Religion, protestant

Private or Pauper, Pauper Where from? Skipton

HISTORY.

Cessation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting The death of a child

Symptoms. First.

Mental

Bodily

Recent.

Mental Depression of Spirits; restlessness; excitability; delusions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes. threatens his wife.

Duration of Existing Attack

Other Facts or Remarks Six years after admission this patient had passed into a state of Dementia; he rarely spoke but his delusions remained as prominent as ever. The dementia has increased with age till in 1883 it was reported that he was very industrious but no conversation could be elicited from him & he was never observed to speak to any one. During the last year he has remained as above.
His general health has always been good

Facts of Medical Certificates Melancholy restlessness irritability; threatened and committed violence on his brother. Delusion that he occupies the throne of England: he stated that spirits floated about the air before him.

NAME George Gass

STATE ON ~~ADMISSION~~. 7. 7. 85

Mental.

Exaltation

Depression He states that he is unhappy and "no right av 'a," but nothing further can be elicited from him, as he refuses to answer questions

Excitement

Enfeeblement

Memory

Coherence Can answer questions? Will not do so.

Delusions

Other Abnormalities

Bodily.

Appearance He is pale and flabby; lips livid.

Skin pale, pigmented around the eyes. Hair brown.

Eyes brown Pupils of moderate size, equal

Muscularity moderately good Fatness poor

Nervous System—*Motor* functions moderately well performed.

Sensory Sensibility to touch acute

Reflex Action of average acuteness Special Senses moderately acute.

Retina

Lungs healthy. Respirations. 18 per min

Heart ½ action feeble.

Tongue clean, red & moist Bowels sluggish

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good.

Appetite moderately good

Urine bright yellow s.g. 1023 alkaline. Deposit of earthy phosphates

Menstruation

Pulse 78 feeble, compressible Temp. 96·4° Fh.

Height 5 ft. 4 ½ Weight 144 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Below the average.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes.							

NAME, George Gass.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9-6-85		99.5		70.	143.	The mental condition of this patient remains unchanged. He is absolutely silent and never speaks. He is an industrious worker and enjoys moderately good bodily health.
27-12-85						He continues to be a quiet & diligent worker in the Baker's Shop. The depression continues.
7-5-86						No change.
Oct 7. 87.						G. G. has not changed since last entry. He never speaks even when addressed but sits silent His hair is becoming tinged with grey & the wrinkles of his face deeper - he has a preoccupied expression & shuns attention. He works well with the squads & seems in ordinarily good bodily health. his habits are cleanly & he looks well after himself.
2 Jan 1888						Dull & melancholic; will not answer a question if he can help it & will then only say a word or two & turn away his head. Likes to sit alone.
30 March 1888						Has been in lowered health with boils but is now better.
20 June 1888						Much the same - he is in his usual bodily health.
1 Octr						This man is quiet & remains much the same. He is in good bodily health
18 Decr						Has been put to help the baker again, where he is found to be very useful.
30 Mar.					158	This man now works in the Bakery where he is useful.
1 July						Still works in the Bakery
10 Septr						A quiet man who does not speak much.
15 Novr						Still at the Bakery.

NAME. George Gass.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5 march 1890						He works as before & is useful in the Bakery. His bodily health is good.
15 June						Much as he was -
21 August						He works in the Bakery still & is quiet & steady.
1 November						much the same. Is in good health & demented
11th Oct 1898						Died to day.

239

NAME, Richard Falcon No. 1042

Admitted, 1 August 1866 Pr. Ad.

Sex, Male Age, 30 Marriage, Single Occupation, Gentleman

Education, Religion,

Private or Pauper, Private Where from? Eskineal Cumberland

HISTORY.

Condition.

Disposition

Habits Lazy & indolent

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Congenital weakness of mind

Exciting probably drink

Symptoms. First.

Mental

Bodily

Recent.

Mental He became under the influence of drink exceedingly noisy unmanageable & dangerous

Bodily

Insane Habits and Propensities Dirty & Slovenly

Suicidal No

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks When admitted was noisy & unmanageable - he soon calmed down, & with the exception of one or two attacks of irritability has been free since - his mental condition has been one of dementia. He is slothful with a tendency to sleep at all times - Takes little notice of his surroundings - his bodily health has been good

Facts of Medical Certificates Violent and dangerous behaviour. Delusions that his food is poisoned & that he is to be castrated.

NAME Richard Falcon

STATE ON ~~ADMISSION~~. 16th Dec. 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement Takes little interest in what goes on. Cannot speak on any subject except Self & even then he rambles

Memory Moderately good

Coherence Good Can answer questions? Yes

Delusions

Other Abnormalities Is good natured & contented but indolent and slothful

Bodily.

Appearance Stout & healthy Abdomen protuberant

Skin Healthy Hair Brown & scanty

Eyes Brown Pupils Small equally contractile

Muscularity Fair Fatness Considerable

Nervous System—*Motor* Functions normal

Sensory Cutaneous sensibility dulled

Reflex Action Good Special Senses

Retina

Lungs Healthy. Respirations 18 per. min.

Heart Healthy

Tongue Clean and moist Bowels Sluggish

Other Organs, Abnormalities, Bruises, &c. Liver dulness enlarged slightly

Appetite Good

Urine S. G. 1014 Neutral reaction No unusual constituents

Menstruation

Pulse 70 per min. Regular Temp. 98° 10. a. m.

Height 5 ft 6 in Weight 14 Sts 1 lb

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, Richard Falcon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·1·85	98·3	98·7	80	86.		Complained this morning of not feeling well & of having a cold. On examination of the chest signs of slight Bronchial Catarrh were found. He was placed in bed and an expectorant mixture ordered.
17·1·85	102·8	102	120	112		This morning there are evident symptoms of Acute pneumonia — flushed cheeks, hard dry cough, dyspnoed. Respirations 40 per min. constant hiccup; the temperature was 102·8 at 9 a.m. the pulse 120, weak & intermittent; the bowels confined & the urine high coloured containing excess of Bile & the skin & conjunctivae jaundiced. Seen by Dr Murray, the Consulting Physician (in the absence of Dr Rutherford) who ordered Stimulants & a Turpentine cloth to be placed round the chest for three hours. & a mixture containing Ammon. Carb. Sp. Chloroform. & Inf. Senegae with plenty of liquid nourishment in the form of Beef Tea & Milk with ℥ß of Whiskey every three hours.
18·1·85	100	101·2	100.	116		Is a little better this morning: the pulse is only 100 per min. but is still weak: the breathing is not so difficult. Seen by Dr Murray, who prescribed gr X of Calomel, which moved the bowels freely, the faeces containing a large quantity of Bile. Ate well but slept badly.
19·1·85	102·2		126			Awake all night. had a pint of Hare Soup & half a pint of Beef Tea during the night. Seen by Dr Murray in the morning, who ordered a flannel wrung out of Turpentine to be applied to the Chest & the amount of Stimulants to be doubled, also a mixture of Sp. Junip. Sp. Terebinth. Sp. Chloroform & Fluct Card Co. At 2-30 p.m. Mr Falcon was worse. There was considerable venous congestion the finger nails were blue and at 3·30 p.m. he expired

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, William Bell (Vol X. 109.) No. 1239

Admitted, 19 September 1866 Pr. Ad.

Sex, Male Age, 24 Marriage, Single Occupation, Commercial Traveller

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Liverpool.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; Excitability; delusions.

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 6 months.

Other Facts or Remarks During the first six years of his residence he remained excitable & morose, given to sneering at every proposition made to him & frequently threatened to injure those around him but never actually did so. After that he passed through a stage of depression with impairment of bodily health & remained so for 2 years. After he became stronger the mental powers were more enfeebled & his habits became dirty He has remained in

Facts of Medical Certificates. Restlessness & excitement: considers himself of high station & independent of working for a livelihood; though he has no means of maintaining himself: states that his mother is in no way related to him and he has threatened her and a neighbour. Shows a mark upon his cheek, which he says, proves him to be a lost child about whom he has read in a novel.

NAME William Bell

STATE ON ~~ADMISSION~~. 25·6·85,

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height 5 ft. 8½ in. — Weight 144 lbs.

Disease 5 ft. 8½ Dementia — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

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NAME, William Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17-6-85		97·2		72		This patient remains unchanged as regards his mental condition since last report. He rarely speaks and takes little interest in anything happening around him. His habits are uncleanly and he suffers from incontinence of urine.
10-11-85						Demented and dirty.
7-2-86						No change.
~~4 Jan 1886~~						~~Still demented & dirty. Seems in ordinarily good bodily health & is not troublesome at present.~~
21 Octr 1886						Died.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

247

NAME, Ambrose Larkworthy No. 1061

Admitted, 11 January 1867 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, None

Education, Religion,

Private or Pauper, Private Where from? Wetheral Carlisle

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Not first attack Kind

Duration Where treated Melbourne Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Death of Aunt

Symptoms. First.

Mental

Bodily

Record.

Mental Excitement, tearing & breaking everything within his reach

Bodily

Insane Habits and Propensities Destructiveness

Suicidal No

Dangerous No

Duration of Existing Attack 17 years

Other Facts or Remarks During his residence he has had alternate periods of depression & excitement in which he has often attacked persons & accused them of entering his room for improper purposes at night. He is fond of preaching & confers high Ecclesiastical titles on himself. He suffers from prolapsus ani and had a carbuncle on his back in 1882

Facts of Medical Certificates – Excitement, incoherence. Daubing himself with treacle, porridge &c in order to heal the bones which were fractured by his leaping through a window

NAME Ambrose Larkworthy

STATE ON ~~ADMISSION~~ 20 Dec 1884

Mental

Exaltation

Depression

Excitement At times restless. Continually talking & occasionally violent

Enfeeblement Judgment enfeebled, Speech incoherent. Self control weak. Has homicidal impulses

Memory Impaired

Coherence At times impaired Can answer questions ?

Delusions That people enter his room at night & commit abominations upon him

Other Abnormalities Is suspicious that a physical examination of his chest was done for the purpose of introducing an infernal machine through the flat[illegible] into his body

Appearance Pale & thin. Expression of suspicion

Bodily.

Skin Pale — Hair Brown

Eyes Brown — Pupils Small but equal

Muscularity Moderate — Fatness Poor

Nervous System—*Motor* The tongue is tremulous. also upper lip

Sensory Cutaneous sensibility good

Reflex Action Good — Special Senses There are subjective paræsthesia of hearing & sight

Retina

Lungs Chest large. Lower end of Sternum depressed. Lung sounds healthy. Respirations 20 per. min.

Heart First Sound weak. No impulse of apex feeble

Tongue Clean — Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has transverse depression of the middle of the right patella from an old fracture Suffers from Prolapsus Ani

Appetite Good

Urine S.g 1022. acid. pale yellow. No unusual constituents.

Menstruation

Pulse Weak 88 per. min. Regular Temp. 98.2 10 p. m.

Height 5 ft. 5 1/4 in Weight 10 St. 11 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondriasis.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	

NAME. Ambrose Larkworthy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7·3·85		98·1		78	154	Is in a condition of Chronic Mania with delusions that he is Archbishop of the world and Ruler of the Universe. He is noisy and sleepless at night and talkative and restless during the day. He has at times homicidal impulses. He takes gr. XL of Chloral Hydrate night and morning.
13·5·85.						The Chloral has been discontinued for some time as he is not so noisy at present.
7-12-85.						Extreme restlessness having again become developed the patient was removed for the purpose of discipline & occupation to the 2nd House today
15·12·85						With some difficulty he was induced to perform outdoor work on the grounds. This exercise has calmed him considerably. When indoors if spoken to by officials he shouts out "Let me go, let me go. I'm starving, hungering, thirsting & dying" even after enjoying a good meal. His appetite is however very voracious. A state of depression has supervened. He works well & is quiet but it is the quiet of melancholy. In short the case appears to be one of folie circulaire. Transferred to 1st. House.
2·5·86.						Mr. Larkworthy remains in the depressed stage of his malady - Scarcely ever speaks, is very quiet and subdued -
10·6·86.						Mr. Larkworthy is still very quiet and slightly depressed. He sometimes asks to be allowed to leave. Sometimes he asks to be sent to Second House.
6·7·86.						Mr. Larkworthy is still quiet and slightly depressed.
14/9/86 & 14/12/86					141.	
14/9/87					141	Mr. Larkworthy has been considerably excited for some time, but is now quieting down again.
14/12/87					143	Mr. Larkworthy has been much excited during the last week. He is noisy, talkative, and restless by day, and noisy & sleepless for most of the night. He is very incoherent. He gets K.Br. gr. 30 three times a day. He has the delusion that people enter his room at night, and force black lead, &c. down his throat. He is apt to strike out, and is very irritable. He is kept polishing in the gallery

NAME. Ambrose Larkworthy-

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						as much as possible.
3/88						Slept in the padded room last night, as he tore his bedclothes and dirtied his room on the previous night. He is getting KBr. gr. 30, and Tr. Cannab. Indic. m. 15 three times a day.
2/2/88						Mr. Larkworthy is still much excited and violent; he sleeps in the padded room. He has worn the strait jacket for several nights, to prevent him from tearing the dressing off a large boil on his fore-head. He is taking KBr. gr. XXX, t.i.d. He talks constantly and incoherently.
1/3/88						Mr. Larkworthy is sleeping well now, but is very noisy and violent by day. He is much given to striking, his sudden outbursts of temper being exceedingly violent. He attacked the writer today, and a cold bath was prescribed which quieted him considerably.
3/3/88					135	Mr. Larkworthy is much quieter now.
2/5/88						During the last month Mr. Larkworthy has had several large boils on the back of his neck. During their progress his excitement gradually passed off, and now that they have healed up he is quite quiet.
2/4/88					135	He is again excited and often noisy - Gtt KBr. gr. 30, t.i.d.
1/9/88					135	The excitement continues. He is very noisy and violent. He is very dirty in his habits.
8/1/88						He is now quieting down. He was visited recently by his brother, and would have attacked him had not the attendant secured him.
12/1/88						He is now quite quiet. He sleeps a good deal through the day, and his voice is rarely heard.
23/2/89						He has been a little excited lately, neither noisy itself chiefly in sadness than in any attack.
23 April					143	Still somewhat excited.
June 28th						During the last few days he has been much excited, is very noisy talkative, restless and abusive, with incoherence.
June 30th 89.					150	Still the same mentally. Has remained for some time in this excited state - but has been no worse.
Sept. 30th 89					145	Somewhat quieter again & less garrulous. Physically pretty well.
June 25 90						Been in bed during past few days from swelled leg, probably due to a kick from other patient -
" 27 "						is noisy, restless & dangerous - Leg well now. Sent to day to 2nd house, on account of noisy behaviour. Disturbed 1st H. too much.

see page 818

251.

NAME, George Faulds (S.B.A. Vol X. 143) No. 1279
Admitted, 21 February 1867 Pr. Ad.
Sex, Male Age, 23 Marriage, Single Occupation, Student
Education, Good Religion, Protestant
Private or Pauper, Private Where from? Castle Kennedy

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind
- Duration Where treated
- Hered. History—*Insanity*
- *Other Diseases*
- Predisposing
- Exciting Overstudy?

Symptoms, First.
- Mental
- Bodily

Recent.
- Mental Depression of spirits; inability to realize the meaning of simple questions
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack
Other Facts or Remarks On admission this patient was depressed & had various delusions but his habits were depraved & he showed a destructive tendency at certain periods. He seldom spoke during the first ten years & only showed his scholastic proficiency by occasionally proposing some peculiar mathematical problems & writing Greek letters on the wall. Since that time the mental enfeeblement has increased gradually & the excitement only occurred at long intervals. In 1873 he suffered from some affection of the lungs which was reported as commencing Phthisis but in 1875 he was in good physical health.
Facts of Medical Certificates Depression. taciturnity: his mind is exceedingly absent and distracted and it is with great difficulty & slowness that he realises questions.

NAME George Faulds

STATE ON ~~ADMISSION~~. 7. 7. 85.

Mental.

Exaltation

Depression

Excitement

Enfeeblement cannot answer questions, is apathetic, his facial expression is vacant and he laughs without apparent reason to himself

Memory Bad He cannot tell how long he has been here.

Coherence Can answer questions? No

Delusions

Other Abnormalities

Bodily.

Appearance He is moderately well nourished

Skin healthy Hair brown.

Eyes blue Pupils of moderate size, equal

Muscularity moderately good Fatness average.

Nervous System—*Motor* functions sluggish.

Sensory Sensibility to touch dulled.

Reflex Action dulled Special Senses dulled

Retina

Lungs healthy Respirations 19 per min.

Heart's action healthy

Tongue large, slightly furred Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c. Teeth moderately good

Appetite good

Urine

Menstruation

Pulse 78. of moderate strength. Temp. 95. 4° Ft. 3. 5pm.
regular.

Height 5ft. 6½ in. Weight 146lbs.

Disease Secondary dementia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME, George Faulds.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22-6-85		98.2		74.		There has been no change in the mental condition of this patient since last report: he is reticent, and apathetic. cannot state how long he has been here and is quite indifferent about anything happening to him. He works with a garden party.
17-9-85						Has been regularly employed outside since last report but performs his work in a purely mechanical way & without showing the slightest intelligence. He will shake hands & smile gently when taken notice of but will give no answer whatever even to the simplest questions. His face betokens some former intelligence but otherwise there is not the slightest sign of any scholastic training whatever —
19-12-85						He is seriously diminished but seems to be very happy and contented. Although he altogether refuses to utter a word he does not refuse to write & then his fatuity becomes apparent. Asked to write how old he was he wrote "Mr Faulds"; to explain why he would not speak he again wrote his name — His bodily health is poor.
7-5-86						His ability to write an intelligent reply has several times been tested but always with the result that his words are irrelevant to the subject on which he is asked to write & generally his own signature is all that he can be got to do. He is employed with the barrow squad.
2/2/87.		98°		78		Faulds continues in good bodily health. He never speaks, but will smile & shake hands with those who speak to him. He can answer questions in writing & sometimes does so. In this way he let us know the College he was at, his age. his own & his father's name. the year he went to college, what year the present one is, &c. But when asked why he would not speak he always wrote 'The Derby Day'.
Oct 23. 1887.						Faulds shews no change in his condition - he never speaks & does his work mechanically but looks about him & notices what goes on - he has an intelligently insane expression & likes to be taken notice of. He smiles when spoken to.

NAME, George Faulds

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jan 1888						Will not speak on any inducement. Looks quite demented & pays no attention to anything. He works with the squads.
10 March 1888						No change.
20 June 1888						Refuses on all occasions to speak - goes on like a machine.
1 Octr						Remains in the same state.
18 December						Still silent & cant be induced to speak. Mentally he shews no change.
30 March 1889						He is quiet & does not speak. Rather a silly fellow.
July						Still quite silent.
10 Septr.						He works out of doors & is in good health.
15 Novr						Still silent & never speaks.
15 March 1890						He is as silent as ever & merely smiles when spoken to.
15 June 1890						Never speaks.
21 August						He is quiet & appears demented, & smiles idiotically.
1 November						No change.

Died of Cancer of the bowel in Octr 1896.

NAME, William Wells (Vol X 190) No. 1320
Admitted, 18 September 1867 Pr. Ad. 594
Sex, Male Age, 35 Marriage, Single Occupation, Cooper
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Lochmaben

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. One at least — Kind
  - Duration 17 Feby /58 – 20th March /58 — Where treated Southern Counties Asylum.
- Hered. History—Insanity Two sisters insane.
  - Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental Restlessness; irritability;
- Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks Five years after admission he is reported as being in a state of dementia accompanied with some depression and very irritable as he had made unprovoked attacks on patients &c. Since that time his mental impairment has increased & his irritability diminished.
In the Spring of 1873 a swelling of right auricum was noticed which slowly increased in size for two years & was then prevented from the mouth & a large quantity of fluid withdrawn but the discharge continued for 6 months longer.
Facts of Medical Certificates Dull & heavy appearance; incoherence; wandering from home; has assaulted his father & others without provocation.

NAME William Wells

STATE ON ~~ADMISSION~~. 25·6·85.

Mental.

Exaltation

Depression

Excitement

Enfeeblement He cannot carry on a conversation, is apathetic, takes little interest in anything and his reasoning capacity is much diminished

Memory poor. Cannot tell his age or how long he has been here

Coherence Impaired at times Can answer questions? At times.

Delusions

Other Abnormalities

Bodily.

Appearance He is fairly well developed & nourished.

Skin Sallow. Hair grey

Eyes brown. Pupils small & equal

Muscularity fairly good Fatness average

Nervous System—*Motor* functions fairly well performed

Sensory Sensibility to touch fairly good.

Reflex Action Fairly good Special Senses He is short sighted

Retina

Lungs Lung sounds healthy Respirations 18 per min.

Heart Apex in usual position. Heart sounds healthy

Tongue Covered with a white fur. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. Teeth fairly good. The femoral veins of both legs are much varicosed.

Appetite good

Urine pale yellow. s.g. 1015. acid. No unusual constituents.

Menstruation

Pulse 66 compressible regular Temp. 97° Fh. 7·45 pm.

Height 5 ft. 7 in. Weight 142 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Below ~~the~~ average.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. William Wells

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22·6·86.		98·2		74.		There has been no change in the mental condition of this patient since last report: he is mentally infeebled, listless, cannot answer questions with more than a word or two and his memory is impaired especially for recent events. He works with a garden party.
10-2-87						~~There is no change to report in his account~~ -
Oct 22. 1887.						W. W. changes in no way from day today but from month to month becomes more enfeebled but very gradually. He becomes excited at times & has an unsettled restless look & manner. His hair is now white & his skin sallow. He works with the squads in the Garden.
2 Jan 1888.						No change. At times he quarrels & is mischievous but at present is quiet. Is cunning & excitable.
30 March 1888						Still in the same condition.
20 June 1888						Works in the Garden & shews no great improvement.
1 Octr						No change
18 December						This man has had diarrhœa & is weaker than he was - He still works in the Garden & mentally there is no improvement.
30 Mar 1889						Had ~~an~~ & no further attacks & is back again to his usual state.
1 July						Much as usual now.
10 Septr						This man is quiet but at times a little restless. His bodily health is good.
15 Novr						No change to record.
15 March 1890.						He is quiet & works in the Garden as before - but is easily excited.
15 June						no change.
21 August						This man continues quiet as a rule & works in the Garden.

NAME, William Wells.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
November 1890.						He is much as he was & is demented partially.
30th June 1894						Died Apoplexy Age 62.

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NAME, Alfred Crawley No. 1087
Admitted, 11 November 1867 Pr. Ad.
Sex, Male Age, 42 Marriage, Single Occupation, Independent
Education, Religion,
Private or Pauper, Private Where from? Stowe (Weedon)

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Spinal disease

Symptoms. First.
Mental
Bodily

Recent.
Mental He became violent & threatening & his habits filthy attempted to Strangle his brother
Bodily

Insane Habits and Propensities Dirty habits & destructiveness
Suicidal No
Dangerous Yes
Duration of Existing Attack Has been peculiar from childhood
Other Facts or Remarks During his residence he has passed through periods of violence & aggressiveness (he once attempted to strangle his attendant) followed by states of amiability & quietude - His bodily health has not been good

Facts of Medical Certificates Mental and physical weakness approaching imbecility - Is anxious to remain within the Crichton Institution

NAME Alfred Crawley

STATE ON ~~ADMISSION~~. 15 Dec 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement Is generally weak minded - does not speak unless spoken to. Takes no interest in his surroundings

Memory Impaired. Cannot remember recent event in his life

Coherence Moderately good Can answer questions?

Delusions

Other Abnormalities Is always complaining of cold & draughts when it is not cold

Bodily.

Appearance Thin Sallow & anaemic

Skin Sallow & dry Hair Scanty White colour

Eyes Arcus Senilis well marked Pupils Equal

Muscularity Poor Fatness Poor

Nervous System—*Motor* Functions diminished. His gait is awkward and unsteady.

Sensory Complains of strong sensations of cold

Reflex Action Average Special Senses Hearing & Sight dulled

Retina

Lungs Chest narrow Lungs healthy. Respirations 16 per min

Heart Healthy

Tongue Slight whitish, furred Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. Liver duluess normal - he has a Haematoma Auris on left Ear

Appetite Moderate

Urine S.G 1024, alkaline. slight deposit of phosphates.

Menstruation

Pulse 72 per min. Regular Temp. 97.4. 10. p. m

Height 5 ft 6 in Weight 8 St

Disease Imbecility. *Skae's Classification*

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									✓

NAME. Alfred Crawley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
6·3·85		98		76	110	Is imbecile: has no desire to leave his present residence nor to see his friends. His speech is usually confined to a repetition of others ideas. His powers of reasoning & judgment are small
16·12·85.						His bodily health is poor. His appetite is pretty good. He constantly complains that he gets butterine ~~oil~~ instead of good butter. This complaint is unfounded, as he gets butter like all his fellow patients, who think it very good. He is very often wet at night, and sometimes through the day.
2·5·86.						Since last report Mr Crawley has been very irritable - against the officials he especially directs his ire. He makes numerous unfounded accusations of cruelty against them. His bodily health is fair.
2·7·86.						Mr Crawley went to Kirkmichael on 11th June and he is still there — He is now quiet and gentlemanly and gives no trouble. His grumbles and complaints have ceased, and he is happy and contented.
£14·9·86.					108½	Mr Crawley has been for the last three months
12/1/87.	£14/12/86				104½	very troublesome from his dirty habits. He will not make his water in the proper place but deliberately waits till he is put to bed & then micturates on the pillows or the counterpane respectly of they are clean or not. He is quiet as a rule & only speaks when spoken to & then usually his Conversation relates to his bowels which he always says are "stiff". He is never happy unless he has aperient pills.
14/9/87					103	
28/9/87						Mr Crawley is at present quite agreeable when spoken to, though he has numerous complaints to make about draughts in the room, and about the ungentlemanly conduct of some of the patients. If they walk about too much, groan, or leave the door open, he does not hesitate to rebuke them sharply.

NAME. Alfred Crawley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14/12 87					94	Mr. Crawley has been moved into the low East gallery. He is pleased with the change. He is still in an amiable mood. He is very susceptible to cold, and sits near the fire with the collar of his coat turned up to avoid draughts.
8/2 88						Mr. Crawley gave signs of again becoming troublesome about a week ago, but a few doses of castor oil put him all right. He constantly complained that he could "get nothing through him."
30/3 88					97	Mr. Crawley is keeping well.
20/4/88					97	His brother was here recently, and was received very graciously. He is now rarely irritable, and any approach to dirty habits
15/6 88					101	can be checked by prompt use of purgatives.
23 Feb. 89						He is now well. He is a rather a pleasant talkative old gentleman, but is rather given to making complaints.
23 April					101	No change
July 30th 1889.					96	Very irritable & complains very much of those about him. Has lost weight Health otherwise fair. At Kinmount on Aug. 12th Returned Sept. 11th in somewhat better health physically.
Sept. 30th 1889.					97.	Is at present in a little better health but is of course very frail. Complains greatly of any slight nuisance as a broken pane & a draughty door. Otherwise is pleasant and talks well.
1890 March 19th						has been in bed ordered and with a large left-sided hydrocele. Cold is now better and Mr Crawley is very pleasant.
			Pulse -			~~Irregular, intermittent, feeble thin~~ Soft, fairly regular, fuller in left than right, vessel somewhat thickened.
June 17-90						Sent to Kinmount today.
July 18. 90.						Returned from Kinmount today in good health & spirits - He had a hydrocele, which was tapped in April there, but not yet filled again.
6-7-91						went to Kinmount to-day. Hydrocele tapped twice during the year.
20-9-92						Returned from Kinmount to-day.
8-3-92.						Mr Crawley's hydrocele is tapped once in 6 months. He suffers from incontinence of urine & has a horrible stench. He constantly complains of draughts and sits so close over the fire that he burns the front of out of his trousers

cont'd on p 339.

NAME, John Aitchison (Vol X 213) No. 1343
Admitted, 9 December 1867 Pr. Ad. 1140-855
Sex, Male Age, 35 Marriage, Single Occupation, Shepherd
Education, Religion,
Private or Pauper, Pauper. Where from? Moffat.

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Two Kind Maniacal
  Duration 23rd May/61 to 31 Jan/62 Where treated Southern Counties Asylum
- Hered. History—Insanity
  Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Record.
- Mental Suspiciousness; exaltation of ideas; claimed property that did not belong to him.
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No.
Duration of Existing Attack
Other Facts or Remarks At first he was in a state of Monomania of Suspicion. At various periods of his residence his delusions i.e. that he was living without Scripture; that he was here for some special purpose & was waiting his time to be something wonderful. He occasionally occupied himself with some work but more frequently was very idle, and sometimes inclined to be violent when not allowed to have his own way. During the past year he has been more industrious & less excitable.

Facts of Medical Certificates
Thought that persons in Moffat were conspiring against him
Wrote letters to persons claiming their property
Cut down trees in the neighbourhood of Moffat & said that the estate on which they grew was his.

NAME John Aitchison

STATE ON ~~ADMISSION~~ 8th December 1884

Mental.

Exaltation

Depression

Excitement Become excited on the subject of his delusions; talking at great length rapidly

Enfeeblement

Memory Impaired for recent events

Coherence Sometimes incoherent — Can answer questions? Yes simple ones

Delusions That 30 years ago his father took him out of himself & that owing to wrong government since then he has been living in two different parts; that since entering the Asylum ~~Other Abnormalities~~ he has had no food & has acquired none as he is not himself; that what he eats is green dirt which is affecting his eyes & causing blindness

Bodily.

Appearance Strong, well made & well nourished.

Skin Fair, — Hair

Eyes — Pupils Normal

Muscularity Good — Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action — Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Covered with a white fur — Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine S.G. 1020. acid, pale yellow. No abnormal constituents

Menstruation

Pulse 72 per minute — Temp. 96·2 10 pm.

Height 5ft. 7½ in. — Weight 114 lbs.

Disease Chronic Mania. — *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Simple~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	

NAME, John Aitchison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		97.3		80.		This patient still labours under many delusions, e.g that green dirt is put into his eyes that he never gets any food, and that he has been taken out of himself. His bodily health is good.
17.9.85						During the last three months there has been no change to report. He has been quiet & orderly & industriously employed in the gallery & kitchen. The delusions remain as pronounced as before & absorb much of his thoughts & it is only upon them that he will expand or carry on any conversation on other subjects answering shortly & curtly.
2-2-86						He is still subject to vicious & homicidal impulses & labours under delusions of suspicion that about his eyes very constant. As a rule however he is quiet & willbehaved and aids in the general work of the sick room.
7-5-86						No change -
2/2/87.		98.3°		70		Works well about the house & is very rarely excited. Conversation often quite rational. Still has the fixed delusion about green Dirt all around him. Says "I'm out o' my own meat & run to yours & eat yours which is contrary to proper government." Says he is wronged in his meat & wonders he does not die. He wishes to go into Dumfries to complain of the loss of all these years. He is in excellent bodily health.
23 Dec. 1887.						Works well in 1st Division - As a rule is quiet & industrious but at times becomes mildly excited & wishes to go to Dumfries to "take the law" of his father - has the above delusions still. In good health.
30 March 1888						J. A. is at times threatening. He thinks that sleep at night is unnecessary & is merely "a bad habit he has got into" & On being told that it was proposed to board him out he became violent & said they cd board themselves out but they wd not manage that with him.
20 June 1888						A useful man - no change in his mental state.

NAME. John Aitchison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Octr						This man has the same delusions as before. He is a very dangerous fellow if he thinks himself being interfered with.
8 December						Still tries to do without sleep & is compelled to sleep during the day.
30 March 1894						This man is still full of delusions - that his being here is the result of "bad government" &c.
1 July						Much the same & in good health.
10 Septr.						This man is very useful with the clothes - He is quiet as a rule.
15 Novr						Continues quiet & tries never to sleep.
18 March-90						Quiet - -health Knee jerks not elicited Pupil Reflex to Light normal. No ataxia Physical health good
5- June						No change.
21 August						a rather excitable fellow if interfered with - He tries to keep awake always, as "sleeping is merely a bad habit" - He still wishes to give his father in charge & leave him before the sheriff.
Novr						No change.

Died. 27/7/94.

NAME, William Falders Dutton No. 1111

Admitted, 9 July 1868 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Garnbelsby, Cumberland

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated Lesser House Penrith

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Religion

Symptoms. Recent.

Mental

Bodily

Mental

Bodily

Insane Habits and Propensities Refusal of food

Suicidal No

Dangerous Yes

Duration of Existing Attack 16 years

Other Facts or Remarks Since admission he has been at times unruly & violent - He has the delusion that he is owner of the Institution. His letters are incoherent - He has a habit of standing at the door of his Gallery & touching the handle before anyone enters or departs - He has suffered from boils occasionally

Facts of Medical Certificates Moroseness - Refusal to answer questions when he speaks it is incoherently

NAME William Falders Dufton

STATE ON ADMISSION.

Mental.

Exaltation Believes himself to be the Governor of the Institution & keeps a note of everything brought in & out of his Gallery

Depression

Excitement When his physical examination was proposed he became excited, slammed the door of his room & refused to allow it to be done

~~Enfeeblement~~

Memory

Coherence Impaired Can answer questions? Yes

Delusions That he is owner of the Institution

Other Abnormalities He touches the handle of the door before any one enters or leaves his Gallery

Bodily.

Appearance Stout and well nourished.

Skin Dark Hair Black

Eyes Brown Pupils Equal. small

Muscularity Good Fatness Considerable

Nervous System—*Motor* Functions good

Sensory Functions good

Reflex Action Good. Special Senses Requires to use spectacles.

Retina

Lungs Chest large. Lungs healthy. Respirations 20 per min

Heart Cardiac action strong.

Tongue Whitish furred Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. other organs healthy

Appetite Good

Urine S.G. 1016. acid. pale yellow colour healthy

Menstruation

Pulse 78. strong. regular Temp. 98.4 7 pm

Height 5 ft 9½ Weight 14. 4

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	Yes

NAME. William Falders Dufton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7·3·85.		98·3		76	200	Has the delusion that the Institution belongs to him: fills notebooks with a record of all that goes on in his gallery, has the habit of always running to the gallery door when it is opened, and tries to touch the handle before the it is turned.
13·5·85.						This patient is now one of the most industrious in his gallery & has given up almost entirely his old occupation of standing on guard at the door.
16·12·85						He has taken again to notetaking and door keeping, and does not work as much in the gallery.
2·5·86.						Since last report he has remains as reported above. Keeps watch over the gallery door, note book and pencil in hand and marks down every event as it happens.
2·7·86.						Mr. Dufton remains the same. He is apt
9/9/86					210.	to be dirty and untidy. He stands at the door of his gallery note book in hand and makes many incoherent scribbles in it. He is occasionally irritable
14/12/86					212.	and apt to be very quarrelsome.
21/1/87.						No change in Mr Dufton. He is still the prick of untidiness. He always at the door at the hour of visit. He still makes voluminous notes in capacious note books.
14/9/87					198	No change in Mr. Dufton, except that his door keeping is still regular. He makes a habit of coming into chapel late, and climbing to his place over the back of the seat.
14/12/87					193.	Mr. Dufton is in good health, and is quiet and agreeable; he has shewn little excitement during the last three months. He still buries himself in scribbling incoherently in large note books. He is very untidy.
30/3/88					185	No change.
20/5/88						Mr. Dufton passed a large quantity of blood at stool this morning. Examination shewed that he has bleeding piles. He says he has passed blood before, but never in such large amount.
24/6/88						Mr. Dufton is depressed at present. He keeps by himself, and will

NAME, William Falders Dufton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						scarcely speak -
20/8					189	The depression is passing off - He is in good health -
15/8					194	He is now in good health and spirits -
20 Feb 89					~~178~~	No change.
23 April					198	No change
July 30th 89?					188	Has been in an uniform state lately of mental exaltation. Is apt to be dirty and untidy. Physically well.
Sept. 30th 89					187.	Still the same mentally - is excitable at times and subsequently somewhat depressed and solitary. Has decreased somewhat in weight lately. In the hay season he was ready to work & helped a good deal.
July 1890.						Dirty, untidy, somewhat exalted, being irritable. If disturbed in any way is dangerous
14.7.91						No change: is generally quiet and peaceable, but often becomes impulsive and dangerous.
5.7.92						He spends most of his time indoors in writing & reading & very untidy.
12.7.92						He works occasionally during the harvest season in binding corn. He is at present in good health & keeping quiet.
28.5.93						Works at cleaning up in his gallery & is quiet industrious & pleasant.
25.1.93						No change.
24/2/98						Sometimes violent. Out with the working party. Is asthmatical at times. Pulse regular & fairly good. Tongue clean.
14/2/98						Wm Dufton has been busy all Summer 1st with the hay, then with the oats & now with the potatoes. He makes an accurate note in a book which he carries of all that he does & sells & reckons his profit in a business like fashion.
10/2/98						Mr Dufton remains in the same mental condition

See p. 892

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NAME, James Henry (Vol XI. 39) No. 1402
Admitted, 24 July 1868
Sex, Male Age, 35 Marriage, Single Occupation, Sailor
Education, Religion,
Private or Pauper, Pauper. Where from? Kirkcudbright

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind
- Duration Where treated
- Hered. History—Insanity A sister was insane
- Other Diseases
- Predisposing
- Exciting

Symptoms, First.
- Mental
- Bodily

Recent.
- Mental Incoherence; hallucinations
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack Two or three weeks
Other Facts or Remarks After three years residence he is reported as having prominent delusions, being occasionally excited but not considered dangerous; bodily condition good. His habits were unsatisfactory as he sometimes attempted to drink his urine & with advancing mental infeeblement the delusions became less prominent till he passed into his present much demented state. In 1872 he escaped but was brought back. In 1876 Cardiac disease was first noticed along with oedema of the feet. Since that time he has at various periods been confined to bed with oedematous feet.
Facts of Medical Certificates "Incoherence. he labours under odd hallucinations and is of a melancholic disposition

NAME James Henry a Henney

STATE ON ~~ADMISSION~~. 10th September 1885

Mental.

Exaltation

Depression

Excitement Easily excited & then becomes abusive, violent in conduct & language threatens; sometimes strikes & kicks at any one near him

Enfeeblement Cannot carry on an intelligent conversation: taciturn; unsociable

Memory

Coherence Coherent usually Can answer questions? When he pleases

Delusions

Other Abnormalities Very suspicious of those around him.

Bodily.

Appearance Strongly built; sulky & generally lazy

Skin Hair Brown turning grey

Eyes Grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Sluggish

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs healthy

Heart Normal

Tongue red, irritable, flabby Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Feet sometimes become oedematous.

Appetite Good

Urine

Menstruation

Pulse 68 per minute Temp. 98.6°F

Height Weight

Disease See. Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, James Henny.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		97.2		76.		Since last report this patient has shown no change in his mental condition. He is listless and indolent, but at the same time excitable and irritable. When interfered with or told to do anything he becomes enraged and swears. His bodily health is much impaired.
17.9.85						There has been nothing to report in this case during the last three months except that some weeks ago he complained of pain in the back & general weakness from this he speedily recovered & has since been quite well. Mentally he is as irritable; reticent & unsociable as ever: very easily excited & then threatening & outrageous in language but very seldom violent.
8-2-86						At times he becomes exalted & loquacious. He is a steady worker. Mentally there is much inflatement & [illegible]
7-5-86						No change.
30 March 1888						He is idle & at times is restless & excited. He walks about all day with his hands in his pockets, with a shuffling, flat-foot gait & ties neckerchiefs & things round his head.
1 Octr						No change.
18 Decr						This man is weakminded & lazy. He is in fairly good bodily health & takes his food & sleeps well.
30 Mar. 1889						He is much as before.
1 July						No change.
15 November						This man is demented & quiet & his health is good.
15 March 1890						This man is now in the ~~3rd~~ 1st Division - he was not very manageable in the 3rd Division. He is excitable & dangerous & cut a patient's eye the other day.
1 Novr						Much as he was & is demented & in the same state mentally.

NAME.

DAT	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, John Paterson (Vol XL 52) No. 1415
Admitted, 9 September 1868 Pr. Ad.
Sex, Male Age, 42 Marriage, Single Occupation, Farmservant
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Jockstown, Lunan

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind
- Duration Where treated
- Hered. History—Insanity
- Other Diseases
- Predisposing Congenital
- Exciting

Symptoms. First.
- Mental
- Bodily

Symptoms. Recent.
- Mental Restlessness; excitability; incoherence
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Yes
Duration of Existing Attack
Other Facts or Remarks During the first four years of his residence he was often very excited repeatedly threatened violence to others go imaginary evils but rarely carrying out his threats. Since that time he has had regularly recurring attacks of excitement alternating with periods of depression: generally industrious, except during the height of the excited period when he refused to work & very seldom carrying out his threats of violence. He has not suffered from any acute bodily disorder.

Facts of Medical Certificates Vacant expression of countenance: unmeaning answers to questions: frequently violent and then threatens violence to ~~all~~ any one who may crosses him

NAME John Paterson

STATE ON ~~ADMISSION~~ 12th January 1885

Exaltation

Depression Has periods of mild depression during which he is quiet & seems very suspicious, but always industrious

Excitement Has periods of excitement sometimes lasting a considerable time during which he swears & uses threatening language but seldom carries out his threats

Enfeeblement Cannot carry on any conversation

Memory

Coherence Incoherent Can answer questions? No

Delusions

Other Abnormalities

Appearance Thin, anaemic & generally feeble

Skin Pale Hair Brown & thin

Eyes Pupils Normal

Muscularity Moderate Fatness

Nervous System—*Motor* Generally feeble

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs There is dulness over the whole of upper lobe of right lung & tubes can be heard all over the lung. Right lung normal

Heart's sounds normal

Tongue flabby but clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine s.g. 1023. pale yellow. acid. No abnormal constituents.

Menstruation

Pulse 80 per minute Temp. 99·4

Height 5ft. 4in. Weight 156 lbs.

Disease Alternating Insanity *Skae's Classification*

General Bodily Health and Condition Reduced.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes	Yes						Yes	Yes.

NAME, John Paterson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10·1·85						Confined to bed with a severe cough & complains of a pain in the right side. Symptoms point to a pneumonic attack but it is impossible, owing to his incessant talking & restlessness to make a careful examination. He is irritable & when moved in any way threatens to commit every body to jail or to punish them himself
13·1·84						So far recovered as to sit up in bed but he is still very weak. Takes his food better & sleeps well. The weakness has rendered him less talkative but only for the time
4·2·85						Now in his usual good health & goes out to work when the weather permits. He is a remarkably good steady worker although he occasionally stops & mutters threats or laughs at the other workers.
6·6·85.		97·3		74.		This patient is exalted at present, restless talkative & has little self-control, when spoken to he usually indulges in threatening language or laughs in aloud, sarcastic manner, at the clever indecencies of speech which he addresses to others.
17·9·85						Has not changed during the last three months. Is as talkative, sarcastic, obscene & occasionally violent in his language as ever. He has shewn great destructive propensities lately tearing his clothes &c. He has been constantly employed at the farm & is a useful worker. His general health has continued in a satisfactory condition.
8·2·86						He has dropped into a constant habit of threatening violence curaring freely & manifesting considerable excitement. In his work he is fairly efficient.
13·5·86						Chronic excitement exhibited by incessant motion of the arms & legs & constant violent & obscene chattering is the condition he has been in for months. A large carbuncle has recently affected his neck but this affection is now got rid of
30 March 1888						No change – he is restless & excitable & often abusive – is very vain.
1 October						~~This man is in the 3rd Division & is much the same mentally as he was.~~
18 December						Still in a state of weak mindedness & is liable to fits of excitement.

NAME. John Paterson.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 March 1889						This man shews no change He is much as before.
1 July						He is weak minded & quiet.
15 March 1890						No change.
10 August						Works as before.

Died 6/5/94.

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NAME, James Dunlop Hill No. 1113

Admitted, 15 September 1868 Pr. Ad.

Sex, Male. Age, 28 Marriage, Single Occupation, Civil Engineer

Education, Religion,

Private or Pauper, Private Where from? London.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity Mother & a maternal uncle have been insane

~~Other Diseases~~

Predisposing Heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness, sleeplessness, depression incapacity to employ his mind on account of delusions

Bodily

Insane Habits and Propensities

Suicidal Speaks of being of no use & that he thinks he dead

Dangerous No

Duration of Existing Attack 16 years

Other Facts or Remarks Since admission little improvement has occurred in his case. He retains the delusion that he is acted on by Galvanic wires. He writes incoherent letters & signs himself Emperor King &c. He is talkative & usually happy but occasionally becomes Cross His bodily health has been excellent

Facts of Medical Certificates Delusions that people are persecuting him by means of electric batteries; that they watch to injure him

NAME James Dunlup Hill

STATE ON ~~ADMISSION~~. 20th Decr. 1884

Exaltation Considers himself the Governor of the Institution Is gay and has a strong feeling of well-being

Depression

Excitement Becomes noisy at times, abuses the officials, and talks incoherently and has marked facial tremor

Enfeeblement

Memory Good

Coherence Impaired at times Can answer questions?

Delusions Mat he is Emperor of Europe & owns the Institution

Other Abnormalities

Appearance Medium height, well nourished

Skin Healthy Hair Black

Eyes Brown Pupils Equal

Muscularity Good Fatness Moderate

Nervous System—*Motor* He is active and agile, Can dance & play the piano fairly - When angry has a well marked facial tremor

Sensory Good

Reflex Action Good Special Senses Good

Retina

Lungs Well formed Chest. Lung sounds healthy. Respirations 20 per min.

Heart Cardiac apex normal. Heart sounds healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver dulness normal

Appetite Good

Urine s.g 1018 acid, straw-coloured healthy.

Menstruation

Pulse 80 per min strong regular Temp. 98.6 8 p.m.

Height 5 ft 10 in Weight 9 st 1 lb

Disease Monomania of Grandeur *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	

NAME, James Dunlop Hill.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7·3·83		98·2		76	128	Has the delusion that he is the Ruler of the Institution, and parades all parts of the grounds morning & afternoon to inspect them. Writes letters to all kinds of illustrious persons, complaining of things which are not quite to his taste. He covers his envelopes with texts of scripture & references to chapters & books of the Bible and signs himself Emperor of Europe King of the World etc.
16·12·85.						There is no change in this case. His parole has been stopped as he was annoying to visitors, and sometimes even to lady patients.
2·5·86.						Dr. Hill again has parole within the grounds. His grandeur delusions are as numerous as ever. He patrols the grounds constantly. He takes great interest and pleasure in the dances and concerts. He is generally good tempered but now and then a little irritable especially with patients. He plays the pianoforte by ear in a pleasing manner although his repertoire is very limited.
2·7·86						James Dunlop Hill is full of his delusions of grandeur. He parades the ground as usual, & sees that all his employees do their duty. He attends the dances and concerts and at them makes himself very agreeable as a rule. When crossed or annoyed in any way he is very nasty.
14/9/87					126	Mr. Hill is as great a man in his own estimation as ever, and when allowed his own way is agreeable and entertaining in manner. He walks in a rapid, business-like way about the house and grounds, and is impressed by the amount of work he gets through.
14/12/87					129	Mr. Hill is a prominent figure at the dances: he is very fond of giving directions to the other dancers, and evidently believes the success of everything is due to his management. All his delusions of grandeur

NAME. James Dunlop Hill.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						-continue.
30/1/88					130	No change.
20/2/88					125	Mr. Hill constantly carries in his hand a small slip of paper on which is his name and address. He seems to consider it a charm, and will not part with it.
15/3/88					127	
2 Feb 89						Mr Hill continues in much the same condition. Is in good health has all the delusions of grandeur, & speaks to every body in a patronizing manner. He mentions various times that he is going to die & thinks he can forecast the date, but he frequently changes. He says when he dies every one else will die mentions the population of the world a being 7,000 millions & that they will all follow him.
23 April					129	No change.
July 30th 89.					128	Still the same mentally and physically well. Has delusions of grandeur, as of writing to & being friendly with the Queen etc. Is very patronizing and childish in his manner and pursuits. Very excitable at times - Is ready however to help in menial offices as cleaning and carrying dinners.
Sept. 30th 89.					126.	Has been in good health this summer and on the whole behaving well.
July 1890.						No change - Is inept at entertainments, singing in "Italian opera" style
Oct. 4th 1890						Still the same. Has delusions of grandeur. Says he is the King of Scotland, & that sterling castle & Linlithgow palace are his residences.
4. 4. 91						No change.
8. 3. 92						Mr. Hill has all the above delusions as strong as ever. Is usually quiet and pleasant, but occasionally becomes talkative, irritable and troublesome. Is easily excited.
12. 1. 92						He has been suffering lately from small boils on his hands which he has persistently & assiduously made worse. They are healed now - No change mentally.

Cont. P. 846.

NAME, Adam Little (Vol. XI. 65) No. 1429

Admitted, 14 November 1868 Pr. Ad. 955

Sex, Male Age, 28 Marriage, Single Occupation, Teacher

Education, Religion,

Private or Pauper, Pauper Where from? Langholm

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration 27 Nov 1/62 - 5-8-64 Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Depression: threatening to injure his brother-in-law, mother and sister.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes: threatened to injure his Relations

Duration of Existing Attack

Other Facts or Remarks Since admission this patient has become gradually demented. At first he used to talk frequently to himself, but lately has become more silent, rarely speaking beyond a monosyllable. His bodily health has been excellent: the only record with regard to it being in '83, when he lost the distal phalanx of his finger.

Facts of Medical Certificates. Depression; occasional excitement, threatening to injure his relatives. Vacant stare; idiotic look, impaired intelligence; hesitation in answering questions and inability to fix his attention on any subject.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions!

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — See Brunton — *Shaw's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Adam Little.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.4.85.		98.		74.		The mental condition of this patient continues unchanged since last report. He is at present staying at Kirkmichael.
10-2-86						He is still at Kirkmichael. Chronic dulness pervades his mind & with this depression there is a good deal of unsociableness & much impatiement. His bodily health is good.
6th Dec. 1887.						A. L. is still melancholic. He is a tall dark silent man with large dark eyes wh. will not stand one's gaze for more than a moment. He seems to get uneasy if noticed much & looks suspicious. He has the appearance of a man who with some settled plan wh. he wished to carry out but cannot make up his mind to do so. He is back from Kirkmichael & works in the Garden.
2 Jan 1888						No change.
30 March 1888						Gone to Kirkmichael again.
20 June 1888						Still at Kkmichael.
18 Decr						Still at Kirkmichael.
30 April 1889						He is back again and is still shy & silent, averting his face & slinking back when confronted.
1 July						Sent to Kinmount.
10 Septr						Doing well at Kinmount
15 November						Still at Kinmount.
15 March						He is back again from Kinmount and is in the 3rd Division. Works in the Garden.
14th Nov 1899:						Sent today to the newly opened farm Annexe (see separate case book)
1913 March 1st	103	103.6	96	100		Little is now in bed at Bithsdale House. Temp: 103°F. Heart is enlarged & very irregular. Apex beat in 6th interspace, & 1½ outside the nipple line. Respirations 22.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Report by Physician who was in charge of Patient.

Name Adam Little

Died on March 23 at 1·15 a.m. P.-M. on at

Mental Disease

Cause of Death Lobar pneumonia

General Survey.

P.-M. Lividity Not marked.

P.-M. Rigidity Still marked.

Nutrition A spare man. Pupils Equal

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium — With a spot of large size over right ventricle, also over aorta.

Heart (M. 11 oz., F. 9 oz.) 14 oz

Cavities — Slightly dilated.

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.) — Competent.

Muscle

Aorta and Vessels — Early atheroma.

Respiratory System.

Left Pleura — is obliterated by fairly firm adhesions.

Left Lung (M. 21 oz., F. 15 oz.) — 22 ozs. Very congested & oedematous. No consolidation.

Right Pleura — Recent fibrino-purulent exudate. Not many adhesions.

Right Lung (M. 24 oz., F. 17 oz.) — 64 ozs. Middle & lower ½ of upper lobe are consolidated. Grey hepatization passing on to purulent softening. Lower lobe quite consolidated. Congn. of part of upper lobe.

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.)

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.)

Right Kidney (M. 5¼ oz., F. 4¾ oz.)

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician

NAME. Adam Little

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 22nd	101		110			Little is weaker to-day & has a lot of crepitations at both bases. Pulse is 110 very irregular. Respirations have risen to 35 per min: & patient looks anxious.
March 23rd 1913.						Little died at 1.15 a.m.

NAME, Robert Davidson. (S. C. A. Vol XI 139) No. 1506
Admitted, 25 November 1869 Pr. Ad. 1440
Sex, Male Age, 23 Marriage, Single Occupation, Farmer's son
Education, primary. Religion, United Presby
Private or Pauper, Private Where from? Middlebie

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. One Duration about one months Kind melancholic Where treated Southern Counties Asylum
- Hered. History—Insanity Father is insane
- Other Diseases
- Predisposing Heredity
- Exciting

Symptoms, First.
- Mental
- Bodily

Symptoms, Recent.
- Mental Depression of Spirits; excitability
- Bodily

Insane Habits and Propensities Masturbatio
Suicidal No
Dangerous Doubtful.
Duration of Existing Attack Two months.
Other Facts or Remarks For two years he remained in a state of depression. being nervous shy & silent although occasionally excited and restless. complained of pains & headaches. Since that time he has become more enfeebled mentally and quicker. Delusions i.e. that he had lost his head & that became a prominent symptom & still continues.
In February 1882 he had an attack of Acute Rheumatism from which however he soon recovered.

Facts of Medical Certificates His mental and bodily health have been injured by bad practices: he has a great fancy to try all advertised patent medicines for the cure of his bad habits. He is easily excited, low spirited, sleepless and cannot work.

NAME Robert Davidson

STATE ON ~~ADMISSION~~. 10th September 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot carry on a conversation or take an intelligent interest in any-thing

Memory

Coherence Can answer questions? No

Delusions That he has lost his head & other parts of his body but these are becoming very indistinct.

Other Abnormalities Suspicious & unsociable

Bodily.

Appearance Thin, stoops, walks with a slouching gait.

Skin Sallow Hair Brown

Eyes Brown Pupils Normal

Muscularity poor Fatness

Nervous System—Motor Has slouching gait; generally sluggish

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs There is dulness in left infraclavicular region & the heart sounds are very indistinct. Right lung normal

Heart Normal

Tongue covered with a slight white fur Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 76 per minute Temp. 98°.6 F

Height Weight

Disease Sec. Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Robert Davidson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		98.		78.		There has been no change in this case since last report. He is quiet, takes little interest in anything, and his memory is impaired. He masturbates, and at times becomes excited.
19-11-85						The want of interest in his own condition or in his surroundings continues apparently with increased intensity. At times he will not speak. He does not remember his own name if asked to give it but recognises it when mentioned.
29-12-85						A slight attack of exaltation & excitement is now present. He accuses students of annoying him in various ways & says his head has been made an emetic.
7-5-86						No change.
24 Dec 1887.						R.D. is a demented fellow who becomes vicious when irritable & strikes about. He is not in robust health & is a bent thin fellow – evidently a masturbator. Almost never speaks.
30 March 1888						No change in this man's mental condition – He works in the Garden.
20 June 1888						Still a gardener – He is at times talkative & excited & is always incoherent
1 Octr						Quiet & in his usual state of indifference to all his surroundings.
18 Decr						This man still works in the garden & is liable to fits of excitement & restlessness.
30 Mar 1889						Much as before.
1 July						Quite quiet just now. He still works as before.
10 Septr.						His bodily health is good.
15 Novr						He is restless & chatters a good deal just now.
15 March						He picks his ears & head a bleeds himself. He is excitable still.
10 August						At Kinmount

NAME. Robert Davidson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
November 1899						At Kincraigmount.
February 7th 1900:-						In fair health: He has recently had one or two epileptiform attacks during which the face has become very cyanosed & the pulse weak. There is a prolonged clonic stage and the condition passes off in the course of a couple hours: He passes urine & faeces in the last: Generally he is much excited: able to answer only the simplest questions correctly and rapidly becoming incoherent if the conversation be prolonged: He is unfit for work: Generally dishevelled
July 28th 1900:-						On one occasion since last note the fit lasted for over 10 minutes & he became very cyanosed and the breathing much embarrassed: the heart action being also very weak This passed off in the course of 2 hours Mentally unchanged = Quiet incoherent, inattentive to address or nature.
January 19th 1901:-						In fair health at present: no change mentally: incoherent rambling & somewhat noisy & chattering: Unfit for work
July 16th 1902						Gradually increasing enfeblement
1903 July 15th						No change in the "Magistrate" as he is called. The same irritable epileptic is in fair health.
1904 March 1st						Much the same. Irritable at times easily roused. In fair health.

SEE CHRONIC CASE BOOK

NAME, James Haining (Vol XI 110) No. 1507
Admitted, 29 November 1869 Pr. Ad.
Sex, Male Age, 25 Marriage, Single Occupation, Tailor
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Warrington

HISTORY.

Connection.
Disposition
Habits
Previous Attacks—No. One Kind
Duration Where treated Rainhill Asylum near Liverpool
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Attending revival meetings

Symptoms. First.
Mental
Bodily

Recent.
Mental Excitement; incoherence; exaltation of ideas
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack about a fortnight
Other Facts or Remarks During the first six years of his residence he was morose & sullen, occasionally excited but not violent. After that he passed through a period of acute excitement during which he was frequently very violent and dangerous. In 1877 he is reported as having made a homicidal attack on a patient & attendant. This period lasted for more than two years & then the mind began to be markedly muddled rendering him quieter in every way although he was still restless and noisy occasionally during the night.
Facts of Medical Certificates His appearance and manners are quite idiotic He talks and answers questions absently and incoherently: raves about courts of law and justice & the necessity of not interfering with women, when courting them.. Rambling conversation & gesticulation

NAME James Haining

STATE ON ~~ADMISSION~~ 4·7·85.

MENTAL.

Exaltation

Depression

Excitement Often indulges in shouting and crying, and is subject to paroxysms of dangerous violence.

Enfeeblement He cannot answer questions, mutters incoherently to himself and is unable to converse rationally.

Memory Bad. Cannot tell what day of the week it is

Coherence Impaired Can answer questions? No.

Delusions

Other Abnormalities He gathers up rubbish of all sorts.

BODILY.

Appearance He is poorly nourished.

Skin dark. Hair black

Eyes brown eglaring Pupils dulled and equal

Muscularity moderately good. Fatness diminished

Nervous System—*Motor* Motor functions moderately well performed.

Sensory Sensibility to touch acute.

Reflex Action acute. Special Senses of average acuteness.

Retina

Lungs There are dulness on percussion and weakened breath sounds under the right clavicle.

Heart The first cardiac sound is feeble.

Tongue clean, red, moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good.

Appetite good.

Urine pale yellow. s.g. 1024. acid. No abnormal constituents

Menstruation

Pulse 72 feeble regular. Temp. 94·2 ℉ 3pm

Height 5 ft. 6 in. Weight 140 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Below the average

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes.								Yes

NAME, James Haining.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		98		76.		This patient has lately had an attack of severe excitement. he ran about shouting and endeavoured to strike everyone he met; this attack ended in an outburst of tears. Usually he is quiet and works with the barrow party.
17.9.85						Remains in a state of chronic & often excessive excitement. Wandering up & down restlessly: shouting & otherwise making noises at the pitch of voice; at the same time gesticulating & making threatening gestures & occasionally using violence to the other patients without the slightest provocation. At times he is more quiet; shakes hands & smiles when addressed but cannot answer rationally. More usually he is surly takes no notice or shouts & dances about when addressed. His general health has been satisfactory
13-11-85						He passes the day muttering incoherently to himself and shaking his closed fist at other patients
22-11-85						For two days he has been excited and violently. He shouts aloud and impulsively strikes others or maltreats himself.
24-12-85						Another paroxysm of excitement lasting for two days has just passed off. These attacks occur about once a month. At other times he is silent or muttering and self absorbed paying no attention to conversation. He works well with a barrow.
6-2-86						He sometimes is friendly & shakes hands but only once have I observed him volunteer information & then his remarks were an incoherent jumble.
7-5-86						His mental condition inhibits no change, unless the attacks of excitement are a little less frequent & less severe than before
2 Jan 1888						Still the same. Just like a wild beast or a caveman & is not of the Caucasian type at all. He at times is violent & also strikes himself & cuts his head. He is very dangerous occasionally. Works with the barrows & often yells
30 March			1888			A dangerous fellow - no change.
20 June			1888			This man is in fairly good bodily health - no change mentally

NAME, James Haining.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 Octr.						Still a dangerous homicidal case & one who needs much watching.
12 December						No change in this man. He is at times noisy & very fierce.
30 Mar. 1889						He works at the barrows & is quieter than usual. He has not been excited for some time.
1 July						This man is quieter & not so excited at present.
10 Septr.						He is restless at times still. His bodily health is good.
15 Novr.						Quiet at present.
5 March 1890						General health fair. Knee jerks exaggerated also Tricips & Lorist jerks exaggerated. Plantar Reflexes active
15 June 1890						Same state.
20 August						He is rather quieter than usual at present.
1 November						Still does absurd & ridiculous things - he is noisy at times - quite demented.
February 8th 1900:-						In good bodily health. Mentally very enfeebled: He cannot talk coherently but often mutters an unintelligible ramble becoming rapidly more excited and striking his ears violently with his clenched fists: He is occasionally out at barrows but as he is occasionally wet & dirty he is in for periods. He sleeps well: decubitus in sanus Eats well.
Aug 28th 1900:-						In his usual fair bodily health. A rambling, incoherent, & very dirty dement, at times noisy when he hears voices banging himself about. Always looks dirty and unkempt. At present working in squad
January 19th 1901:-						No change: a noisy chattering & unkempt dement.
Jany 16th 1902						No change: Recently had a very large carbunch on shoulder.

-895-

NAME, Charles Erskine (S.C.A. Vol. XI. 147). No. 1514
Admitted, 28 December 1869 Pr. Ad. 1035
Sex, Male Age, 36 Marriage, Single Occupation, Grocer
Education, Religion, Protestant
Private or Pauper, Private Where from? Kirkland of Glencairn

HISTORY.

Constitution.
Disposition
Habits
Previous Attacks—No. One Kind
Duration 22nd March 1864 – 31st July 1868 Where treated Southern Counties Asylum
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Suspicious ness; delusions.
Bodily

Insane Habits and Propensities
Suicidal Yes
Dangerous Yes
Duration of Existing Attack Never well since first in Asylum
Other Facts or Remarks During the first four years of his residence he was extremely quiet & retiring, still having delusions as to his food being poisoned &c after that he changed very much; had frequent attacks of acute excitement during which he showed marked homicidal & suicidal tendencies & is frequently reported as having made attempts at self-injuries sometimes inflicting serious injury on himself. He has become more sullen & morose than formerly. His general health has always been good.

Facts of Medical Certificates Confusion of ideas: delusions that his food has been poisoned: that his stockings have been washed with poison & that chloroform has been given him in his sleep.

NAME

STATE ON ADMISSION.

MENTAL

Exaltation

~~Depression~~

Excitement

Depression

Seems to take no interest in what is going on around him. Will not make any attempt to carry on a conversation.

Memory

Coherence Coherent Can answer questions? Yes but shortly

Delusions Imagins that the persons here are the Spirits of the dead and that they can pass into him.

Other Abnormalities Watches every movement with a furtive glance & displays great cunning in acquiring & secreting various articles with which to injure himself.

BODILY

Appearance He is flabby and pale.

Skin healthy but pale. Hair reddish brown

Eyes blue Pupils of moderate size, equal

Muscularity moderately good Fatness moderately good

Nervous System—*Motor* functions moderately well performed.

Sensory Sensibility to touch diminished.

Reflex Action diminished Special Senses Slightly dulled.

Retina

Lungs healthy. Respirations 16 per. min.

Heart's action feeble.

Tongue large, red and moist Bowels regular

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good

Appetite good

Urine pale yellow. S.g. 1022 acid. No unusual constituents

Menstruation

Pulse 66. feeble, regular. Temp.

Height 6ft 1in. Weight 156 lbs.

Disease Melancholia - Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
					Yes			Yes.	

NAME, Charles Erskine.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85.		97.3		74.	155.	This patient is taciturn. never answers questions although he will do what he is told He is employed as a copyist. Once or twice lately he has been discovered with sharpened pieces of iron in his hands. but he has made no suicidal attempt.
19.9.85						Appears to take no interest in his surroundings but at the same time furtively watches every movement & takes note of the various changes occurring here. Thus he stated the other day that it was wrong to make a discharged patient an attendant specially when he had been discharged from the army for bad conduct (This man was an attendant some weeks). This shews he keeps his ears & eyes open. Requires careful watching as he is always trying to secrete knifes & so to sharpen pieces of old iron & fasten them between pieces of wood. Will only at rare intervals engage in conversation.
6-2-86						He is excessively taciturn and silent but is at the same time very obliging. In transcribing documents he works continuously and will and executes his task with the utmost fidelity. His bodily health is fairly good.
7-5-86						No change. Several knives have been found on him of late.
20/6/87.						Chas. Erskine remains in much the same condition He is reserved & rarely speaks. but continues to do much marking of linen. He makes small knives for himself out of. Stay steels or any stray piece of hoop iron. & with these he carves small pipes & curios of all kinds for his fellow patients. He is in good bodily health.
14th Sept. 1887.						C. E. is quiet & will not speak; he carves & does little finger work very nicely. He is in good bodily health & is quite quiet.
2 Jan 1888						Quiet & if spoken to very irritable. Still very suicidal. Clever with his pen & his tools.
30 March 1888						A most useful & clever man with his pen — marks the linen of the house.

NAME. Charles Erskine

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, Lbs.	PROGRESS OF CASE.
June 21 1888						Still silent. never speaks a word. He is a good worker.
1 October 1888						No change mentally. He is a useful tailor, good coalheaver, most neat & skilful marker of linen & does many & various useful things about the house.
1 Dec.						Still silent - is a good copier & uses his pen well. He is in his usual health.
20 Mar. 1889						He is a very useful & neat man at every thing but there is some enfeblement now.
1 July						No change.
18 Sept.						He is still useful in marking & sewing & is a neat handed feeler.
15 November						Works on as before.
16 March 1890.						Fair health. Lungs emphysematous slight Knee jerks exaggerated & ankle clonus. Biceps jerk present
20 June 1890						He is very silent - never speaks.
1 August.						He quiet - & but works well in odd ways &c. tailoring, coaling, marking linen &c &c.
1 Nov.						He very ingenious in many ways, but never speaks.

Died 2/12/94

NAME, Robert Dickson No. 1536
Admitted, 8 July 1870 Pr. Ad.
Sex, Male Age, 46 Marriage, Married Occupation, Innkeeper
Education, Religion,
Private or Pauper, Pauper Where from? Cree Bridge Minnigaff

HISTORY.

Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity Had a brother who committed suicide
Other Diseases
Predisposing
Exciting Drink

Causation.

Symptoms. First.
Mental
Bodily

Recent.
Mental Restlessness; talkativeness; incoherence
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack Eight years
Other Facts or Remarks On admission he was very much excited but within a year had passed into a State of Dementia. His habits being then filthy in the extreme & his language incoherent; he also had destructive tendencies. In 2 years more he was rather improved, his habits being much more cleanly but he was more destructive than before. He has at various times suffered from fracture of left Clavicle & left Radius & ulna. In 1882 he had an acute attack of Pneumonia. In 1883 Phthisical consolidation of apex of right lung was noticed. His habits have improved but are still very

Facts of Medical Certificates (Should be,
Talks to himself; uses obscene & incoherent language; is restless and subject to fits of excitement & tears his clothes
Memory impaired; numerous delusions

NAME Robert Dickson —

STATE ON ~~ADMISSION~~ 3rd February 1885

Exaltation

Depression

Excitement Slight chronic excitement which increases in amount before & after the invasion of epileptic fits, to which he is subject; has comparatively quiet during the

Enfeeblement Great mental enfeeblement. Cannot remember his former [intervals

occupation &c

Memory Very much impaired.

Coherence Is incoherent usually Can answer questions? Yes but only simple ones

Delusions Says he is accused of theft; That he possesses much wealth, lands &c; says he has bought this house & has thousands of pounds

Other Abnormalities

Appearance Feeble & haggard

Skin Hair Dark; thin

Eyes Brown Pupils normal

Muscularity Very poor Fatness

Nervous System—*Motor* functions very much impaired from general weakness

Sensory functions impaired

Reflex Action Special Senses Hearing defective; sight good

Retina

Lungs Has a cough & heavy spit. There are numerous medium sized crepitations on the right side extending downwards from 4th rib anteriorly & also posteriorly. Dulness at apex

Heart Defective in energy. Systolic murmur best heard in tricuspid area. [of right lung

Tongue Flabby, red & irritable Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Veins of neck are greatly congested. Both ears swollen & mis-shapen (insane) Glandular enlargements are seen at each angle of his jaw

These however are diminishing in size.

Appetite Poor

Urine

Menstruation

Pulse 60. Regular & thin Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Much impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Robert Dickson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·2·84						Is at present confined to bed by an attack of Broncho-pneumonia added to his Phthisical condition which has lately shewn a tendency to increase. There seems to be great impediment in the pulmonary circulation. He generally lies with his mouth wide open & breathing heavily. There is dulness of right lung. His mental state shews no improvement and his habits, never at any time good have become rather worse as he often voids urine & faeces in bed. His appetite is very poor. He is ordered milk ad libitum
4·2·84						The expectoration are not so numerous & anteriorly are only heard at the end of expiration. The dulness is not so marked. He does not sleep well his rather restless. Appetite still very poor. He seems to be becoming gradually weaker.
7·2·84	97°		100			much more lively this morning, morrowing sorry for a horse & a thousand pounds. Eyes are bright & glistening. He speaks a great deal & gesticulates much and in fact is not at all in a satisfactory state of health. 12 P.M. Died

NAME.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

NAME, William Monro No. 1177
Admitted, 21 September 1870 Pr. Ad.
Sex, Male Age, 34 Marriage, Single Occupation, Army Officer
Education, Religion,
Private or Pauper, Private Where from? Allan, Ross-shire

HISTORY.

Condition.
Disposition
Habits
Previous Attacks—No. Second attack Kind
Duration Where treated Jail R.B. & D. Yard
Hered. History—Insanity
Other Diseases
Predisposing (?) Excessive use of stimulants
Exciting

Symptoms. First.
Mental Extravagance of manners
Bodily

Recent.
Mental Restlessness. Assaulted a man & insulted two ladies
Bodily

Insane Habits and Propensities Dirty habits
Suicidal No
Dangerous Yes
Duration of Existing Attack
Other Facts or Remarks During his Residence here he has been in a state of Chronic Mania with many delusions about death of his fellow patients. He is restless & executes rotary movements when he is walking. He appears to have lost all power of concentrating his attention on any subject. His bodily health has been excellent, except an illness brought on by eating poisonous fungi
Facts of Medical Certificates
Regards his parents with indifference & dislike
Talks violently & incoherently. Does not answer when spoken to. Restlessness.

NAME William Munro

STATE ON ~~ADMISSION~~. 23rd Dec. 1884

Exaltation Thinks he is King of Great Britain that he can do what he likes and that he has a thousand queens

Depression

Excitement Restless

Enfeeblement Cannot concentrate his attention on any subject for more than a few moments

Memory Moderately good

Coherence Imperfect Can answer questions? Yes

Delusions That he fought a great battle near Dumfries & after his victory he was made king of Great Britain

Other Abnormalities

Appearance Strong & muscular

Skin Ruddy & healthy Hair Greyish black

Eyes Somewhat prominent & staring Pupils Equal

Muscularity Good Fatness Considerable

Nervous System—*Motor* Irregular movements. When walking he often turns round on the one foot. Has a habit of raising & lowering his eyebrows very frequently

Sensory Good

Reflex Action Good Special Senses Moderately good

Retina

Lungs Chest large - Lungs healthy. Respirations 16 per. min.

Heart Apex beat in its normal position. Cardiac action Strong

Tongue Clean & moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Excellent

Urine Pale yellow S.G. 1018 acid normal

Menstruation

Pulse 68 per min. Reg: strong Temp. 98. 2. 10 am.

Height 5 ft 9 in Weight 10 st 8 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
							Yes	Yes	Yes

NAME. William Munro.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
7.3.86		98.3		74	151	Is restless and indulges in peculiar movements when walking, sometimes turning round three or four times at a time and then running in a lateral direction stopping and repeating these movements. The facial muscles show frequent choreic movements. He has the delusion that he is King of Britain & that he has 500 Queens in this house
2.5.86.						This gentleman continues in excellent bodily health. He is very untidy in his dress and very indolent. Sometimes he employs himself in polishing the gallery floor. He still indulges in erratic movements when walking such as running round trees, turning round &c. He thinks he is King of Britain.
10.6.86.						~~This patient~~ continues as reported above.
5.7.86					135.	There is no change to report. His bodily health is excellent – He is dirty and apt to be untidy, and requires a great deal of attention in the way of dressing.
14/9/86					135	
14/12/86					147.	
1/6/87.						Still careless in attire eccentric in habits. Has a habit of running round trees & bushes like a child when out walking. In the house is fond of standing in out of the way corners. Friendly & obliging. He can answer a few simple questions about his former life. Does not now express any delusions.
14/9/87					148	No change in Mr. Munro's condition. He is untidy, requiring much attention to his dress.
14/12/87					151	No change.
30/3/88					158	Mr. Munro is in capital health. He is indolent and very untidy. He retains his peculiar habit of running round objects that come in his way: on his way upstairs to meals he will run round the pillars in the corridor until an attendant takes him in charge.
20/7/88					152	

NAME. William Monro

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29/4 88					148	When out with the working party this forenoon, Mr. Monro was struck with a stone on the left temple by Mr. Crumpton. The wound which was 1½ in. long bled very freely, and was stitched with silver wire. Mr. Crumpton was irritated by Mr. Monro's having accidentally come against him with his barrow.
4/1/88						The wound has healed well, without any bad results.
23 F. 89						Is now well & quiet.
23 April					146	No change
July 30th 89.					148	This patient has been in good health lately - goes out with the working party daily.
Sept. 30th 89.					147.	Still the same mentally - runs round trees - seldom speaks - is careless in dress & fond of decorating his hat with feathers. Apt to be dirty.
April 24th 1890						Captain Monro has a hacking cough, and his temperature this morning is 103. There is dullness at the right base with diminished fremitus & distant breath sounds. He has been ordered down to the Infirmary & lie in bed there.
April 29th						C. Monro is in much the same condition as on last entry. His back is painted regularly with Lin. Iodi., she is taking internally Tinct Digitalis, Spir. Chlorof, & Tinct Nuxvomica with Tinct Camph Co.
1st	102.9		90			
May 2nd						The dullness has extended somewhat on the right side. There is probably some fluid, but as there are no urgent symptoms, it is considered wiser to wait, & go on painting with Iodine & other treatment.
July 1st						Much improved generally. Chest Same. dullness on left back. Is up during most of the day.
20						Is now in H. Co. Gallery.
July 25th						He is getting weaker - spits blood & has a pneumonia.
July 26th				1890		Died

NAME, William McGill (Vol XI. 214) No. 1584
Admitted, 28 October 1870 Pr. Ad.
Sex, Male Age, 23 Marriage, Single Occupation, Joiner
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Allan Gibbon Mill Valley

HISTORY.

Connexion.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity Maternal grandfather died insane, a sister is insane.
Other Diseases
Predisposing Heredity
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Excitability; delusions; homicidal tendencies
Bodily

Insane Habits and Propensities Masturbates
Suicidal
Dangerous Yes
Duration of Existing Attack Eighteen months
Other Facts or Remarks During the first ten years of his residence he remained in a state of chronic excitement; having exacerbations at uncertain periods, always nervous, sometimes incoherent but always childish in his answers and irregular and uncertain in his movements. Mental amusement then became more marked and he became quieter, less excitable & more industrious but very incoherent; always happy & contented.
He has never had any acute bodily illness
Facts of Medical Certificates Delusions regarding his occupation: has threatened & even attempted the life of his parents: has broken windows doors committed other acts of violence & is most unmanageable

NAME William McGill

STATE ON ~~ADMISSION~~. 20·10·85

Exaltation

Depression

Excitement

Enfeeblement Cannot converse intelligently & take an intelligent interest in his surroundings; Laughs in a silly way often when addressed.

Memory Impaired Cannot tell his height of residence &c

Coherence Sometimes incoherent — Can answer questions? Yes if very simple

Delusions

Other Abnormalities

Appearance Moderately well nourished.

Skin healthy — Hair Dark brown

Eyes Brown — Pupils Normal

Muscularity Average — Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action — Special Senses Normal

Retina

Lungs Healthy

Heart Normal except the action is slow.

Tongue pale & flabby — Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 60 per minute — Temp. 98·4° F

Height — Weight

Disease Dementia — *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

NAME, William McGill.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-6-85		98.3		74		There has been no change in the mental condition of this patient since last report; he rarely speaks, is apathetic and works with a garden party.
27-12-85						He has a strange habit of looking at space through a piece of glass & talking under the delusion that the police brought him here instead of a mist.
7-5-86						He is constantly employed in the finer & more responsible garden work & executes his duties in a satisfactory manner. His eccentric habits are unchanged
Oct 8. 1887.						Much the same. quiet & industrious – works in the garden & shews no change from day to day. His bodily health is good.
2 Jan 1888						Laughs absurdly & talks to himself. He is a neat man & looks of a better class than the other dements around him. In good health & is susceptible to praise.
30 March 1888						Seems to have hallucinations of sight – Still works in the Garden.
20 June 1888						Talks to himself a great deal – goes on as before.
1 October						No change.
18 Decr						This man was laid up the other day with headache & sickness & turgid veins on his forehead. He is now better & back to his work in the garden. He is at times excited.
30 Mar. 1889						He is restless & talks a good deal to himself.
1 July						This man still works in the garden & is tractable
10 Septr						He talks & laughs a great deal to himself.
15 Novr						Quiet but harmless.
15 March 1890						This man has had a severe whitlow on his finger, middle right. He also is a

NAME, William McGill.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
						dangerous fellow and strikes - of late he has been very dirty in his habits.
10	June 1890					much the same.
21	August					This man talks a great deal to himself & gesticulates - he works in the garden.
	November					same state.

NAME, John Melburn (Vol XI. p. 222) No. 1589
Admitted, 26 November 1870 Pr. Ad.
Sex, Male Age, 40 Marriage, Married Occupation Farm Servant
Education, Religion,
Private or Pauper, Pauper Where from? Gateside Holywood

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. First Attack. Kind
  - Duration Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental Alteration in manner; depression alternating with excitement; suspicion that his food was poisoned.
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Yes
Duration of Existing Attack Two months.
Other Facts or Remarks On admission this patient was morose, sullen obstinate as regards his food, and taciturn. Was subject to attacks of excitement, which lasted for a few days at a time, and during which he was elated and noisy. In '75 and again in '76 he made unprovoked homicidal attacks upon the [illegible] upon a patient. Lately he has had delusions that the other patients interfered with him. His bodily health has been good.
Facts of Medical Certificates Moroseness, Sullenness; refusal to answer questions. Highly suspicious in conduct and language. Threatened violence to his wife and everybody round.

NAME

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, John Melburn.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11.6.85		979		72.		There has been little change in the mental condition of this patient since last report. He is silent, rarely speaks and is reticent about his delusions. He is at Kirkmichael
10-2-86						Still at Kirkmichael
Oct 22. 1887.						Not Back from Kirkmichael - seems rather better for his residence there & speaks more than he did.
May 25. 1888						Still at Kirkmichael.
18 Decr						Still at Kirkmichael.
30 April 1889						He is now in the 2nd House & works on the Farm - he does well but is an excitable fellow.
21 July						Now at Kinmount.
10 Septr.						Still at Kinmount.
18 Novr						Still at Kinmount.
15 March 1890						" " "
1 November						At Kinmount. no change.
February 7th 1900:-						In fair bodily health: He has a slight irregularity of heart's action and the feet are occasionally swollen: He is able however to do light work at Hannahfield: He is a quiet unobtrusive dement: mildly suspicious but not expressing any delusions - He sleeps & eats fairly -
July 28th 1900						In fair health at present. He works quietly and carries up & down light messages to Hannahfield. He is rambling and incoherent in talk and has the delusion that he is laird of a large estate in which he occasionally offers one, shooting &c. He has also many odd ideas regarding money the patient and identifies them as old companions & land owners &c

NAME. John Melbourn.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 19th 1901						In fair health: Still works at Hannahfield many delusions: also occasional hears voices: pleasant old man. His daughter is now a patient here. (1025)
Jany 16th 1902						No change in any way.
July 10th 1902.						Continues at Hannahfield & Keeps in fair health.
July 10th 1903.						No Change. still works away at Hannahfield & Keeps in fair health.
1904 March 1st						Continues at Hannahfield. No change mentally & fair health.

See Chronic Case Bk page 21.

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NAME, David McLean (Vol XI 226) No. 1593

Admitted, 12 December 1870 Pr. Ad. Wigtown

Sex, Male Age, 57 Marriage, Single Occupation, Farmer

Education, Religion, Protestant

Private or Pauper, Private Where from? Killintrigan Portpatrick

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity A sister was Melancholic

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; delusions; incoherence

Bodily

Insane Habits and Propensities

Suicidal Perhaps

Dangerous Yes

Duration of Existing Attack Several years

Other Facts or Remarks When young he is stated to have had some disease of the scalp which affected his brain at least he has "queer" ever since. Since his admission he has passed through a period of depression and gradually become demented and various delusions have become noticeable. In 1881 he was first noticed to be suffering from Phthisis Pulmonalis which now and again has undergone some active change but has been quiescent lately.

Facts of Medical Certificates 1. (a) Says that he is much troubled about his Library especially in connexion with the 44th Chapter of Isaiah and some subscriptions he got & also as to the formation of such church &c & on these subjects & others he speaks in an unconnected & irrational manner. He also acknowledges that he sometimes thinks he may be led to take his own life.

(b) Mr Alex McLean his brother says that David says that the state of his mind is a mystery, that he sometimes thinks that he will not be able to keep from taking his own life & often thinks of doing it; that he is unfit for any kind of business. He says he is David King of Israel, all the margins of his books are written over with absurd statements regarding certain passages in Scripture; of a subscription got many years ago for the Bible Society.

The second Certificate is much the same as the above

NAME David McClean

STATE ON ~~ADMISSION~~ 15th September 1885

Exaltation In a state of mild chronic exaltation, restless; suspicious; talkative sometimes abusive, noisy, threatening but seldom violent

Depression

Excitement

Enfeeblement

Memory Moderately good

Coherence Sometimes incoherent Can answer questions? Yes

Delusions That he is the victim of some conspiracy & detained here by fraud

Other Abnormalities

Appearance Thin; excited, suspicious

Skin pale Hair White but he is nearly bald

Eyes Grey Pupils Normal

Muscularity Moderate Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses

Retina

Lungs Some signs of consolidation at right apex; no symptoms of active disease Left lung normal

Heart Normal

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 84 per minute Temp. 98°8 F

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Moderately Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	I								

NAME, David McClean

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17·6·85		97·3		74		This patient remains unchanged mentally since last report. He is mentally enfeebled and has delusions that women act upon him at night. His bodily health is impaired
18·9·85						Wanders about in a restless unsettled mood; seeming flatly to interest himself in anything or to make himself useful in any way. If interfered with becomes talkative & disparative, accuses various persons of trying to do him grievous bodily injury & of illegally detaining him here & threatens them with all manner of pains & penalties. At these times he becomes quite incoherent usually he can answer questions readily. His general health is moderately good.
13-5-87						Delusions of suspicion still predominate. He becomes mildly excited at intervals & then is irritable if interfered with; he will not occupy himself.
2/2/87						This patient is a quiet & harmless demented. He is incorrigably idle & to allowed full parole with grounds. He cannot carry on a connected conversation & rapidly becomes incoherent.
8 Oct 1887.						This old fellow is now quiet as a rule tho' at times shews mild excitement. He likes to be left alone & not to be taken much notice of. Evidently he is suspicious but not now talkative. He will not refer to his delusions.
2 Jan 1888						Has delusions about the work going on in front of his day room being for his detention here. He on one occasion burnt a waistcoat. Complains of pain in the groin at times — Has Syphilis —
30 Mar 1888						Says he is the 40th Chapter of Isaiah — thinks a woman in a picture above the mantelpiece is his sister in law. Goes through strange posturing & movements at times.

NAME. D. McClean

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 June 1885						Has a syphilitic sore on his leg - Mental state remains the same.
Oct						This man is very destructive & is somewhat pyromaniacal in his tendencies - he is full of delusions some of identity & some to the effect that he is detained here in consequence of some trivial incident.
21 Dec						This man has been laid up with diarrhoea & sickness & was very weak; he is now better but his legs are swollen.
30 Mar 1889						He is better in health & seems now well again. His mental state is the same as before.
1 July						This man is fond of shaking his hand & gesticulating without reason.
6 Sept.						Confined to bed yesterday but is up today.
1 Nov.						He continues peculiar & excitable. Restless & full of delusions & very lazy.
15 March 1890						This man is weak in health & has been failing for some time. He is in bed for a day now & then.
10 June						Same state.
20 Jn August						Has been in bed for some days.
1 November						This old man is excitable, delusional and peculiar.

NAME, Walter Brown (Vol II. 229) No. 1596
Admitted, 27 December 1870 Pr. Ad.
Sex, Male Age, 27 Marriage, Single Occupation, Weaver
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Langholm.

HISTORY.

Connection.
Disposition
Habits
Previous Attacks—No. First attack Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Epilepsy

Symptoms. First.
Mental
Bodily

Recent.
Mental Sometimes irritable, sometimes morose & absorbed, incoherent - and under the influence of delusions.
Bodily Restlessness - Sleeplessness

Insane Habits and Propensities
Suicidal No
Dangerous Yes
Duration of Existing Attack Four years
Other Facts or Remarks Ever since his admission he has been subject to series of severe epileptic attacks which render him sometimes unconscious for hours. These have told on both his mental, & bodily condition; the former being much enfeebled and the latter impaired. In March 1883 he was reported as having oedema of both feet and threatening of pneumonia which however quickly yielded under treatment During 1884 he remained as above, having numerous fits and much demented

Facts of Medical Certificates Irritability, incoherence; weakmindedness, facial expression of vacuity; delusion that he is out of existence.

NAME Walter Brown

STATE ON ~~ADMISSION~~ 23 May. 1885

Exaltation

Depression

Excitement

Enfeeblement Apathetic listless; cannot carry on a conversation; unable to look after himself; vacant expression of countenance.

Memory Impaired, cannot tell the day of the week,

Coherence Can answer questions? No

Delusions

Other Abnormalities

Appearance Is stout; but soft and flabby.

Skin healthy. Hair brown.

Eyes bluish brown. Pupils small; equal; contract sluggishly.

Muscularity Diminished Fatness Increased.

Nervous System—*Motor* Is subject to severe epileptic convulsions, which occur once a fortnight usually, and last about three days; there as a rule being one severe and prolonged convulsion each day.

Sensory Tactile sensibility dulled

Reflex Action Diminished Special Senses Apparently slightly dulled

Retina

Lungs healthy. Respirations. 18 per. min.

Heart sounds feeble. circulation weak.

Tongue on the right side there is a small hard tumour but no lymphatic enlargement. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. There is slight oedema of the feet.

Appetite good

Urine s.g. 1024 acid. pale yellow. No albumen, sugar or deposits

Menstruation

Pulse 72 feeble, irregular Temp. 97·6. 10 a.m.

Height 5ft. 3½ in. Weight 140 lbs.

Disease Secondary Dementia *Skae's Classification* Epileptic Insanity

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

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NAME, Walter Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19·6·85		98·1		74	112	This patient is much enfeebled mentally he cannot answer the simplest questions & hardly ever speaks. He is subject to severe epileptic convulsions.
10-2-86						The severe fits last noted continue and are now reducing his general physical health very much. Mentally profound dementia is present.
14-2-86						Puffy swelling of the eyelids & oedema of the feet denote albumen in the urine. Urine found to contain albumen. Febrile pulsation is also present & effects the lungs especially the right. A large vomica is present near the root of the right lung. The breath is very offensive in odour.
20-2-86						The patient is in much the same condition as before but is weaker
10-3-86						The severe epileptic fits have passed off & the patient is regaining a little strength. He is on milk diet & brandy & beef tea.
14-4-86						Another series of epileptic convulsions have set in. The oedema of the feet is very marked & cannot be reduced by diuretics & counteracted with the kidneys. A tendency to dyspnoea is also contracted with.
24-4-86						Hypostatic pneumonia is now present in addition to the patient's disease. The patient is rapidly sinking.
28th April 86						Died.

On P.M. examination Acute Nephritis of both kidneys was found. The right lung was consolidated & had broken down near the base. The left was congested.

NAME.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

323

NAME, James Maitland No. 1218

Admitted, 16th August 1871 Pr. Ad.

Sex, Male Age, 40 Marriage, Married Occupation, Cashier

Education, Religion,

Private or Pauper, Private Where from? Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated Garnavel Asylum Glasgow

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Uncertain

Duration of Existing Attack 13 years

Other Facts or Remarks Subject to numerous delusions during his residence here. He thinks, namely a millionaire a brother of the King of Portugal &c — He receives commands from Heaven to fast on certain days & does so. His bodily health has been fairly good

Facts of Medical Certificates That he is incoherent & delusive

NAME James Maitland

STATE ON ~~ADMISSION~~ 3rd Feb. 1886

Exaltation States that he is the owner of all the banks and houses in the country and has paid away millions of pounds. as chief magistrate

Depression

Excitement

Enfeeblement

Memory Impaired.

Coherence Impaired Can answer questions? Yes

Delusions That he is chief Magistrate of this Institution, of which he is the owner etc

Other Abnormalities Is suspicious & irritable refuses to allow a physical examination to be made & will not speak

Appearance Stout & healthy

Skin Healthy Hair White

Eyes Grey Pupils Small and equal.

Muscularity Considerable Fatness Moderate

Nervous System—*Motor* Functions good.

Sensory Functions apparently good

Reflex Action Good Special Senses Moderately good

Retina

Lungs Healthy Respirations 17 per. min

Heart

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine . Sg. 1018 pale yellow . healthy

Menstruation

Pulse 78. of average strength, reg. Temp. 98. 6. 7 pm

Height 5 ft 9 in Weight 12 lbs 4 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	

NAME, James Maitland

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28·4·85		98·6		76	173	Still holds the ideas that he is a man of enormous wealth and power and can give millions to whom he likes. He is unsocial, lives apart from everyone, and is suspicious, he says, of the intentions of most of the officials to deprive him of some of his grandeur
14·7·85		98·2		74.		He is not so well as usual and has not fed well for the past few days. His bowels are constipated, he refuses all medicine except a Seidlitz powder which is given with good result.
15·7·85.						He refuses nearly all his food, only taking a little tea and bread for breakfast & some soup for dinner. He is in bed but is restless and will not remain quiet. He says he has no pain, but will not say what he feels wrong, only cry for "Brandy for King James the Sixth." Removed to the Infirmary Gallery in the evening.
16·7·85.	98·4	98.	84	80.		This morning at seven o'clock he had a profuse bloody discharge from the bowels of a very offensive smell. This occurred suddenly in bed. There seemed to be a large quantity of blood which was dark in colour, and also some purulent matter. After this occurred the patient became very weak almost pulseless, and cold. The following draught was given. ℞. Tinct Opii m. 25. " Catechu ʒß. " Card Co. ʒß Aq. ℥j and whisky & milk in small quantities frequently administered. Under this treatment he quickly regained colour and heat but the pulse continued very weak. At 4 o'clock in the afternoon he had a similar attack. The draught

AME,

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						was repeated, & the whisky and milk continued, with raw eggs. At 10·30, he had another attack the quantity of blood passed being much smaller. The draught was from this given every two hours through the night.
17-85						He had a fair night, was quiet, being under the influence of opium, and passed only a little blood, It dribbles away involuntarily. He is much weaker the lips are very pale & the pulse small. He can scarcely swallow the small quantity of fluid when put into his mouth.
						Died at 5 P.M.
						At the necropsy 18 hours after death the following appearances were noticed.
						The Rectum was much thickened in its walls, The mucous membrane was dark and slightly congested. There were numerous patches composed of granular matter of a dark brown colour, raised above the mucous membrane. These patches was not composed of blood vessels. In one or two of them there was a depression in the centre. The shape was irregular. The large intestine was spotted over with very numerous small ulcerated patches in a few instances the ulcers were deep, (in one or two almost perforating) but the majority of them were shallow. There was a little congestion of the mucous membrane.
						The Kidneys were cirrhotic.

NAME, Joseph Ponsonby Steel No. 1224

Admitted, 7 December 1871 Pr. Ad.

Sex, Male Age, ~~46~~ 42 Marriage, Single Occupation, Clergyman

Education, Religion,

Private or Pauper, Private Where from? Dumfries

HISTORY.

Causation.

Disposition Gentle & Quiet

Habits Steady & industrious

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Over study

Symptoms. First.

Mental Suspiciousness & irritability: Dirty habits: Drinking his urine - Eating his soap &c

Bodily

Symptoms. Recent.

Mental Restlessness, increased irritability. Violence to his attendants obscene Conversation

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 20 years

Other Facts or Remarks During his residence here he has become more & more demented. He performs summersaults & walks down frequently but not apparently to pray - He is obstinate & rarely speaks. His bodily health is good

Facts of Medical Certificates Depression - incoherence - Imagines head washing with urine has the effect of preventing attacks made on him by his neighbours

NAME Joseph Ponsonby Steel

STATE ON ~~ADMISSION~~. 8 Feb 1886

Exaltation

Depression

Excitement At times becomes talkative

Enfeeblement Unable fully to understand what is said to him. Cannot carry on a Conversation - Enfeeblement of will.

Memory Impaired. Cannot remember recent events.

Coherence Impaired Can answer questions? Yes

Delusions

Other Abnormalities Is unable to look after himself. Requires to be fed &c.

Appearance Spare - fairly well nourished

Skin Healthy Hair Light Yellow

Eyes Brown Pupils Of Moderate Size - Equal

Muscularity Moderate Fatness Moderate

Nervous System—*Motor* Functions good,

Sensory Tactile Sensibility good

Reflex Action Diminished Special Senses Moderately acute

Retina

Lungs Chest large. Lungs healthy

Heart Healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has posterior Incurvations of the Spine

Appetite Small & Capricious

Urine S.G. 1028 Acid & Somewhat turbid

Menstruation

Pulse 80 & good strength Regular Temp. 97. 6. 2.30. p.m.

Height 5 ft 7 in Weight 10 St 10 lbs

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME. James Ponsonby Steel.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7·3·85		97·8		70	151.	Is demented. Takes little interest in anything going on around him. Writes out Biblical texts in a note book in strangely formed capital letters, but cannot remember what he has written. Has no affective feeling and betrayed little emotion on hearing the death of his mother a few months ago.
2·5·86.						Mr. Steel continues in good bodily health. He is a good walker and in company with a fellow patient he has parole within the grounds. Mentally he is deep in dementia. He writes for hours without a drop of ink in his pen. Kneels down to pray at a chair with perhaps a novel before him instead of his prayer book. He is found in the attitude of prayer in all corners although he does not take any part in conversation; he listens to what is said by those occupying the same room and sometimes surprises them by asking a question relating to the subject in a very sensible and indeed intelligent manner.
19·5·86.						went to Kirkmichael.
6·7·86.					153.	Mr. Steele is still at Kirkmichael. He is
12/12/86					145	in good bodily health.
20/5/87.						Mr. Steel remains in good bodily condition & is unchanged mentally. He rarely is heard to speak except when he is sent out to exercise he sits at a table with an open bible before him but never turns a page. He has parole with Mr Barrington another patient.
14/9/87						Mr. Steele has returned from a stay at Kirkmichael. His bodily health is good, and his mental state unchanged. He enjoys a game of whist in the evenings.
14/12/87					156	Mr. Steele continues in good health. He will not answer questions. He spends all his time indoors sitting at the table, contemplating an open bible. He walks out regularly with Mr. Barrington: some sort

NAME, James Ponsonby Steel.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						of companionship exists between them, although they never appear to speak to each other.
30/3/88					159	Mr. Steel was confined to the house with a severe cold lately, but he is now quite recovered, and able to go about as usual.
20/88					159	Continues in good health. Has been at Kirkmichael.
15/88					154	
23 Feb 89						Has been in good health so far this winter + thoroughly enjoys himself in all the amusements. He is very quiet + solitary but he dances a great deal + is very fond of a game of whist + of reading ~~the~~ or pretending dread.
23 April					156	Still doing well.
July 30th 89					159	Still the same as above mentally. Physically he has been in good health this summer.
Aug 6th 89						Went to Kinmount,
Aug 30th						Returned from Kinmount to-day somewhat benefited physically by the change.
Sept. 30th					156.	Continues in good health. Is silent, weak-minded, refuses to answer question and sits pretending to read all day. Liable to misbehave at table unless corrected.
July 18 1890						Was sent to Kinmount to day. — in fair health — is very demented — still at table d'hôte, but requires some attention like a child.
Sept 3th/90						Returned from Kinmount to-day with mental condition unchanged
10th April 1891						Mr. Steel is in good health; will not answer questions; quite an automaton; sits with an open bible in front of him but does not read it; occasionally drops down on his knees when walking along the gallery.
8.3.92						He continues in good health: no change mentally.
12.[illegible]						No change.
30.5.93						Good bodily health Mentally the same
25.10.[illegible]						Has been removed from table d'hôte as he took to saying his prayers on his knees during meals. Bodily health good.

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NAME, James Gray No. 1230
Admitted, 8 December 1871 Pr. Ad.
Sex, Male Age, 45 Marriage, Married Occupation, Grocer
Education, Religion,
Private or Pauper, Private Where from? Gatehouse

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Jealousy of his wife

Symptoms. First.
Mental
Bodily

Record.
Mental Violence to his wife both in language & actions
Delusions that she is unfaithful to him
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous To his wife principally
Duration of Existing Attack
Other Facts or Remarks After his admission the mental tendencies were of a religious nature. He considered that he had been appointed to show others the right way & to convert them & writes appeals to them to mend their ways. He refuses to attend chapel as the organ renders the place "unclean" Little change has occurred in his mental state — His bodily health has been good

Facts of Medical Certificates

Excitement, rambling conversation. Exalted ideas about himself E.g. That he is the only sane, just & righteous Man in Gatehouse. Delusions that his wife is unfaithful to him.

NAME James Gray

STATE ON ~~ADMISSION~~. 16 Dec. 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement The memory and powers of judging are impaired

Memory Perverted. Remembers distinctly he had seen a person in a town in Lanarkshire who had never been there

Coherence Good Can answer questions? Yes

Delusions That people come to his bed at night & commit improper actions on his body

Other Abnormalities He is morbidly suspicious & declines to speak about himself

Bodily.

Appearance Medium height, Sallow complexion. Ill nourished

Skin Healthy Hair Greyish black

Eyes Blue Pupils Equal but Small

Muscularity Moderate Fatness Moderate

Nervous System—*Motor* Functions normal.

Sensory Has unreal sensations of touch about the anus Believes that people commit improper actions on him at night

Reflex Action Moderately good Special Senses Sight & hearing impaired

Retina

Lungs Chest narrow & contracted at the lower part. Breath Sounds feeble - Respirations normal 17. per min.

Heart The Cardiac action is weak - The first sound is lowered in pitch

Tongue Clean Bowels Confined

Other Organs, Abnormalities, Bruises, &c. He suffers from internal Haemorrhoids which occasionally bleed

Appetite Moderately good

Urine S.9 1024 acid. No unusual constituents.

Menstruation

Pulse 78 per min. feeble but regular Temp. 98° 10 p.m.

Height 5 ft. 5 in Weight 9 Stn

Disease Monomania of unseen agency *Skae's Classification*

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME, James Gray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7·3·86.		98·7		78	125	Has the delusion that people come into his bed at night for the purpose of committing improper actions upon him. He is distant and somewhat suspicious in his conduct. His judging powers are impaired and he is apt to see double meaning in the most harmless conventional phrases.
2·5·86.						Mr. Gray continues the subject of the delusions mentioned above. He is silent and suspicious in his manner. His bodily health is good. He is indolent.
5·6·86						No change in Mr. Gray's condition.
4·7·86						Mr Gray has parole within the grounds. He is quiet and methodical in his habits and gives no trouble.
14·9·86.					128	No change in Mr Gray's condition. He has a fixed expression of slight melancholy. Does not mention his delusions.
14/12/86					130.	
31/8/87						Mr. Gray continues in the same state. He enters into a conversation readily, and propounds unintelligible doctrines about the English language & literature generally. He quotes Scripture texts, and endeavours to apply them to his circumstances here. He does not speak of his delusions.
14/9/87					124	
14/12/87					122	Mr. Gray continues in good health; and is quiet, idle, and self-absorbed. He propounds somewhat meaningless doctrines in a mysterious way, and evidently considers himself a person of great intellectual power and penetration. He has a habit of writing down remarks on scraps of paper, and showing them to others with an air of wisdom. He expresses no delusions or suspicions.
30/3/88					123	
20/7/88					123	No change.
15/9/88					124	
23rd Feb 89						Mr Gray always seems quite happy & contented. Sometimes of speaking about the wonderful things he could do when he was young, & he could show some things even yet.
23 April					122	No change
July 31st 89.					122.	There has been no change lately in the physical & mental state of this patient.

NAME, James Gray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept. 30th 89.					126.	Is in good health physically. Still sits all day sleeps absorbed & silent and is getting gradually more stupid.
July 1890.						No change.
1st Decr 1890.						No change.
1st April 1891						He is at present at Kinmount where he spends most of the day in breaking up and spreading out cow dung in the parks. He has great ideas of his intellectual powers, and is very fond of talking about the great things he did in his youth.
6.2.92						Transferred from Kinmount to Hannahfield
3.3.92						Transferred from Hannahfield to Kinmount. No change mentally: is in good bodily health.
1.11.92						Still at Kinmount No change.
5.7.93						Still at Kinmount No change
5.10.93						No at Richton Burrows in ash heaps &c Writes texts on scraps of filthy paper &c
1/6/95.						Has just returned from Kinmount. Writes incoherent rubbish about ladies bonnets houses money etc. When at Kinmount he used to gather up the sticks etc in the park lest the rabbits should fall over them. Physically he is pretty well.
7/9/95.						Is as incoherent as ever & is unchanged mentally or physically.
7/12/95.						Still continues to write incoherent notes. Mentally remains in statu quo
March 8th 97.						Mr Gray still writes incoherent sentences in front of the sleeps at Hannahfield. Bodily health good. Appetite fair sleeps well and walks out every day. Mentally he is just the same.
June 1st 1897.						Mr Gray is in fairly good spirits & health. Quite quiet & contented still writes rubbish on the sleeps at Hannahfield. Sleeps well. Mentally his condition remains unaltered.
5 Mar 97.						No change.
7 June 98.						Mr Gray is wonderfully well sleeps & eats well altogether much in his former condition.

SEE CHRONIC CASE BOOK

NAME, James Duff No. 1671

Admitted, 1st January 1872 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Woodman

Education, Religion, Protestant

Private or Pauper, Private Where from? Closeburn

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; excitability; incoherence; delusions; exaltation of ideas

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack Four hours

Other Facts or Remarks For sometime after admission he was in a state of acute excitement noisy; restless sometimes violent. From this he so far recovered as to get out on probation in October /72 but returned in 3 months quite changed being obstinate & morose, demented & incoherent in speech & evidently suffering from delusions. Within a year he had passed into a state of Dementia which has gradually become more & more marked up to the present date, unrelieved by any attempt at rallying in his mental powers.

Facts of Medical Certificates 1. (a) He is in a state of acute Mania; very violent & dangerous to attendants. Keeps repeating Psalms & passages of Scripture, singing and vociferating at the height of his voice & has a delusion about having received a shock from heaven

(b) His father has observed him to be about for a few days back. He was acutely seized in church on Sunday when he became very violent and could with difficulty be removed

2 (a) His excited appearance & manner, rambling and incoherent speech & violent appearance

NAME James Duff

STATE ON ~~ADMISSION~~. 7.7.85

Mental.

Exaltation Becomes at times excalted, laughs and sings.

Depression

Excitement

Enfeeblement He is apathetic, pays no attention to anything said to him, and cannot answer questions

Memory Poor. He cannot tell how long he has been here

Coherence Can answer questions? No

Delusions

Other Abnormalities He is at times dirty in his habits.

Bodily.

Appearance He is moderately well nourished.

Skin healthy Hair brown

Eyes blue. Pupils equal

Muscularity moderately good. Fatness moderately good.

Nervous System—*Motor* functions sluggish

Sensory Sensibility to touch diminished

Reflex Action diminished Special Senses dulled.

Retina

Lungs healthy Respirations 16 per min

Heart healthy

Tongue He will not show it. Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good

Appetite good

Urine straw. yellow. s.g. 1019. acid. Precipitates phosphates on boiling

Menstruation

Pulse 66. of moderate strength. Temp. 96.2. °Fh. 3.15 p.m.
regular

Height 6ft. ½ in Weight 134 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME, James Duff.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
17-6-85		97.		70.	133.	There has been no improvement in this patient since last report. he is much enfeebled mentally. cannot answer questions. and sleeps a great deal. He works outside with the barrow party.
9-2-86						The dementia is very profound - An attack of erysipelas has followed a slight abrasion of his right heel and is being treated with Tr Ferr Perchlor
25-2-87						This attack of erysipelas has now been removed
15-3-87						A large abscess of very deep origin is beginning to show itself in Scarpa's triangle on the right thigh
10-4-87						This abscess on being opened was found to occupy all the subcutaneous tissue between the head of the femur & the surface & extend through the flexor & adductor muscles in connection with the hip joint caused but no small artery - a branch of the femoral - must.
13-5-87						The patient is now more moving about. The abscess was of long continuance discharging freely notwithstanding the escape effected by several incisions. Eventually the induration in the part was removed by a pad & bandage The physical condition of the patient is now very poor & her mental state is one of profound apathy & dementia
23 Dec 1887.						J. D. is still in a condition of deep dementia - nothing will induce him to speak. He is a big stout lump of a creature who takes no interest in anything & cannot look after himself.
30 March 1888						This huge dement is a most filthy patient & also needs raising at night - no change in his mental state
20 June 1888						This filthy dement is much the same - no alteration.
1 Octr						Still dirty in his habits & deeply demented - he never speaks. He is at times dangerous.
18 Decr						This giant is much as before.
30 Mar 1889						He is a very dirty fellow & deeply demented.

NAME. James Duff.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 July 1889						He is much the same.
10 Septr.						Last week this man was a little sick but it passed off in 2 days & he is well again.
18 Novr.						He is a filthy man still & is quite demented. He works at the barrows.
15 March 1890						He is as demented as ever — very dirty & looks a picture of weakmindedness.
10 June						no change.
18 August						He is still silent & dirty in his habits. Health fairly good.
1 November						Same state - works out of doors at the barrows.
27th Oct 1899:-						Sent to day to Farm annexe
5th July 1900:-						Returned to day as being unfit to look after himself in an outhouse yet dirty.
July 25th 1900:-						Is demented past work & past doing anything for himself, idle, dirty, and always inattentive to any calls of nature. Bodily health is running down.
January 19th 1901 -						No change: In poor health: must enfeebled mentally: has no initiative no mental energy & rarely speaks. Dirty both by day & night if not constantly watched.
June 16th 1902						No change.
1903 March 1st						No change mentally. In failing health.
May 10th						Died today.

Died
10th May 1903.

NAME, James Herriott No. 1240

Admitted, 12 April 1872 Pr. Ad.

Sex, Male Age, 41 Marriage, Married Occupation, Landed Proprietor

Education, Religion,

Private or Pauper, Private Where from? Coldingham-Law Berwickshire

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Excessive use of Stimulants

Symptoms. First.

Mental

Bodily

Recent.

Mental Delusions that his property is not his own. Excitement in which he has run after his servants for the purpose of doing them bodily harm

Bodily

Insane Habits and Propensities

Suicidal Threatens to be

Dangerous Yes

Duration of Existing Attack 12 years

Other Facts or Remarks After residing here 4 months he was liberated on probation. He went to the Continent but was soon brought back in a state of Mania. He was at times violent without apparent cause. He spoke a great deal & appeared to hear false voices speaking to him. Of late years he has become more tranquil & now never assaults anyone. His bodily health has been good

Facts of Medical Certificates

Paroxysms of Excitement in which he has threatened the lives of those about him. Is unable to manage his affairs & speaks incoherently. Has delusions that he is in great poverty & that his property is not his own

NAME James Heriot

STATE ON ~~ADMISSION~~. 22 Dec. 1884

Mental.

Exaltation

Depression

Excitement Has occasional periods when he talks a great deal to himself & replies to the false voices he hears, in angry tones

Enfeeblement Conduct indolent. Little energy or inclination to do anything involving mental exertion - Conversation at times

Memory Impaired. Does not know how long he has been here. Nor the days of the month

Coherence Impaired Can answer questions? Simple ones

Delusions States that he saw a face last night on the mantle-piece. that the face remained for some time but did not speak

Other Abnormalities

Bodily.

Appearance Stout, well built

Skin Healthy Hair Grey

Eyes Grey Pupils Equal

Muscularity Moderate Fatness Considerable

Nervous System—*Motor* There is incoordination of the articulatory (muscles

Sensory Tactile Sensibility diminished

Reflex Action Moderately good Special Senses Has hallucinations of hearing

Retina

Lungs Chest-large. Lung sounds healthy

Heart Healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy

Appetite Good

Urine S.g. 1016. bright yellow. acid: no abnormal constituents.

Menstruation

Pulse 72 Reg: of good strength Temp. 98°.1 11 a.m.

Height 5ft. 8in. Weight 184 lbs

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes.							Yes	Yes

NAME. James Herriott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9·3·85.		98·1		76	185.	Is in a state of Secondary Dementia. He is quite contented and has a moderately strong feeling of well-being, laughing a good deal to himself and indulging in peculiar guttural sounds evidently expressive of satisfaction as they are accompanied by laughing. He is fond of smoking and his chief desire is to obtain more tobacco. He has hallucinations of sight (seeing faces in the walls) and of hearing. (he hears voices speaking to him, which he answers at considerable length in a low tone of voice) His bodily health is good.
2·5·86.						Mr. Herriott continues to enjoy very good bodily health.- He is very fond of his pipe and of a seat at the fire side. He is at present at Kirkconnel where he spent the autumn of last year- He shoots but is not a good shot.- He has hallucinations of sight and of hearing- He talks to the beings who haunt him in a most interesting manner, and laughs them to scorn.
5·7·86						Mr. Herriott is still at Kirkconnel. He
14/9/86					180	is in excellent bodily health. Mentally
14/12/86					174	he has made no improvement.
14/9/87					165	Mr. Herriott is in good bodily health. He is gradually becoming more deeply demented.
14/12/87					167	No change to report.
20/3/88					169	Mr. Herriott is quite demented, and has no wants or troubles as long as he is liberally supplied with strong tobacco.
20/7/88					167	Mr. H. has some delusion regarding his wife. He will not admit her existence, and when her name is mentioned always says "No such person, sir; case of mistaken identity, sir."
15/9/88					168	
23/12.89						Still the same, stupid chatter nonsensically. A worm was removed from his head the other day, & he wants to take possession of the "bullet".
23 April					167	No change.

NAME, James Heriott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 30th 1889.					163	Is at present in ~~pretty~~ very poor ~~good~~ health but at times suffers from attacks which by the symptoms points to biliary colic. After one of these attacks he is constipated - has to have enemata which bring away quantities of very dark foecal matter. No gall-stones were found however. During these attacks he nearly faints often and sickens - having to support himself if walking or to lie down. When ill now, to avoid going upstairs he has his meals and lives in the Low East. On July 19th went to Kinmount and had to return on the 27th owing to an attack of colic.
Sept 30th 89.					163	He is still liable to these attacks of biliary colic. Mentally he is the same as he was. Does not come to Table d'hôte now but has to dine by himself.
May. 9th 1890.						Physical health fair. Mr H. attracts very little notice & is very quiet as a rule. Was sent to Kinmount to day.
26.						Returned from Kinmount with Dr Black & Mr McCohir (head attendant) to 1st house. Dr Black went out the night before, as he was so ill, & found him suffering from paroxysms of colicy pain in hypochondriac regions. He would not take medicine, merely some whisky. Motions were tarry in colour.
27						Improved, - but still in bed. Takes milk & eggs for food.
30th						Still in bed, but no more pain.
June 15th						Is up during most of day now. Has had no more pain nor anginoid attacks. The skin over buttock is irritated, & he scratches it - is having Ung Zinci Oxide & lard, & Bismuth.
July 20th						Now in L. E. Gallery.

see p 824.

343 15/1/09. In case of illness or emergency send Ltr sent to The Rev. Mr Strachan. The Manse Waterloo Place Dumpies

NAME, Harry Wilmot No. 1250

Admitted, 2 July 1872 Pr. Ad.

Sex, Male Age, 33 Marriage, Single Occupation, Gentleman

Education, Religion,

Private or Pauper, Private Where from? Lunatic Hospital Liverpool

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated Lunatic Hosp: L.pool

Hered. History—Insanity His father suffered from organic brain disease before death

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Sometimes

Duration of Existing Attack 20 years

Other Facts or Remarks During his residence here he has been in a state of Dementia with occasional outbreaks of excitement. He has occasionally suffered from abdominal Symptoms (not specified) but otherwise he has had good health

Facts of Medical Certificates Insensible does not comprehend the meaning of any question put to him. When asked where he came from he replied "Anywhere"

NAME Harry Wilmot

STATE ON ~~ADMISSION~~. 22 Dec. 1884

Mental.

Exaltation

Depression

Excitement At times becomes excited & swears a great deal - Has threatened to strike

Enfeeblement His Conversation is rambling & unconnected - He takes no interest in anything. Has little Self-control

Memory Impaired

Coherence Do Can answer questions? Not always

Delusions

Other Abnormalities His manners are childish. He often laughs boisterously without apparent reason

Bodily.

Appearance Tall - Healthy - Vacant Expression of Countenance

Skin Healthy Hair Brown

Eyes Grey Pupils Equal. Small

Muscularity Good Fatness Moderate

Nervous System—*Motor* Functions moderately good.

Sensory Cutaneous Sensibility moderately good

Reflex Action Mod. good Special Senses Average

Retina

Lungs Healthy. Respirations 17 per. min.

Heart Apex beat normal. Heart Sounds - healthy

Tongue Clean & moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There is a groove in the Skull between the parietal bones.

Appetite Good

Urine S.g 1020. bright yellow, acid. No albumin.

Menstruation

Pulse 78 per min. Of good Strength Temp. 97° 2-30 p.m.

Height 5 ft. 9 in Weight 12 St. 4 lbs

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes

NAME. Harry Wilmot

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85		96·9		70	168	Is demented; laughs meaninglessly, cannot carry on a conversation. his memo is bad; he answers questions incoherently. His bodily health is good.
2·5·86.						This patient has not changed much since last report. He is hopelessly demented. His bodily health is fair. He stands in a corner of the gallery all day if allowed to do so. He will not sit down or remain in the sitting room with the other patients. Through the winter he suffered from venous congestion of the hands and feet, owing to cold and long standing in one position.
19·5·86.						Went to Kirkmichael. Has been obstinate and excited, and rather unmanageable lately.
29·5·86.						He returned from Kirkmichael today, being too difficult to manage there.
4·7·86.						Mr Wilmot has now settled down and is quiet and harmless. He stands nearly always at the end window of his gallery. He does not care to sit down. His circulation is now improved.
14·9·86.					149.	
14/12/86					144	
14/9/87					166	Mr. Wilmott is in good health. He has given up the habit of standing, and is always to be found sitting or lying on the seat at the end window of the gallery. He is quiet, but has a habit of laughing aloud without cause.
14/12/87					162	He is still always to be found at the gallery window, and cannot be persuaded to enter the sitting-room even in the coldest weather. He laughs much less frequently. He is in fairly good health.
20/3/88					166	No change to report.
20/7/88					169.	Is in good health. Mental condition unchanged.
15/9/88					176	
8/11/88						He is rather quieter at present, talking and laughing to himself a great deal.
23/April 89					171	He is not fairly quiet. Always solitary.
July 30th 89.					169	Still quiet and solitary in his habits.

NAME, Harry Wilmot.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
	1889.					
Aug 16th						Went to Kinmount to-day.
Aug. 22nd						Returned from Kinmount to-day looking well and benefited by the change of air.
Sept. 30th					169.	Still quiet, reserved and solitary. Sits all day doing nothing and has a habit of laughing loudly without cause.
10th May 1890						~~[illegible]~~ Mr Wilmot escaped from the grounds at Kinmount, (where he had just been sent ~~to~~ yesterday). to day. He was found next day (11th) at Gretna, and was brought back to Kinmount on the 12th. as Gretna Police only telegraphed to the Crichton on the morning of the 12th
19th May 90						Returned from Kinmount - No change - indolent, untidy, & solitary.
19th Aug. 1890						Mr W. is very noisy at night.
17.12.90.						He is occasionally noisy at night, and jumps out tin to his bed: he talks & laughs to himself.
6.7.91						Went to Kinmount to-day.
9.7.91						Returned from Kinmount to-day, having been restless, resistive & obstinate.
5.3.92						He is in good health, having stood the recent cold weather very well. Is quiet at present: is given a good purge occasionally which has a good sedative action.
2.11.92						No change.
30.5.93						At Kinmount In good bodily health. Peculiar impulses at times e.g when walking along to prayers in the morning he will rush to a corner & pirouette once then resume his stately walk.
5.10.93						Absolutely no change. Did not stay long at Kinmount.
15/5/95.			80.			Does not sleep well at night & has been known to fall asleep standing on his feet. Emits rending cries at night. Pulse fair. appetite good.
7/4/95.						To-day Mr Wilmot who was at Kinmount

857.

NAME, Alexander Forbes — No. 1728

Admitted, 26th September 1872 — Pr. Ad.

Sex, Male — Age, 26 — Marriage, Single — Occupation, Teacher

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Kirkdale

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Suspicionsness; excitability; delusions

Bodily

Insane Habits and Propensities Masturbates

Suicidal

Dangerous

Duration of Existing Attack A few days as far as known

Other Facts or Remarks On admission he was much under the influence of delusions & very suspicious. This latter symptom rendering him sometimes violent & dangerous. Since that time he has gradually passed into a morose, taciturn & haughty state of mind, disdaining to speak to any one. He has for some time shewn symptoms of dementia specially after a peculiar taunting attack he had in March 1883 from this he never totally rallied.

Facts of Medical Certificates 1. (a) Delusions He believes he hears voices & thinks people are wanting to kill him (b) Violently excited Threatens violence struck with a hammer & attempted to bite

2. (a) That he suffers from a morbid apprehension of danger & has delusions eg. that he is going to Africa to catch fish

NAME Alexander Forbes

STATE ON ~~ADMISSION~~ 7·7·85.

Mental.

Exaltation

Depression

Excitement

Enfeeblement When spoken to he often laughs in a silly purposeless way.

Memory Moderately good.

Coherence Average Can answer questions? Will not

Delusions States that he feigned insanity in order to be put beyond the reach of people, who wished to kill him.

Other Abnormalities He is taciturn, suspicious and solitary

Bodily.

Appearance He is moderately well-nourished.

Skin healthy Hair brown.

Eyes brown Pupils dilated, equal

Muscularity good Fatness good

Nervous System—*Motor* functions fairly well performed.

Sensory sensibility to touch slightly dulled

Reflex Action diminished Special Senses of average acuteness

Retina

Lungs healthy. Respirations. 20 per. min.

Heart healthy.

Tongue covered with a white fur Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are fairly good.

Appetite good

Urine

Menstruation

Pulse 84. of good strength, regular Temp. 98·0°Fh. 3·15pm

Height 5ft. 6in. Weight 126lbs.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes.	

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NAME, Alexander Forbes.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10.6.85		96.7		78	126.	This patient is unsocial: he keeps himself to one end of the gallery, and when addressed sometimes laughs but rarely answers, as a rule he turns aside and walks off. He works with a garden party.
3-12-86						He speaks very little & then only in monosyllables to a garden worker he is diligent & trustworthy.
5-5-86						A slight attack of fever has ensued. The patient's heart's action is very feeble & the sounds are distant. Enlargement of the cardiac area cannot be made out. Constipation taken, diaphoretics & diuretics are being exhibited. His mental state is somewhat improved. He talks intelligently about his health but refuses to converse on any other subject.
8 Oct 1887.						A. F. is quiet & speaks little. A day or 2 ago he had a severe attack of diarrhoea with signs of collapse but has now quite got over it. He is a thin weakly looking man - unsociable & unwilling to answer any question. tho' he will say a little about his health.
2 Jan 1888.						A weakly man - very unsociable & at times irritable. His health is bad. He works in the Garden.
30 March 1888						He is subject to attacks of diarrhoea with signs of collapse - Whiskey puts him right.
20 June 1888						Generally Quiet & weak minded - he works in the Garden
10 October						He is weak minded & very susceptible to flattery but almost never speaks. He is in weak health.
18 Dec.						This man is quiet & will not do more than say "yes" or "no"
30 Mar. 1889						He is silent & at times irritable. He is silly & silent - can scarcely be got to speak.

Alexander Forbes No 1728

Admitted 26 Sept: 1872 Case Book No 128ca Page 319
Sent to annexe 27th Oct - 1899 1 - 347

December 18th 1899:- In fair physical health. Mentally a quiet inoffensive dement. Cleanly and easily managed, generally half dozing. Sleeps & eats well.

February 17th 1900:- Quiet & easily managed: Has given no trouble in any way: very enfubled - Idle.

July 20th 1900:- He does the polishing & housework at the annexe and gives no trouble: a quiet dement: rarely speaks.

January 15th 1901: In fair health: He looks thin & somewhat flushed at times but there is no active disease. Quiet dement a very fair worker.

January 28th 1902:- In fair health. Still very thin and hectic looking, the apices are dull and there is some roughness on percussion but no moist sounds. Mentally enfubled.

January 10th 1903: Keeps in fairly good health. Quiet & enfubled mentally. Makes himself generally useful & polishes the Brass &c in bathroom.

July 10th 1903: No change in any way. Seems contented & easily guided. Useful & industrious.

January 16th 1904: In the same enfubled state mentally. Seldom speaks - a useful housework. Thin & delicate looking but keeps in fair health.

5 Nov 26 On the whole shows no change. Every month takes a turn when he hears voices & speaks back to them.

1907. 11. mar. No change in this man. He is still at the farm. He is demented & has delusion of persecution.

over.

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DATE.

10.6.85

3-12-

5-5-

8 Oc

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18

NAME, Alexander Forbes.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
July 1889					This man is silent – he will scarcely reply to a question.
0 Septr.					He still works in the Farm.
8 Novr					His bodily health is ~~not~~ good but he is very far from robust. He is demented now.
15 March 1890					This man works on as before and is silent & silly.
10 June					No change.
18 August					He is quiet but his bodily health is better & he is rather stouter.
1 Novr					Same state.
27th Oct 1899					Sent to day to Farm Annexe —

also see notes 1904-5 page 25 Chronic Case Book

See leaf inserted from Farm Annexe note Book.

Dunn 1908.	No change in this man's mental state. He looks fairly well nourished physically.
1st Nov. 1909	Physical – old injury & margin of pupil of right eye. Heart somewhat feeble. Abdomen prominent & fatty, liver possibly enlarged. Urine contains sugar in moderate amount mental. Delusions of persecution. says "I'm struck at during the night when I'm asleep" – "cant remember who does it" – "put my head swollen in the morning" Incoherent. – Salt. – answers very slowly & has no idea of date. Think it is 1910 year. He is considerably demented. Dated Transferred to Male Hospital from farm buildings
5th Feb. 1910.	Forbes remains in fairly good health with the exception of aglycosuria which is still present in moderate amount He is not losing weight. Mentally demented, with vague delusions of persecution.
6th Nov. 1910	Died suddenly after an illness of 4 days during which he had no definate symptoms beyond a slight rise of temperature P.M. Extreme fatty change of myocardium Rupture of right ventricle

see

DIED

NAME, Angelo Dunand No. 1268
Admitted, 19th November 1872
Sex, Male Age, 35 Marriage, Married Pr. Ad. Occupation, None
Education, Religion,
Private or Pauper, Private Where from? London

HISTORY.

Connexion.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated Dartford
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Intemperance

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack 12 years
Other Facts or Remarks During his residence here he has had delusion of grandeur E.g. He imagined himself King of Scotland Pope of a large portion of the world - His dress is neat & eccentric - his manners polite & his conduct exemplary His bodily health has been good

Facts of Medical Certificates He stated that he had come to Carlisle to enquire into the conduct of the tailors who supply the police with clothes. which are paid for by his brother in law & that unless the matter is set right the police will resign right & left - all the clothes misfitting - That he preferred walking through the clouds to walking over hills

NAME Angelo Durand

STATE ON ~~ADMISSION~~: 22 Jan'y. 1895

Mental.

Exaltation: Believes that he is the King of Spain & owner of part of the Institution & that he led the Northern Army in the American war & is a great warrior

~~Depression~~

Excitement

Enfeeblement: There is General Enfeblement of mind. Occasional incoherence of Speech

Memory: Of recent events impaired

Coherence: At times — Can answer questions? Yes

Delusions: That he is King of Spain & that Dr. Rutherford was the Captain of a Ship in which he went to Australia - Has other delusions of identity

Other Abnormalities: He is dignified & dresses in as regal a manner as possible wearing a cocked hat & carrying a small stick as Sceptre

Bodily.

Appearance: Small florid Complexion

Skin: Healthy — Hair: White

Eyes: Grey — Pupils: Equal

Muscularity: Moderate — Fatness: Small

Nervous System—*Motor*: Good

Sensory: Cutaneous sensibility - Good

Reflex Action: Good — Special Senses: Moderately Good

Retina

Lungs: Chest Small. Lungs healthy. Respirations 18 per min

Heart: Apex beat normal in position. Heart Sounds healthy

Tongue: Clean — Bowels: Regular

Other Organs, Abnormalities, Bruises, &c.: The head is small. narrow in its transverse diameter

Appetite: Good

Urine: pale yellow S.G. 1021 acid. Normal in Re action

Menstruation

Pulse: 76 per min. Of mod. Strength — Temp.: 98.2. 10 p.m.

Height: 5 ft. 4 in. — Weight: 8 St 2 lbs

Disease: Monomania of Grandeur — *Skae's Classification*

General Bodily Health and Condition: Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME. Angelo Durand.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9·3·85.		97·5		75	115.	Has many delusions of grandeur and of other people's identity. States that he is the King of Spain and Emperor of China and that many of his fellow patients are Dukes & Counts, whom he has created by transfiguring them. His manners are dignified and polite. He is extremely neat in his dress, wears at times a cocked hat and carries a small stick to represent his sceptre. His bodily health is good.
3·5·86.						Mr. Durand is quite happy and contented so long as he does not want for a smoke. He is fond of the amusements particularly the dances. He confers titles and distinctions and pensions upon all who serve him faithfully. His delusions of grandeur continue. He thinks Queen Victoria is his wife, and talks of meeting her at his palace at Kirkmichael.
5·7·86.						He is very particular in his attentions to an imbecile of the opposite sex with
14/9/86					115	whom he dances every dance, plays games of cards for two, dominoes &c. at the evening parties. He introduces one to her as to the Lady Flora. He says she is his wife and he only waits for
12/12/86					110.	the gate pass to leave the place with her.
14/9/87					113.	Mr. Durand continues in good health. He retains his old delusions. He is in momentary expectation of release, and says he is willing to forego his titles for the sake of his freedom. Accordingly, when asked who he is, he replies "Angelo Durand."
14/12/87					113	Mr. Durand is in his element during the season of dances and drawing-room parties. He has renewed the acquaintance of the lady whom he designated "Queen of Spain" last winter, and is very attentive to her at the parties. In one occasion when she was absent he indignantly demanded to know where she had been

NAME, Angelo Durand

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						secreted. He is in good health, but suffers from severe chil- blains.
6/3/88					116	Mr. Durand is in good health and spirits. His delusions are unchanged.
4/8/88					117	Returned from Kirkmichael today, in good health and spirits.
2 Feb. 89						He is good health & seems the quite happy. He is found of making large calculations on a slate & spends some times on this busy day.
23 April					116	No change
July 30th '89.					116	Still the same mentally. Was so freely at table-d'hôte that he had to leave. He has not returned.
						July 9th went to Kinmount.
Aug 6th					113	Returned from Kinmount to-day.
Sept. 30th					113.	No change. Suffers somewhat from chilblains at times. Still full of delusions of grandeur, and identity.
1890						
May. 9th						No change. Was sent to Kinmount to day
June 17th						Returned from Kinmount to day
7.91						No change: full of delusions of grandeur. He is his element at the dances and card parties. He always gentlemanly in his behaviour. Went to Kinmount to-day
10.91						Returned from Kinmount to-day: he states that the place belonged to him, and wonders why his butler did not have the cellar better stocked with beer and wine.
3.92						He continues in good health: no change mentally.
8.92						went to Kinmount to-day.
9.92						Returned from " "
11.92						No change — busy with a Ring.
5-93						Has gone North to Kinmount-
10.93						Has been at Carlton for some months. No mental change. He spends his regal dignity of any anyone else in the same house as him in the billiard room
4.95						No change — Mr Durand's mental condition — but he does not speak of his delusions — Has suffered severely from chilblains in the winter.
21/5/95						"The King of Spain" states that his "Roy pl carriage is "Prompt in Paris" — that it is coming over here to remove him to London. On most other subjects he talks sensibly

861.

NAME, William Duff — No. 1750

Admitted, 14th January 1873 — Pr. Ad.

Sex, Male — Age, 26 — Marriage, Single — Occupation, Sawyer

Education, — Religion, Protestant

Private or Pauper, Private — Where from? Sawmill Cottage Closeburn

HISTORY.

Condition.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity: Brother is insane

Other Diseases

Predisposing

Exciting: Supposed sympathy with his brother

Symptoms. First.

Mental

Bodily

Recent.

Mental: Restlessness; Obstinacy; Suspiciousness; Delusions

Bodily: Insomnia

Insane Habits and Propensities: Masturbates

Suicidal

Dangerous: Yes

Duration of Existing Attack: A few days

Other Facts or Remarks: After admission he is described as obstinate, indolent and depressed by masturbation; at times he became noisy & excited and twice effected his escape and returned home. He has been tried on extended periods of probation but without improvement. He has become dull, apathetic, less excited and more demented during the last three years. His bodily health with the exception of occasional dyspeptic attacks, has been good.

Facts of Medical Certificates: 1. (a) He has delusions; thinks his father and other members of the family are conspiring against; would be violent & dangerous if provoked (b) He wont rest at night; has great delusions. Wont reason on any subject; is very obstinate & his father is afraid of him being dangerous

2 (a) Tells me that he suffers from strange feelings in his head That he cannot rest at night On one or more occasions left his home & wandered about the fields during the night Can give no reason for doing so - felt he was obliged to do it

(b) Same as above

NAME William Duff

STATE ON ~~ADMISSION~~ 4. 7. 84.

Mental.

Exaltation

Depression

Excitement Sometimes becomes restless, irritable, and shows violence on slight provocation

Enfeeblement Cannot carry on a rational conversation, is dull and apathetic.

Memory Poor. He cannot say how long he has been here

Coherence Can answer questions? At times.

Delusions

Other Abnormalities

Bodily.

Appearance He is well developed & well nourished

Skin healthy. Hair brown.

Eyes blue. Pupils small. equal. regular.

Muscularity good Fatness good.

Nervous System—*Motor* functions sluggish.

Sensory Sensibility to touch diminished

Reflex Action dulled. Special Senses dulled.

Retina

Lungs Chest transversely constricted at the lower part. Lung sounds healthy.

Heart The first sound is feeble

Tongue covered with a thin fur. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good.

Appetite good

Urine straw yellow. 1023. s.g. acid. No unusual constituents.

Menstruation

Pulse 72. feeble. regular. Temp. 96.°Fh. 3.25 pm.

Height 5 ft. 10 in. Weight 164 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME. William Duff.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
17.6.85		99.1		70.	164.	There has been no improvement in this case since last report. He is listless cannot answer questions and is of poor memory. He does some light outside work.
Oct 12. 1887.						W. D. is silent - can scarcely be got to speak. He worked on the farm & ran away 2cc - trying to reach Closeburn. Was brought back. The other day he shewed signs of collapse & a cold in the head. Some Spirits soon drove this away & he has not been working on the farm since.
3 Jan 1888						Fond of running away. Is not robust. His answers are short to any question. He is lazy.
30 March 1888						This man has hallucinations of sight & hearing & at times is very violent -
20 June 1888						Hallucinations as before. No change in his mental state.
1 Octr						This man shews no improvement. He works on the farm & occasionally tries to escape.
20 Decr						At present full of delusions & will not work - his hallucinations trouble him - at these times he has headache.
30 Mar 1889						His hallucinations continue & he is silent & sour.
1 July						Now in the 3rd Division.
10 Septr						Continues silent & rather "down". He almost never speaks.
18 Novr						He is silent still. His bodily health is not bad but now & then he is liable to attacks of sickness.
15 March 1890						He is silent & down & says little - His hallucinations of sight are constant.

NAME, William Duff.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 June 1890						No change.
18 August						He has a swollen face & the left eye is nearly closed - the face is Erythematous.
1 Nov.						In his usual health & is quite silent. He still has hallucinations of sight.
8th Dec 1899.-						Sent to day as working patient - to Farm Annexe —
April 15-1916.						Died today. cause of death Lobar Pneumonia

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NAME, Christopher Armstrong — No. 1756
Admitted, 20th February 1873 — Pr. Ad. 1551
Sex, Male — Age, 22 — Marriage, Single — Occupation, Labourer
Education, — Religion, Protestant
Private or Pauper, Pauper — Where from? Annan

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. One — Kind Acute Mania
  - Duration about 2½ years — Where treated Southern Counties Asylum
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting

Symptoms, First.
- Mental
- Bodily

Recent.
- Mental Restlessness; incoherence; talkativeness
- Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack

Other Facts or Remarks He is said to have had an attack at 12 years of age (particulars not given) At first he was very violent and noisy but in two years was working steadily and rarely excited. Since that time he has gradually passed into a state of dementia with periods of acute excitement during which he was flushed & feverish and often noisy. These periods have become shorter & milder since 1883.

Facts of Medical Certificates 1. (a) His general appearance, restlessness & excitement crying out to be saved (b) Told by his mother that he is sleepless, is restless wanders about and talks nonsense

2 (a) His general appearance restlessness & incoherent-
(b) Told by his mother of his sleeplessness, restlessness & rambling talk

NAME Christopher Armstrong.

STATE ON ~~ADMISSION~~. 10th September 1885

Mental.

Exaltation Has periods of mild exaltation; increased sense of well being; laughing talking but seldom violent

Depression

Excitement

Enfeeblement Cannot carry on an intelligent conversation or take an intelligent interest in anything

Memory

Coherence Sometimes incoherent Can answer questions? Yes simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Strongly built; well nourished

Skin healthy Hair Reddish-brown

Eyes Grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Walks with a slouch generally sluggish

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs

Heart Normal

Tongue flabby & pale Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 70 per minute Temp. 98·8°F

Height Weight

Disease See Armentia. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Christopher Armstrong.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		97.3		79		This patient has just recovered from an attack of excitement during which he was talkative laughed a great deal and was incoherent, and very restless. Since then he has been working outside.
1-1-87						He is much demented and is generally very facile. His attention to order and cleanliness dis of a very low type. As a rule he is cheerful and contented but short attacks of irritability occur. In his scope of language he is very limited & talks with thickened articulation. He generally calls himself & anyone else 'John'
7-5-87						This is a hard working dement with no idea of personal cleanliness & taking great delight in clearing out the sewage trays. His bodily health is good.
14th Sept. 1887.						Goes out with the squads & works well - is strong bodily & demented mentally. Quiet & tractable - Eats & sleeps well.
Oct 22. 1887.						Has been worse in health lately & excited at times - he is not strong enough to work with the squads & does nothing.
2 Jan 1888						An excitable & quarrelsome fellow - in good health at present.
30 March 1888						A depraved & most quarrelsome fellow - he prefers a fight to peace & is erotic.
20 June 1888						A sexually inclined fellow - he is a troublesome patient at times.
1 October						Still much the same.
20 Decr						This man is quarrelsome & not ~~happy unless he has a fight~~ When he sees Cas~~mons the Carrier~~ ~~he always fights on the spot~~ very strong minded - He is restless at times.

NAME. Christopher Armstrong.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 Mar. 1889						He is quiet at present & works fairly well - at times he is not so quiet - he is demented.
1 July						He is silent & in a state of dementia. His ears are very strange.
10 Septr.						This man is silent and at times restless. He is always resistive.
15 Nov.						His nose & hands are always blue & he is slee resistive & silent.
15 March 1890						He is much as before.
10 June						This man is now in the 3rd Division.
15 August						His face & hands are always blue & cold - he never works & goes about without ever speaking.
1 Novr 1890						Asked for some work today but he is not fit to do it - not being strong enough.
16th Dec 1891.-						Sent today to Farm Annexe.-

See J. Annexe. Case 134. pp. 100.

NAME, Peter Docherty No. 1795

Admitted, 9th August 1873 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Carpenter

Education, Religion,

Private or Pauper, Pauper Where from? Greenock

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 4 months.

Other Facts or Remarks After admission this patient showed symptoms of excitement and stated that he had no relations & disowned his mother. Of late years he has become more demented his bodily health has been good.

Facts of Medical Certificates That he is affected with delusional Insanity.

NAME Peter Docherty

STATE ON ~~ADMISSION~~. 1-10-85

Mental.

Exaltation

Depression

Excitement

Enfeeblement Unable to take an intelligent interest in his surroundings & common intelligently

Memory much impaired - cannot tell his age &c

Coherence Coherent Can answer questions? Yes if very simple

Delusions

Other Abnormalities

Bodily.

Appearance Strong, well developed & well nourished

Skin healthy Hair Brown

Eyes Grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs healthy

Heart Normal

Tongue Brown - chews tobacco Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 96 per minute - regular Temp.

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

NAME. Peter Docherty.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8.6.85		98		71.		The mental condition in this case continues unchanged. He is apathetic and will not speak when spoken to. He works as a joiner and does well.
19-12-85						He is very taciturn when spoken to but at times talks to himself in an incoherent manner
2 Jan 1886						Is demented but ~~as a rule~~ is now quiet - He is in fairly good bodily health. He is dull at times & shuns one's gaze preferring to sneak off to speaking to anyone. He is suspicious.
30 March 1886						No change in this case.
20 June 1886						This man has boils on his legs at present. His mental state shews no change.
1 Octr						No change to record in this man. He is quiet & will not say much.
20 Decr						Still quiet & dull - he is in fairly good bodily health & is mentally in a state of dementia.
30 Mar 1887						This man is quiet & dull - He needs attention & care.
1 July						He continues as before.
10 Sept.						This man works in the joiners shop. He is quiet but does well.
15 Novr						Still working in the shop. He is in good health & is generally quite silent.
15 March						Has diarrhoea & is not taking his food.
18 March						Diarrhoea better. He is mentally much the same.
10 June						Same state
1 November						He is quiet & demented Works with the joiners & gives no trouble.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
28 5-95						Patient died this morning apparently from heart disease.

NAME, Robert Gibson No. 1819

Admitted, 6th December 1873 Pr. Ad.

Sex, Male Age, 21 Marriage, Single Occupation, Gardiner

Education, Religion,

Private or Pauper, Pauper Where from? Gartnavel

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 10 weeks.

Other Facts or Remarks On admission he is described as demented, filthy in his habits, and requiring to be fed by an attendant. He soon improved, his habits became correct and he began to work on the farm. His mental condition has improved so much that he is mentioned as reading a good deal and working with the painter. In '76 he suffered from a sloughing sore throat.

Facts of Medical Certificates That he is delusive.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease Delusional Insanity — *Skae's Classification*
Mania & Melancholia

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Robert Gibson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1886 18 Jan.						This patient is occupied as a painter. He is extremely reserved and reticent and difficult to examine mentally. He labours under a series of connected delusions the broad outlines of which are as follows. At one time when living near Glasgow he accused certain individuals of putting matter into his kettle and teapot to poison him and he was in consequence of this complaint placed in Garbraid Asylum by the express order of the Queen. He now knows that these people did not try to poison him but by some mysterious agency that they succeeded in making an incision into his right side and inserting a rope in it. This rope is the abomination of desolation spoken of in Daniel XI and 31. It is interwoven into the texture of all men but only a few can detect its presence. To see it it is necessary that the rope should be unwoven from the eyes. The individuals who graft the rope on people are men but they are human agents who to many are invisible in his case they are unseen. By this rope the power of Beelzebub is extended over men, by it blood can be drawn off to weaken men, by it those who are in commanded of it can employ it to lead them to find out the haunts of immoral women and by it the human agents shook the health out of the patient's body down to the hips. Beyond a habitual reserve and an avoidance of every opportunity of speaking this patient to most people would appear quite sane. He is intelligent, works well, has a good memory & is very well behaved.
Dec 23. 1887.						Still employed with the painter — Is in good bodily health. So a ~~sour~~, "~~dhour~~" silent & suspicious & ~~irritable~~ fellow but not unpleasant to speak to. He is of the dark melancholic type & seems to have no mental exaltation about him. Wont speak of his delusions.

NAME, Robert Gibson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Mar 30 1888						Still works away – at times asks to be allowed to go home – he will not speak of his delusions –
30 June 1888						Much as before. Is inclined to be solitary.
1 October						This man is rather a clever fellow – he paints well & is a most valuable assistant to the plasterer & painter. He is also a glazier & does many odd jobs about the place requiring skill of an artisan.
x 20 Decr 1888						This man refuses to speak about the "abomination of desolation" hereinto-fore mentioned. His health is good.
H 30 Mar 1889						He is quiet & rather weak-minded – is rather a clever painter.
1 July						No change.
10 Septr.						This man has rheumatism.
20 Septr.						The rheumatism has attacked his joints – of the wrist shoulder knee & ankle & he is in pain.
24 Septr.						Still needing much care. He gets alkalies & extra diet.
30 Septr.						Got 2 oz whiskey today
10 Octr.						Stopped the whiskey. He is now better and able to sit up out of bed.
20 Octr.						Free from any pain but not stiffness.
1 Novr						Much as usual only rather still & weak.
15 Novr						He is working again a little
15 March 1890						This man is somewhat weak-minded & is quiet & dull & has little spontaneity or originality vigor or fixity of purpose. His health is now good. He has had no more rheumatism.
10 June						He is in fairly good health but silent & hypochondriacal

see page 820

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NAME, William Smith — No. 1829

Admitted, 3rd January 1874 — Pr. Ad.

Sex, Male — Age, 46 — Marriage, Single — Occupation, Schoolmaster

Education, — Religion,

Private or Pauper, Private — Where from? Felden Thornhill

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness & sleeplessness. declares that people torture him (de delusion) & threatens suicide

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 12 years

Other Facts or Remarks He has since admission had many delusions E.g. that his food has been tampered with & consequently has often asked for cereal meals - that he is watched by men who tell the Officers of the institution how to act towards him that there is a being in him speaking in his throat that utters phrases without his question - His bodily health has been good

Facts of Medical Certificates He believes in a Divine influence acting upon him from a distance - Defective reasoning powers. Melancholia - restlessness & uneasiness

NAME William Smith

STATE ON ~~ADMISSION~~ 16 Decr 1884

Mental.

Exaltation

Depression

Excitement

Enfeeblement There is perversion of the perception & judgment & at times marked incoherence of speech.

Memory Moderately good

Coherence Impaired Can answer questions? yes

Delusions Says that a woman in the other house says she is himself. That he is constantly acted upon by electricity in the air

Other Abnormalities Performs peculiar actions. Twirls around pillars & trees & stands stock still for considerable periods of time

Bodily.

Appearance Thin. Sallow complexion

Skin Dark Hair Greyish black

Eyes Grey. Commencing Arcus Pupils Equal

Muscularity Poor Fatness Small

Nervous System—*Motor* Good

Sensory Has paraesthesiae. Nig. That he is acted on by electricity and galvanism

Reflex Action Moderately good Special Senses Sight impaired

Retina

Lungs Chest narrow. Breath sounds healthy. Resp.d 20. per min.

Heart Apex displaced 2 in downw.ds Epigastric pulsation. Systolic murmurs most audible over aortic area

Tongue whitish - furred - Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Liver dullness normal - There are at times oedema of the feet in the mornings

Appetite Good

Urine Pale yellow S.G. 1022 acid - no abnormal constituents

Menstruation

Pulse 96 per min. irregular in force Temp. 98. 6. 9. p. m

Height 5 ft. 5 in Weight 9 Stn

Disease Monomania of Unseen Agency *Dr's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME. William Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85.		98·1		76	124	This patient is still solitary & somewhat suspicious, and is reticent on the subjects of his delusions. He is restless at night and is often found in strange attitudes by the night attendant. E.g. seated in one corner of the bed with all his bed clothes huddled around him, or instituting a search under his bed to discover the unreal animals or persons, which he occasionally admits, disturb him at night. He has evidently hallucinations of hearing, as he laughs and talks in particular directions, where there is no one visible.
4·5·86.						There is no improvement in this case. He is now meteorologist to the institution and takes his observations with tolerable punctuality and accuracy. He has hallucinations of hearing and delusions of identity. Carries on long conversations with imaginary persons, performs peculiar actions &c.
5·7·86.						There is no change in this case.
14·9·86.	14/12/86.				120.	
25/5/87.						No change in Mr Smiths' mental condition. Still marked hallucination of hearing. Delusion of suspicion well marked. Mr Smith is of quiet demeanour. has parole within the grounds occasionally is allowed out on pass. He is still meteorologist.
14/9/87					123	No change in Mr. Smith's condition. He believes that imaginary persons report him to the officials as having made remarks about them, and often asks them not to believe any such statements. He is often to be seen standing in some out of the way corner of the corridors, taking notice of no one, and often muttering to himself. When addressed he answers pleasantly, and repudiates the idea that he has been talking to himself. He has hallucinations of hearing.
4/11/87						Mr. Smith is agreeable and intelligent, and a sensible man Except on the subject of his delusions. He describes at length how he is acted upon from a distance by means of Electricity

NAME. William Smith -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						by people he knows, scouting the idea that his tormentors are imaginary beings. He believes that they administer injurious substances to him in this way - He still frequents corners of passages, and mutters to himself.
/12/87					121	No change to report. A new set of meteorological instruments has been got, and Mr. Smith is very proud of them. He has asked to be exempted from taking the reading of the barometer indoors, because voices constantly repeat the figures he marks down.
3/4/88						Mr. Smith went to Edinburgh this morning, and spent the day visiting his friends: he came back safely at night. His mental
0/7/88					113	condition is unchanged -
5/9/88					114	
2 Feb. 89						No change, he still does the observations & still has the same hallucinations & delusions. Is in good health.
2 April					120	No change.
July 30th 89.					120	Much the same mentally and physically. Has the same hallucinations and delusions. In good health.
Sept. 30th 89. July 1890.					116.	No change mentally or physically. No change - Still hears voices & talks to them, & stands still for long periods of time in the corridor or grounds - is always pleasant & agreeable - goes occasionally to fish.
22.1.91						Mr. Smith has not been feeling well during the last month; has felt cold & shivery and has not ventured out of doors for the last fortnight. He has had two fainting attacks recently after each of which he was unable to move his left arm or leg for more than an hour. Today he had an apoplexy; became semiconscious; left side paralysed. Sensation not affected. Speech a little thick.
1.1.91						Total paralysis of the left side: is kept in bed.
9.2.91						Out of bed to-day, & sitting in an arm chair; can move neither arm nor leg, & the circulation in both is weak.
.10.91						Contractures in muscles of forearm flexing the fingers: atrophy of muscles of leg: no movement in either.
.3.92						No change in physical condition. Is rather more demented.
.11.92						No change.
3.5.93						Sits in an arm chair & murmurs gently to voices which he hears talking to him. Mistakes peoples identity

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NAME, James Somerville — No. 1860
Admitted, 12th May 1874 — Pr. Ad.
Sex, Male — Age, 47 — Marriage, Married — Occupation, Labourer
Education, — Religion,
Private or Pauper, Pauper — Where from? Kelton

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. — Kind
  - Duration — Where treated
- Hered. History—Insanity — Two sisters insane
  - Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental — Incoherence; Suspiciousness; Hallucinations of hearing; Delusions
- Bodily

Insane Habits and Propensities
Suicidal — Yes
Dangerous
Duration of Existing Attack — Eleven years
Other Facts or Remarks — On admission he was very much depressed & unable to fix his mind on any pursuit; he continued in this state for a year & then began to work he was then sometimes obstinate & unmanageable but as a rule quiet. His delusions continued marked. The excitement seemed to increase as in 1881, he is reported as a dangerous lunatic being very quarrelsome & sometimes violent. In 1883 the excitement began to pass off, his delusions to be less apparent & altogether he passed into a quiet & industrious state.
Facts of Medical Certificates — I. 1. Subject to delusions regarding his Health & other matters — Hears & believes people are conspiring to his injury. 2. His wife says that he fancies he hears people talking at the window & door & about to take him away.
II. 1. He talks in an irrelevant manner, and seems to have a difficulty in understanding questions put to him, has morbid fancies about his health. His expression of countenance is vacant, and his eye has a wild stare. 2. His wife says that he fancies his sister has injured him and is constantly talking of her conduct to him, and at times gets very much excited when so talking.

NAME James Somerville

STATE ON ~~ADMISSION~~ 1st February 1885

Mental.

Exaltation

Depression He is in a state of chronic depression shewn in appearance & speech

Excitement occasionally gets excited & will then strike any person he thinks interfers with him

Enfeeblement Diminished power of judgement & self control

Memory Good

Coherence incoherent when excited Can answer questions? Yes

Delusions Says his health is seriously affected; that bad things are put into his food; that his friends detain him here from some wrong motive

Other Abnormalities

Bodily.

Appearance Pale & Sallow

Skin Scattered papular eruption over abdm. Hair Grey

Eyes Blue with slight arcus senilis Pupils Normal

Muscularity Normal Fatness

Nervous System—*Motor* Normal

Sensory Impaired

Reflex Action Special Senses Obliged to use spectacles

Retina

Lungs Chest barrel-shaped. Lungs Normal

There is a depression at the lower part of the Sternum caused by used in his trade as shoemaker

Heart Normal

Tongue Flabby Bowels Regular

Other Organs, Abnormalities, Bruises, &c. On left side of lower lip is scar extending down to the level of the chin. This was done some years ago by the kick of a horse his lower jaw having been fractured.

Appetite Good

Urine

Menstruation

Pulse 60 Regular of normal vigour Temp.

Height Weight

Disease Or. Melancholia not Sec. Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, James Somerville.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		98.4		74		This patient's mental condition remains unchanged, he has delusions that poisonous articles are put into his food, and that he is kept her by enemies who wish to harm him by associating him with lunatics. He is industrious and quiet at present
17.9.85						Has shewn little change during the last three months. Still markedly under the influence of his delusion which considerably modify his conduct rendering him irritable & subject to outbursts of violent excitement during which he shouts out threats against his persecutors: gesticulates violently & is apt to strike those near him: More usually however he is quiet & makes himself very useful in his gallery. His general health has been good
11-12-85						An attack of excitement is occurring at present. In his violent gesticulations he springs high into the air - He labours under the delusion of having poison put into his food as noted on the 17-6-85.
8-2-86						No change.
3 Jan 1888						J. S. is still delusional. He is a busy worker & gives no trouble. His health appears good - he is somewhat enfeebled mentally. Is not violent at present.
30 ~~Jan~~ Mar 1888						A most excitable & violent fellow. full of delusions - he takes care of one of the dormitories of the 1st Division. At 5.30pm every day he begins to swear at the pitch of his voice & continues to do so for a longer or shorter time.
20 June 1888						Works in his dormitory & is at present fairly quiet.
1 October						No change.
20 ~~November~~ December 1888						This man is at times noisy & very violent but is as a rule harmless if left alone. He sometimes commences swearing at night in bed.
30 Mar. 1889						This man is still noisy & excitable.

NAME, James Somerville

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 July 1889						His man is still noisy & obscene at times.
10 Septr.						He still looks after the dormitory.
15 Novr.						His health is good & he is much as usual & still very excitable.
22nd March.						~~More sensible in his actions. Does not destroy clothes so much.~~ Still swears & uses foul language at top of his voice if excited & even ringing of a bell will excite him to swear. He is in charge of a dormitory, keeping it neat &c. Some Emphysema. Knee jerks exaggerated.
10 June 1890.						He is much as he was.
18 August						Still noisy abusive & highly excitable.
1 November						Same state.
February 7th 1900:—						In good bodily health. Mentally generally quiet easily managed and unobtrusive: Keeps as a rule much to himself: He works in the dormitories in the mornings and is then easily "raised" and any interference may lead to very pronounced language. Their unfeebled: never reads nor occupies himself through the day. Sleeps & eats well.
July 28th 1900:—						No change: quiet as a rule but he becomes very readily excitable when talking and tells an almost incoherent ramble. He sleeps well — does a little work each day — in fair health.
January 19th 1901						Not so robust: Mentally more talkative easily managed as a rule: occasionally has a long rambling story of debilitation.
Jany 16th 1902						No change.
July 10th 1902.						No Change. Keeps in fair health. Has occasional attacks of excitement but as a rule these pass off easily.

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NAME, John McConnel No. 1868

Admitted, 27th May 1874 Pr. Ad.

Sex, Male Age, 45 Marriage, Married Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Tynehelm

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Uncertain

Duration of Existing Attack 6 weeks.

Other Facts or Remarks When admitted was depressed and refused food. He improved for six months when he again refused to eat, stating that the meat was human flesh: he then became excited and knocked an attendant down. Since then he has had prolonged attacks of excitement, in which he has shown dangerous violence. Of late he has become quieter, but frequently strikes without provocation.

Facts of Medical Certificates I. 1. That he has imaginary disease; that he labours under great depression of spirits at times, & has a tendency to religious melancholy. is unable to work. 2. Corroboration of this by Mrs Connell & Mr Watson, Inspector. II. 1. That his manner is very changeable being at times excited, and immediately thereafter depressed - that he labours under a variety of delusions - such as, fear of being poisoned. of being buried alive - of his soul being lost. and is in constant terror of being removed from his wife and family. Further that he labours under imaginary diseases. 2. Informed by his wife that he left his work one day and wandered in the moors a night and a day through fear of his being taken away by policemen.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease Dementia. — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, John McConnell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·6·85		97·3		82		There has been no improvement in this case since last report. He is mentally enfeebled, talks incoherently, and his memory is impaired. He works outside.
19-12-85						The dementia is very marked. He is given to uttering incoherent speeches accompanying his remarks with waving of his arms. In speaking to one he often shakes his fist violently at them and ends by patting one on the head. He labours under delusions of suspicion. His articulation is thick.
7-5-86						No change. He chatters to himself & at times turns inside & wars. He has delusions with regard to the identity of persons & of places.
23d Dec 1887						Demented & often incoherent - has delusions as before but is scarcely accountable for any delusions. In good health.
30 March 1888						Escaped & was away at Lochmaben for several days - now allowed to go back to the middens.
20 June 1888						Seems in poor health - rather weak. Mentally he is also very weak.
1 October						This man is not trusted out so much & stays a great deal in the Division. His health is weak.
20 Decr						No change. He is talkative & incoherent & rather restless.
30 Mar 1889						He is restless & is weaker in health than he used to be.
1 July						This man is a little restless & irritable at times
10 Septr.						He is in the 3rd Division & is settled & quiet.
20 Novr						There is no change to record mentally - He gets frailer
26 March 1890.						There is no marked change in this patient

NAME, John McConnell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
						His lungs are slightly emphysematous. The knee jerks are exaggerated. The triceps jerk can be elicited
10 June 1890.						He is still in the 3rd Division.
18 August						Same state.
1 November						He is in his usual health & is rather incoherent & weak-minded. Is noisy at night & talks loudly &c.
08 1st April 1898:-						Died today.

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NAME, John Storey (Vol XIII. 114) No. 1892
Admitted, 31st August 1874
Sex, Male Age, 52 Marriage, Single Pr. Ad.
Occupation, Weaver
Education, Religion,
Private or Pauper, Pauper Where from? Howgill Annan

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. One *Kind*
  - *Duration* *Where treated*
- Hered. History—*Insanity*
  - *Other Diseases*
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 months.

Other Facts or Remarks Since admission this patient has been in a state of hypochondriacal melancholia, with many delusions about having been changed into a dog, or into iron. In '75 he made an attempt at suicide by swallowing Carbolic acid, but was soon better. He frequently becomes noisy and states that the doctors "could keep it off him if they would, but they will not". In 83 Morphia was tried in this case but without effect.

Facts of Medical Certificates I. 1. His general appearance, restlessness, and hallucinations in imagining himself different from what he is. 2. Neighbours and sister say that he often threatens injury to himself and others. II. 1. Believes that he has been transformed into a sheep dog, by means of some medicine given to him, says he has lost all self control. 2. Rev. James Bailey, Annan, informs me that patient believes that he has been transformed into a "beast".

NAME John Story

STATE ON ~~ADMISSION~~ 24 June 1885

Mental.

Exaltation

Depression States that he is made miserable by the tortures inflicted upon him by the doctors, who practise devilry upon him, states that he is constantly crucified and asks to be let alone.

Excitement He is often noisy, making a peculiar barking noise called by him "bowffing", which he says he cannot help

Enfeeblement

Memory somewhat impaired. He cannot tell how long he has been here

Coherence Average Can answer questions? Yes

Delusions That his testicles are drawn up and have disappeared altogether, and that he is sometimes transformed into a dog.

Other Abnormalities

Bodily.

Appearance Thin and poorly nourished. Sallow complexioned.

Skin Dry. No eruption Hair black.

Eyes grey Pupils small & equal

Muscularity diminished Fatness diminished

Nervous System—*Motor* the tongue when protruded is tremulous.

Sensory Tactile sensibility is good. Pain and indescribable feelings in the abdomen are complained of.

Reflex Action Fairly good. Special Senses Complains of ringing in the left ear.

Retina

Lungs Chest flattened laterally at the lower part. Respirations 18 per. min.

Heart sounds feeble, and not well heard.

Tongue furred, moist & tremulous Bowels Irregular.

Other Organs, Abnormalities, Bruises, &c. Teeth few in number, especially in the upper jaw.

Appetite Capricious. Sometimes will not eat.

Urine turbid yellow. s.g. 1044 alkaline. deposit of earthy phosphates.

Menstruation

Pulse 72. feeble compressible Temp. 96. 12 hrs.

Height 5ft. 7in. Weight 126lbs

Disease Hypochondriacal Melancholia *Esq.'s Classification*

General Bodily Health and Condition Reduced.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
				Yes				Yes	

NAME, John Story

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		98.2		74	126	This patient labours under the delusions that there is a dog inside him, and the stuff is given him to make him "bowff" like a dog. At times he becomes restless and makes a noise resembling the barking of a dog. He says he can't help it, as it is the doctors who give it to him.
2.9.85						The delusion that he is acted on by drugs continues as strong as before as seen by the following note addressed to the Superintendent. "Sir, I again apply to you. Yesterday they gave me Morping (Morphia?) again amongst my vittles. I want you to look after me & see that they give me no more & if you & them does not want me to work any I can do without it". These paroxysms of excitement continue for a longer or shorter time & render him irritable peevish & unsociable. Between these periods he is quiet amuses himself with reading or gardening but still speaks in a melancholy way of his persecutors.
30-1-86						The "bouffer" as he is familiarly called is still subject to violent attacks of sneezing accompanied by a peculiar huffing noise. These attacks are much worse when officials are near than at other times. They are not accompanied by any asthmatical symptoms or by any condition of coriza. For a long time they came on every other day but now for convenience they are reduced to every third day. The patient's delusions about being purged by jalap still continue & he is very anxious for medical aid in the matter & complains of being reduced to a condition of inherent weakness. He complains frequently of pain in the frontal region & in the stomach. He works in the sick room.
7-5-86						Chronic diarrhoea is of frequent occurrence & is the subject of many delusions with the patient. Various remedies have been tried with but partial success e.g. nepotash & mineral astringents. Ipecacuanha.
20/1/87.						No improvement in this case. He sits so well for a day or even two then follows a day of misery when the patient sits apart, doubled up & holding his abdomen as though he had pain there. He has his head covered with a handkerchief

NAME, John Storey

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						& make a peculiar ~~bar~~ barking noise. & in the intervals accuses the medical men of putting poison in his food. During these paroxysms he takes little or no food & suffers from diarrhoea. He has in the periods of quiet delusions of persecution. He believes that poison is brought in & put in his food & also that women come about him for improper purposes. His bodily health is feeble. His colour is sallow & almost cachectic; his cheeks hollow & also his temporal regions. & his tongue is flabby, pale & usually furred. No abnormality can be made out by examination of the abdomen. For the last week the stomach has been washed out daily with an abundant flush of hot water. There is no carcinoma condition but there is a large amount of mucus present. The patient considers that the stomach washing is also meant for his hurt. As yet there is not time to see whether it will have any effect on his gastric symptoms.
Oct 12 1887.						J. S. is still much the same & has delusions of poison being put in his food & thereby causing diarrhoea & his other disturbances. He is quiet & civil enough when well & ready to work but when ill — is a great complainer & can — charges people with evil designs against him — giving poison &c. He spits as before — his physical condition is less satisfactory than it was.
27 Nov 1887.						Died of Cancer of the Pylorus.

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NAME, James Grierson — No. 1[illegible]

Admitted, 12th September 1874 — Pr. Ad.

Sex, Male — Age, 25 — Marriage, Single — Occupation, Iron-[illegible]

Education, — Religion,

Private or Pauper, Private — Where from? Maxwelltown

DATE.

17.6.85

2.9.85

30-1-87

7-5-87

20/1/87.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Two. Kind Mania

Duration 3½ months. & 11 months. Where treated Southern Counties Asylum

Hered. History—Insanity A sister insane

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack Three months

Other Facts or Remarks During his residence here this patient has become more and more demented. Occasionally there have been outbursts of excitement with violence or no destructive tendencies. His bodily health has been po His digestive power was weak for sometime after admiss

Facts of Medical Certificates. I. 1. Is absent, and very incoherent; thinks he has watch in his head &c. 2. His father informs me that last night, he was violent, threatening to strike him & throwing his shoes about.

II. 1. Talks incoherently, imagines that he is appointed for making observ seems as if dead to the sense of any question put to him. &c &c. 2. His friends that he imagines he has been away from the Asylum for a week.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name James Grierson.

Died on 21st July 1912 at 4·15 a.m. P.-M. on 22nd July at 12·30 p.m.

Mental Disease Dementia

Cause of Death Cancer of liver

General Survey.

P.-M. Lividity Not marked. Commencing in abdomen

P.-M. Rigidity Not present

Nutrition poor.

Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.) S.G. Nothing to note. Ruth Scott.

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium — Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity — Weight of Encephalon (M. 49 oz., F. 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium Thickened

Heart (M. 11 oz., F. 9 oz.) 9 oz.

Cavities Nothing to note

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.)

Muscle Showed evidence of fatty change.

Aorta and Vessels Healthy.

Respiratory System.

Left Pleura

Left Lung (M. 21 oz., F. 15 oz.) 23 oz. Markedly congested.

Right Pleura

Right Lung (M. 24 oz., F. 17 oz.) 28 oz. Congested.

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.) 143 oz. Enormously enlarged. Large soft nodules studded also showed fatty change. all over.

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach Nodules in wall.

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.) 4 oz.

Right Kidney (M. 5¼ oz., F. 4¾ oz.) 4 oz.

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician Roderick Campbell M.D.

NAME James Grierson

STATE ON ~~ADMISSION~~.

Mental.

Exaltation

Depression

Excitement

Enfeeblement He has no originating mental power; is incoherent in speech; laughs without apparent reason & is apathetic

Memory Impaired. He cannot say how long he has been here

Coherence Impaired Can answer questions? Yes.

Delusions

Other Abnormalities His habits are dirty

Bodily.

Appearance He is small, but moderately well-nourished

Skin healthy Hair black

Eyes brown Pupils of moderate size. equal.

Muscularity moderately good. Fatness moderately well performed

Nervous System—*Motor* There is a good deal of motor restlessness.

Sensory Sensibility to touch dulled

Reflex Action diminished Special Senses dulled. slightly.

Retina

Lungs healthy. Respirations 18 per min.

Heart healthy

Tongue covered with a thin white fur. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good.

Appetite good

Urine

Menstruation

Pulse 72 feeble, regular. Temp. 98.0 Th. 3 pm.

Height 5 ft. 1 in. Weight 108 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

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NAME, James Grierson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·6·85		97·3		74		This patient remains unchanged mentally. He will answer questions and is stubborn and contrary in his behaviour. His habits at times become dirty.
2-1-86						He is very slow in his movements and constantly requires the impetus of another mind to make him move from one place to another or to do any purposive act. As a rule he sits smiling in an imbecile manner & rubbing his hands as if he had just heard of some great good fortune. His conversation is incoherent & delusional e.g. that he is a Dr., that he has no ribs, etc. He is very untidy in dress
7-5-86						He is untidy, clumsy & at times dirty.
Oct 22 1887						L.G. is generally quiet & when spoken to smiles foolishly & makes no reply as a rule. but at times replies in an obscene way to any question – his bodily health is good & he sleeps a good deal – never speaks to any one but at times becomes dangerous
3 Jan 1888						Still the same but at times violent & is always idle – he is not now so filthy in his habits as he was.
30 March 1888						No change in this demented – he grins most vacantly.
20 June 1888						A vacant-minded fellow with no ideas. Habits not more cleanly.
10 Octr						No change.
Decr. 20						This man still grins insanely & is at times a little irritable but continues much as before.
30 Mar 1889						This little man can speak sensibly on occasion. His mental state is not however improved
1 July						He is a demented little fellow & somewhat cute in some of his remarks.

NAME, James Grierson.

DATE.	Temperat. Morn. Even.	Pulse. Morn. Even.	Weight, lbs.	PROGRESS OF CASE.
16 September 1889				He is in good bodily health.
15 Novr				This little man now does some work but not much.
7 March 1890				As above. Knee, Triceps & wrist jerks all very glib. Tache cerebrale as in many other out habits. Bodily health fair
10 June.				He continues much as before.
18 August				Bodily health good - Eats & sleeps well.
1 November				Same state. He is demented.
27th Oct 1899:—				Sent today to Farm annexe —
April 6th 1900:—				Returned to make room for worker.
July 25th 1900:—				In good health: idle and only fit to do a little occasional dusting. He smiles vacantly: has little memory: & sits, never occupying himself in any way, generally rubbing his two hands together: No change.
January 19th 1901:—				No change: always idle smiling laughing & behaving in a silly way. Answers in monosyllables — Has no memory: Stupid well
Jany 16th 1902				No change: so enfeebled that he does not remember his sister who comes up to feed him weekly.
July 10th 1902.				Continues in 3rd Div: excitable & impulsive at times. as a man he is quick facile and easily pudid. In fair health.
July 10th 1903				No Chang & Keeps in fair health.
1904 March 1st				In fair health. No chang: in 3rd Div.

1912 July 21st 4.15 a-2 Grierson, has for the last few months suffered from odema of his lower limbs. He has lost flesh considerably. During this last month he has developed symptoms pointing to intime cancer. He is markedly jaundiced, liver greatly enlarged, vomiting & refusal of food etc. He died at the above hour.

NAME, John Thorburn No. 1375
Admitted, 27th January 1875 Pr. Ad.
Sex, Male Age, 30 Marriage, Single Occupation, Clerk
Education, Religion,
Private or Pauper, Private Where from? Stranraer

HISTORY.

Causation.
Disposition Quiet & gentle
Habits
Previous Attacks—No. First Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Masturbation

Symptoms. First.
Mental
Bodily

Recent.
Mental Incoherence. Excitement when contradicted & threatening of violence. Told his father to drown himself & he would do the same
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Yes
Duration of Existing Attack 9 years
Other Facts or Remarks Suffered from chronic mania with delusions during the earlier part of his residence here. Lately he has become more & more demented. Sitting alone & silent. twirling his fingers aimlessly & heeding nothing happening around him. His bodily health has not been robust

Facts of Medical Certificates Abusive language. Laughs vacantly without cause. So obstinately silent when spoken to. Has threatened to murder his sister. Dullness moroseness. Answers questions abruptly & in monosyllables

NAME John Thorburn

STATE ON ~~ADMISSION~~. 24 Novr 1881

Mental.

Exaltation

Depression

Excitement Is sometimes restless & talkative

Enfeeblement General enfeeblement of intelligence - Sits with her eyes half closed & pays no attention to his surroundings

Memory Impaired - Said that he had dinner at 9.30. Am. (Instead)

Coherence Impaired Can answer questions? No

Delusions

Other Abnormalities Refuses to speak. His habits are unclean & he cannot take care of himself

Bodily.

Appearance Small & ill nourished. Vacant expression of countenance

Skin Cold & clammy Hair Black streaked with grey

Eyes Brown Pupils Large - Equally contractile to light

Muscularity poor Fatness diminished

Nervous System—*Motor* There is general muscular weakness - Control of rectum & bladder enfeebled

Sensory Cutaneous sensibility blunted

Reflex Action Diminished Special Senses apparently dull

Retina

Lungs Chest narrow. Lungs sounds feeble Respirn 20 per min

Heart Apex in normal position - Heart sounds average strength

Tongue Refuses to show it Bowels Sluggish.

Other Organs, Abnormalities, Bruises, &c. He has slight posterior incurvation of the spine in the upper dorsal region - The state of the general nutrition is impaired

Appetite poor

Urine S.G 1018. pale yellow. acid, contains no abnormal constituents.

Menstruation

Pulse 78 of average strength Temp. 97°6. 6.30. p.m

Height 5 ft 2 in Weight 8 St 5 lbs

Disease Secondary Dementia *Skae's Classification* Insanity of Masturbation

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Occasional~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes

NAME, John Thorburn

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85		97.4		78	119.	This patient is in a state of Dementia. He sits in one position with his eyes blankly staring on the ground: the face has a stupid expression, and the circulation in the extremities is weak. He will not speak nor take interest in anything.
10.4.86.						Rf. Quin Sulph gro 80. Liq. arsenicalis ʒ ii
3.5.86.						Tr. Ferri mur. ʒ iv Aq. ad ℥ xii. Sig: a tablespoonful after meals thrice daily.
						Mr Thorburn is weaker, in body and mind. He suffered from necrosis of the proximal phalanx of the right fore finger necessitating amputation near the metacarpo-phalangeal joint. This was done a month ago, and the stump has healed but very slowly. Two days ago swelling and tenderness on pressure was noticed above the right elbow on the inner side. This was freely opened and poultices applied. Today the finger is nearly healed and the abscess above the elbow joint reduced in size & not so tender and the redness has left it. Mr Thorburn suffers from an ~~[illegible]~~ eczematous eruption of the beard and face generally, from which he is recovering. — He is dirty, requires feeding and constant attention.
20.6.86.						Mr Thorburn has since last report suffered from an abscess on the inner side of the right arm. This was opened and poulticed for a considerable time. It is now healed.
1.7.86.						Eczema has broken out in the right armpit, and over the back and chest. Oxide of zinc powder to be dusted over it thickly and cotton wool applied. —
7.7.86.						The eruption has almost disappeared. It
14/9/86					117.	is dry and coming off quickly. The abscess has
14/12/86					113.	again appeared in the arm. The finger is nearly well. The face is quite well.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
[illegible] 14th						During the week Mr Thornburn has been steadily failing in health. His feet are swollen & discoloured, his hands blue & cold. His pulse rapid & very feeble. Abdomen distended & hypogastric Confined to bed & ordered Stimulant & extra diet.
May 4th						Patient much improved, now able to be up for a few hours daily.
June 24					130	Sent to the Kinchael.
Aug 26th						Mr Thornburn continues better in bodily health: he is up all day, and has regular outdoor exercise. His finger has never properly healed, a scab alternately forming and separating from the stump. He is dirty in his habits, requiring much attention. His mental state is
Sept. 14th					129	unchanged.
Oct. 14th					114	He has fallen off in weight since last entry, but keeps fairly well. He takes interest in nothing, and never speaks. Occasionally he suddenly becomes violent, and upsets a patient or attendant.
[illegible]-3-88					115	Mr. Thornburn has kept well all winter. His mental state is unchanged. He requires feeding and constant attention. He bolts his
[illegible]-7-88					113	food.
[illegible]-9-88					107	
Feb 89						He is getting rather duller & more demented. Will require feeding.
April					106	No change.
July 30th 89.					128	Much the same mentally and physically fairly well. Is getting duller and more demented.
Sept. 30th 89.					128.	No change lately. Is fairly well. Has increased in weight lately.
May 1st 1890.						During the past three or four weeks, Mr T. has had a glandular swelling in his right axilla due to a suppurating stump (finger) on hand. This swelling suppurated & was opened about three weeks ago, & has been dressed regularly since. It discharges freely.
May 25 1890.						Slight Erysipelas of face to day. Confined to bed. With corrosive wool over face. Abscess still discharging a little.
	30					Erysipelas better
1-10-90						the abscess in the arm pit continues to discharge. Other wounds on the finger

(cont'd on p 393.)

NAME, John Hepburn — No. 1928

Admitted, 27th February 1875 — Pr. Ad.

Sex, Male — Age, 38 — Marriage, Single — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Thornhill

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; delusions; hallucinations.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks On admission he was much under the influence of his delusions & has continued more or less so ever since. These delusions under him restless & excited at times specially at night & have often become so strong that the impulse to run from them overpowers him & he takes the first opportunity to escape after this outburst there is a lull & he is quiet & industrious there is no warning given of the approaching excitement. Thus he has escaped frequently.

Facts of Medical Certificates I. 1. He labours under the idea that a number of persons are always haunting him, and they jumps down his throat, and into his stomach. Fancies he sees bright flashes of light previous to the appearance of these spirits. 2. just the same as mentioned above. He runs away when the spirits appear. Low spirited from the continued annoyance of these apparitions —

II. 1. He has told me that he is haunted and pursued by demons or evil spirits that would do harm to him, he has refused shelter at night during the greater part of this winter. 2. Andrew Hastings of Thornhill mentions that John Hepburn told him that people were going to poison him, and that he had refused to partake of food in consequence. Miss Bell of Thornhill confirms his delusions about demons.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, John Hepburn.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		98.2		74.		The mental condition of this patient continues unchanged. He is at present at Kirkmichael.
25.7.85						Reported as having made his escape.
27.7.85						Found in Dumfries by an attendant & brought to the S.C.A. He suffers from hallucinations of hearing still & thus sometimes much excited specially at night, when he gets up mutters to himself & stamps violently on the ground or kicks the door. His genl. health is very good the out of door work at Kirkmichael having had a beneficial effect in this wa
1.9.85						Has been in the Second House since last report and shewn no symptoms of restlessness or desire to wander. Has today returned to Kirkmichael.
10-11-85						He is now at the 2nd House.
12-11-85						Sent to Kirkmichael.
2 Jan 1888						Back from Kirkmichael. Seems quiet at present. In not very robust health. He does not give any trouble.
30 March 1888						No change in this dement.
20 June 1888						Still here - he works at outside work & is tractable.
1 Octr						J.H. - works with the coal & at the smithy & is a useful man. He is quiet & gives no trouble. Still noisy at night.
30 Mar. 1889						He works as stonebreaker & is quiet & at times dull.
10 July						He has had erysipelas of the head & face but not severely.
12 July						This patient is better again - he is scaling.
10 Septr.						Back to his work as before.
15 Novr						Continues at mason's work & stone breaking - His health is good. Mentally he is the same.
15 March 1890						This man is stupid & quiet & is much as he was.

NAME, John Hepburn

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 June 1890						He is quiet but often gesticulates & talks to himself.
18 August						No change.
1 November						Continues restless at times & would sometimes run away if not watched.
14th Nov 1899						Sent to Farm Annexe.

NAME, John Jackson Eno No. 1391

Admitted, 28th April 1875 Pr. Ad.

Sex, Male Age, 56 Marriage, Single Occupation, Gentleman

Education, Religion,

Private or Pauper, Private Where from? Newcastle-on-Tyne

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Supposed to have been a fright which his mother received while he was "in utero"

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack from birth

Other Facts or Remarks Little of note has been recorded about the mental state of this imbecile since admission. Except that once or twice he has shown a homicidal tendency His bodily health has been poor. He suffered from an attack of Typhoid fever in 1882

Facts of Medical Certificates Natural deformity. Scarce undeveloped brain. Incapable of self preservation & attending to his natural wants.

NAME John Jackson Eno

STATE ON ~~ADMISSION~~. 2 Feb 1885

Mental.

Exaltation

Depression

~~Excitement~~ General Enfeeblement of the mental faculties from want of development

Enfeeblement ↑

Memory Poor. Cannot remember how long he has been here

Coherence Impaired Can answer questions? if simple

Delusions

Other Abnormalities Unable to take care of himself

Bodily.

Appearance Thin. Vacant stupid Expression

Skin Healthy Hair Grayish black

Eyes Grey Pupils Equal & regular

Muscularity poor Fatness poor

Nervous System—*Motor* His gait is unsteady. Articulation blurred from uncoordination of speech muscles

Sensory functions enfeebled. Tactile sensibility diminished

Reflex Action Diminished Special Senses Moderately good

Retina

Lungs Healthy. Respirations 17 per. min.

Heart Healthy

Tongue Clean moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Contraction of the palmar fascia causing flexion of three fingers of right & all of the left hand The circumference of both forearms relatively diminished

Appetite Good

Urine S. G. 1020 acid - Normal.

Menstruation

Pulse 70 per min. Strong & regular Temp. 97. 8. 10. a. m.

Height 5 ft. 6 in Weight 11 Stone

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, John Jackson Eno.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85		98·1		76	155	Is imbecile: there is deformity of the hands & feet and the muscular movements are slow. and incompletely co-ordinated. The articulation is slow and blurred. The bodily health is moderately good
3·5·86.						Mr. Eno remains the same. He is a harmless imbecile. He enjoys tolerably good bodily health.
19·5·86.						went to Kirkmichael.
7·7·86.						He does well at Kirkmichael when he still
~~14/9/86~~					165	is. He herds the cow and makes himself
14/12/86					163	very useful.
14/9/87					154	Mr. Eno is again in the Crichton. He is in fair health. He is quiet and pleasant, always shaking hands when visited, and answering simple questions about his health. His speech is very indistinct.
14/12/87					151	Mr. Eno is in good health. He is quiet, cheerful, and contented. He is quite harmless.
30/3/88					155	No change.
20/7/88					163	Has been at Kirkmichael, and was very reluctant to return. He asks every day when he will be allowed to go back.
15/9/88					162	
28 Feb 89						Seems to be getting rather more stupid.
23 April					163	No change.
July 30th 1889.					168	No change mentally or physically lately.
Sept. 12th 89.					163.	Went to Kinmount to-day.
May 19 1890						No Change. Was sent to Kinmount to day
July 4 1890.						Returned from Kinmount to 1st House in Low North - in good bodily health. Mental Condition as before.
Aug 12.						Went to Kinmount. no change
8th Septr 1890						Mr Eno returned today.
10th Sept. 1890						Mr Eno sent to Hannahfield to day. No change.
10th Oct.						Mr Eno fell today & hurt his leg & is confined to bed
18th Oct.						Mr E. was quite well again but to day he passed into a condition of collapse & died about 11 A.M.
						Post Mortem on 23rd Oct.

NAME,

ATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

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NAME, William Dixon — No. 1415

Admitted, 23rd September 1875

Sex, Male — Age, 50 — Marriage, Married — Pr. Ad. — Occupation, Merchant

Education, — Religion,

Private or Pauper, Private — Where from? Longtown

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Not first — Kind

Duration — Where treated Westwick & Garlands

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental - Spopicion of his wife & food - Threatened to take away the life of some of his relatives

Bodily Epileptic fits have occurred

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Nine years

Other Facts or Remarks Since admission he has been subject to chronic Mania Combined with Epilepsy - Has been suspicious & afraid that he was to be killed - The Epileptic fits have occurred frequently & after them he has been confined for a few days - Lately he has become more demented - In 1880 he had Erysipelatous inflammation of left hand & arm

Facts of Medical Certificates Vacant appearance - Apparent difficulty of Conversation - Delusions that his food is poisoned and that his wife has designs on his life

NAME William Dixon

STATE ON ~~ADMISSION~~. 24 Dec. 1884

Mental.

Exaltation

Depression

Excitement After the fits there is considerable motor excitement restlessness & talkativeness

Enfeeblement Pays little attention to anything. Talks incoherently at times. General Mental Enfeeblement. Lack of energy

Memory Impaired. Can't remember recent events

Coherence Moderately good Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Thin - ill-nourished

Skin Of hands & feet Congested Hair Greyish black

Eyes Brown Pupils Equal

Muscularity Poor Fatness Diminished

Nervous System—*Motor* Is subject to Epileptic Convulsions

Sensory Reflex & Cutaneous sensibility good

Reflex Action Good Special Senses Moderately good

Retina

Lungs Chest small. Lung sounds healthy. Resp.s 18 per. min.

Heart There is a systolic bruit, most audible over the mitral area

Tongue Covered with a white fur Bowels Confined

Other Organs, Abnormalities, Bruises, &c. Liver dullness normal

Appetite Moderate

Urine Sp. 1024. acid. healthy.

Menstruation

Pulse 74 Reg. & mod: strength Temp. 97. 8. 10. p.m.

Height 5. 4½ 6 in Weight 8 8½

Disease Epileptic Insanity *Spitz's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									yes

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NAME, William Dixon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85.		97·1		79	110	This patient is subject to severe epileptic fits, which are followed by a period of excitement, during which he is at times impulsively violent. During the intervals of the convulsions he is quiet and sensible, though there is increasing weakness of mind going on.
12·5·85.						Had several severe fits last night & this morning.
13·5·85.						Is much better today. Smiles & answers simple questions correctly.
3·5·86.						Mr Dixon is much feebler than at the time of last report. He is confined to bed, requires feeding and much careful nursing. There is a tendency to bed sores which have not formed as yet. He often suffers from rheumatic arthritis in the right hip and knee. He has frequently epileptic convulsions of a severe type.
1·6·86.						He is in a very weak condition - Still confined to bed.
1·7·86.						Remains very feeble.
14/12/86						Is more confined to bed. Takes his food well. Has his fits at irregular intervals. There is very little change in his mental state before or after his fits. He is quite demented
14/12/87						Mr. Dixon has been gradually getting weaker, and bed sores were with much difficulty prevented from forming. The hamstring tendons are much contracted, so that he cannot straighten his limbs. He cries out when he is moved in any way. He takes a fair amount of food. His mind is very weak: he always answers cheerfully when asked how he is, but he cannot remember much. He takes severe fits at irregular intervals: he is never noisy either before or after them. They usually occur through the night.
30/12/87						Mr. Dixon had a fit two days ago, and was noticed to be dull & sleepy yesterday. He took some tea as usual last night, and no serious change was observed till 8 P.M. when he was found to be breathing heavily. At 10.30 P.M. he was unable to speak, and was evidently sinking rapidly. Stimulants were administered,

NAME, William Dixon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						but without avail, and he died this morning at 1·40. He appears to have had a fit after tea last night, from the effects of which he never rallied.

 Enex2

NAME, Andrew Veitch No. 1980

Admitted, 6th November 1875 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Male-catcher

Education, Religion,

Private or Pauper, Private Where from? Langholm

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 14 days.

Other Facts or Remarks On admission was in a state of Melancholia, calling for someone to shoot him. Since then he has suffered from alternate periods of mental depression and cheerfulness. Lately he has become more demented and has developed the habit of masturbation. His bodily health has not been robust.

Facts of Medical Certificates I. 1. He labours under violent excitement, evinces much dislike to his mother, relatives and neighbours, threatens violence to himself and others. His mother's life has been endangered more than once today. 2. The above facts have also been communicated to me by his Uncle John Hyslop & John Park.

II. 1. His melancholy appearance & incoherency of speech. Tells me that he ought to have died long ago. & is now anxious that some one would shoot him. 2 Was previously a patient in the southern counties asylum.

NAME Andrew Veitch

STATE ON ~~ADMISSION~~. 11th September 1883

Mental.

Exaltation

Depression

Excitement Has periods of mild excitement; becomes irritable, morose, taciturn & sulky but seldom violent or abusive.

Enfeeblement Cannot converse intelligently or take an intelligent interest in anything

Memory

Coherence Coherent usually Can answer questions? Only when very simple

Delusions

Other Abnormalities

Bodily.

Appearance Thin, moderately well nourished, generally lazy.

Skin healthy Hair Brown turning grey

Eyes grey Pupils Normal

Muscularity good Fatness

Nervous System—*Motor* Sluggish & sometimes with slight tremulousness of all the muscles with diminished power of co-ordination.

Sensory Sluggish

Reflex Action Special Senses Normal

Retina

Lungs healthy

Heart Normal.

Tongue tremulous; with slight white fur Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 72 per minute Temp. 98°6 F

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

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NAME, Andrew Veitch

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-6-85		98		76		This patient at times becomes restless & evidently excited though he will not speak. He often will stand in one place for hours at a time. He is taciturn. He works at the farm and is steady and industrious.
17-9-85						There has been no change in this case since last report. The periods of excitement are short & occur at irregular intervals; they are mild & simply render him "strange" & peevish & stupid. When addressed he will only smile meaninglessly but give no answer. He has been constantly employed at outside work & has enjoyed very good health during the last three months.
5-4-86						The usual course of his illness is that for two days he is excited and excited then he becomes dull & stupid for 3 days & a third period of 10-14 days in one of sluggishness & asthma-
3 Jan 1888						Is now demented. He is not regularly excited as he was. He is as a rule quiet - takes his food well & is in good health. He works on the farm.
30 Mar 1888						Works now in the Garden & at the barrows - is quiet.
20 June 1888						Is in his usual health & spirits.
1 October						No Change.
Dec 20th						This man remains much as before. He is irritable at times & is pale & shews some excitement.
30 Mar. 1889						He is at present excited & dangerous & needs care.
1 July						This man has been excited and restless but has not struck anyone.
10 Septr.						Much the same but only "high" at times.
15 Novr						He is ~~no~~ better but does not speak much. There is no change in him physically.

NAME, Andrew Veitch.

DATE.	Temperat. Morn. Even.	Pulse. Morn. Even.	Weight, lbs.	PROGRESS OF CASE.
15 Mar. 1890.				He is a very threatening looking man but does not strike & does not actually threaten. He will not speak much.
10 June				Same state.
18 August				He continues quiet & is in good bodily health.
1 November				Same state.
27th Oct 1899:—				Is at present in the Farm Annexe which was today opened: The case is continued in the separate case books.
20th Feb 1900				returned to make room for a worker
July 28th 1900:—				No change a quiet dirty dement who never speaks unless much excited; He is past work and has to be assisted with his clothing & so on. He sleeps fairly but requires rassing each night.
January 19th 1901:—				No change: a very dirty idle mindless dement who never talks
January 16th 1901				No change in any way
July 10th 1902.				No change in this untidy demented man. In fair health.
July 10th 1903				Much the same. In failing health.
1904 March 1st				No change. in 3rd Div. Health poor.
1909. Oct 10.				This old man has been sent to the Sanatorium as an old man becoming frail & somewhat too weak to be much outside. He tends however to wander sometimes out of the grounds.
1910. Mch 10.				Sent to Rattray's villa (North Villa) He is very demented, but he has improved physically during the rest in bed at the Sanatorium. He merely mumbles when one speaks to him.
Aug 11. 1911.				Is in Amadale Hse. Does nothing. Large w action lips on left side (upper).
May 3. 1916.				The growth on the lip, noted above.

Continued on p 910.

411

NAME, John Bell — No. 1984

Admitted, 13th December 1875 — Pr. Ad.

Sex, Male — Age, 21 — Marriage, Single — Occupation, Tinsmith

Education, — Religion,

Private or Pauper, Private — Where from? Edinburgh

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Injury to head fifteen years since

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 3 weeks.

Other Facts or Remarks During his residence here this patient has shown many delusions and has at times become excited and destructive. No improvement has taken place in his mental condition. His bodily health has been poor.

Facts of Medical Certificates I. 1. An incoherent statement of events which have taken place in regard to himself. Delusions of having been poisoned, mesmerised & plotted against to kill him. A strongly marked dislike to his parents. 2. From his father & mother, that he is being ill treated & annoyed by neighbours, who have never seen him.
II. 1. Is the subject of delusions referring to a plot to kill him. Perverted sensibility of special senses. His memory is defective as regards recent events. 2. Has a special dislike to his mother.

NAME John Bell

STATE ON ~~ADMISSION~~ 20·10·85

Mental.

Exaltation

Depression

Excitement Sometimes irritable; becomes excited over trifles & will then be violent impulsively

Enfeeblement. Diminished reasoning power & self control. Sometimes silly in conduct & conversation.

Memory

Coherence Coherent Can answer questions? When he chooses

Delusions

Other Abnormalities

Bodily.

Appearance Well nourished; always smiling but also sneaking

Skin Healthy Hair Brown

Eyes Grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs There is dulness under left clavicle but no signs of active disease

Heart Normal; action slow

Tongue Coated with a fur (white); dry Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 60 per minute Temp. 98·3°F

Height Weight

Disease Chronic mania passing into dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	/								/

NAME, John Bell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85.		98.1		73		This patient works as a plumber & works well; will not answer questions well, but rambles off into incoherent phrases. Is mentally enfeebled.
1-1-86						Is cheerful and pleasant but much demented. He labours under the delusion that a scar on his head will gradually stram away (a wapnate)
7-5-86						No change.
23d Dec 1888						Works at the coal - & with the tinker. Is silly & mentally enfeebled. Quiet & tractable.
30 Mar. 1888						No change in John Bell's case.
20 June 1888						J. B. is a weakminded fellow silly & fatuous. He works among the coal.
1 October						This man works among the coal & with the engineer - He is quiet & silly.
20 Decr						This man remains much as before & is weakminded & silly.
30 Mar. 1889						Still a silly fellow - with no mind of his own. He is a worker among the coal.
1 July						His health is good - He is mentally the same.
10 Septr.						Still works in the coal.
15 Novr						This man is mentally & physically much the same.
15 March 1890						This man is restless & has a small fight occasionally but is generally not the aggressor.
10 June						No change.
1 November						He is quiet & silly - a weakminded fellow.
14th Nov. 1892.						Died of Phthisis after a prolonged illness, being confined to bed for last four months.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
ed						

415

NAME, John Black (See S. C. A. Case Book Vol. XIII. 329). No. 2061

Admitted, 18th February 1876 Pr. Ad.

Sex, Male Age, 15 Marriage, Single Occupation, none

Education, Religion,

Private or Pauper, Private Where from? Palmackie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Congenital Imbecility

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous At times

Duration of Existing Attack

Other Facts or Remarks On admission was described as a congenital epileptic imbecile with partial left Hemiplegia, utterly untutored and "spoiled" and very troublesome. During his residence here, he has been noisy, troublesome, and self-willed, and subject to frequent fits. In '81 he had an attack of strumous ulceration of the left cornea and was in poor bodily health for sometime. Lately he has been reported as quieter and more manageable.

Facts of Medical Certificates I. 1. Mind quite weak. Is imbecile and can give no rational answer to simple questions. 2. Has been formerly confined in substitution for imbecile children. II. 1. When asked the kind of weather, said. "Does he mean fine" when asked what month it was replied "Tuesday". When shown half a crown, said first it was a penny, then "fillen", and afterwards a sixpence; Pointed to a female servant in the house, smiled, & called her his wife; Persisted that on one of his hands there are six fingers. His parents declare him to be self willed, unmanageable, & dangerous to others, or to property if crossed or provoked, by a comparatively small provocation.

NAME. John Black

STATE ON ~~ADMISSION~~. 8.6.85.

Mental.

Exaltation

Depression

Excitement

Enfeeblement His reasoning capacity is small. He repeats a few phrases. eg. "It is high time" "A very quiet job" over and over without reference to the question asked

Memory Poor. Cannot tell how long he has been here.

Coherence Impaired at times Can answer questions? at times

Delusions

Other Abnormalities He eats his own excrement and drinks his urine whenever he gets a chance.

Bodily.

Appearance Ill nourished. His facial expression lacks intelligence.

Skin dark and unhealthy Hair black.

Eyes brown. there is left ptosis + corneal opacity in left eye. Pupils right larger than the left which is small and oval

Muscularity impaired Fatness diminished

Nervous System—*Motor* Indistinct articulation. the motor power on the left side of the body is lessened. He is subject to severe fits.

Sensory Sensibility to touch impaired on the left side.

Reflex Action diminished Special Senses dulled.

Retina

Lungs healthy. Respirations 18 per. min.

Heart healthy.

Tongue furred. points to the left side when protruded. Bowels sluggish

Other Organs, Abnormalities, Bruises, &c. He has left talipes equinus, and the carpal bones are distorted

Appetite good. He will eat almost anything

Urine s.g 1010. pale yellow. acid. No albumen

Menstruation

Pulse 80 feeble regular. Temp. 97° 11 pm.

Height 5 ft. 2 in. Weight 120 lbs.

Disease Congenital Imbecility *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, John Black.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		98.4		74	120	There has been little change in either the mental or bodily state of this patient; he becomes at times excited indulging in peculiar swaying to and fro movements; he is subject to occasional severe epileptic fits. He is much given to masturbation; his habits are uncleanly and he eats his faeces, when he gets an opportunity.
17.9.85						Shews no change. Shews enough intelligence to know his relatives when they visit him but immediately asks them if they have brought any sweets evincing little further interest in their movements. He cannot speak intelligently but simply repeats certain phrases & calls himself Johnny Craw. At present he is suffering from a storm of very severe fits & is partly unconscious with a pulse of 120 per minute. ℥i of chloral has been given with benefit.
13-11-85						There is no change to report in this case. He takes a lively interest in many of the patients but it is generally to accuse them as best he can of bad behaviour. To get into his good graces it is only necessary to ask him if he knows "Johnny Craw".
15-1-86						He is at present labouring under an attack of mutement & violence & is apt to take off his clothes.
30-1-86						He has returned to his usual state.
7-5-87						Although not in command of much verbal language he manages to express most of his wants by knocks & signs. His chief expressions are "What say?" "Do ye ken Johnny Craw?" "My billy sair" "Want pish" & "Very good job". His dress is untidy & his habits of eating good are repulsive. Not much attention to paid by him to personal cleanliness. When outside he enjoys a run on the grass notwithstanding his lameness. As a rule he is very irritable & apt to be violent.
Sept 14. 1887						Still the same — no change in this boy — he eats his faeces. Is utterly filthy & untidy.
Oct 19. 1887.						Has had a parotid abscess wh. was opened.

NAME. John Black.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
Jan 1888						The same cunning imbecile who eats his clothes &c & is often troublesome. He has fits still.
30 Mar. 1888						Still takes fits. His patellar reflex is exaggerated in the leg affected by the Infantile paralysis. The glands of the right side of the face & neck are swollen & breaking down.
20 June 1888						His Parotid gland is enormously swollen & suppurating.
1 October						Has become much shorter & his clothes will scarcely meet on him.
10 Dec						Still takes fits & is rather a peculiar imbecile
25 Mar. 1889						Died - having taken about 200 fits.

419

NAME, Edward Carruthers — No. 2008

Admitted, 8th March 1876

Sex, Male — Age, 43 — Marriage, Single — Pr. Ad. — Occupation, Shoemaker

Education, — Religion,

Private or Pauper, Pauper — Where from? Royal Asylum Dundee

HISTORY.

Condition.

Disposition

Habits

Previous Attacks—No. First attack — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 12 months.

Other Facts or Remarks There has been little change in the mental condition of this demented since admission. In 1882. he had a large varicose ulcer on the right leg; the ulcer healed in about a month, but the patient lapsed into a confused state of mind, in which he was restless, sleepless and destructive; this continued for a month when he became silly, harmless, good natured & industrious.

Facts of Medical Certificates I. 1. He is suffering from dementia.

NAME Edward Carruthers

STATE ON ~~ADMISSION~~ 16th September 1885

Mental.

Exaltation Sometimes becomes much excited, restless, destructive, but seldom violent

Depression

Excitement There is considerable incessant muscular restlessness

Enfeeblement Cannot take any intelligent interest in anything

Memory Does not know his age &c

Coherence Sometimes incoherent Can answer questions? Yes when simple.

Delusions That he is dead & so are those round him; That he was the victim of a conspiracy among the members of Dundee &c

Other Abnormalities

Bodily.

Appearance Thin & anxious

Skin pale Pustules in various places Hair He is nearly bald; Grey

Eyes Brown Pupils Contracted but equal &

Muscularity Average Fatness

Nervous System—*Motor* There is much muscular restlessness

Sensory Acute

Reflex Action Special Senses Requires Spectacles. Hearing normal

Retina

Lungs Healthy

Heart Normal

Tongue Red & irritable Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has a habit of picking his Skin making numerous Small sores chiefly on the head.

Appetite Large

Urine

Menstruation

Pulse 74 per minute Temp. 98·2°F.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Average

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	1								

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NAME. Edward Carruthers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.6.85.		97.2		80		This patient labours under many delusions he states that he and everyone he sees around him are dead. He works as a Shoemaker.
17.9.85						Has been employed in the Shoemakers Shop since last report but his work is done spasmodically & so rapidly as to lose part of its proficiency. Thus he is not very useful. There seems much mental confusion as he calls those he sees every day by different names & reads any paper he gets over & over again without understanding it. He is incessantly restless & his whole expression is excited. His General Health has been moderately good during the last 3 mon
7-5-86						This patient does some work in the shoemaker's shop but most of his time is occupied in reading a newspaper some months old and in picking the skin off his scalp. He is very talkative and at times is observed but shortly he is incoherent
Dec 24. 1887.						E.C. is quieter now. he eats his clothes & frequently requires new ones. He does not talk much & sits with a stupid & defiant look in his face. He works in the Shoemakers shop but is not very useful.
30 March 1888						In good health. Still his delusions Still works as before - is considered a Suicidal case. Ate 2 coats lately
20 June 1888						Eats his clothes - works in the Shoemaker's Shop - He is dull & uncertain.
1 October						No change.
20 Dec.						Remains as before & eats his clothes wholesale. Works still in the Shoemaker's Shop.
30 Mar 1889						He still eats his clothes & is a suspicious case.
1 July "						Works in the shops - as shoemaker.
10 Sept.						His health is good. This man is still uncertain & to be looked upon as Suicidal.

NAME, Edward Carruthers

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
15 Novr 1889						He is in his usual health & works as before. Mentally he is much as before – destructive still.
15 Mar 1890						He is not quite so destructive but is a suspicious case still.
10 June						No change.
1 November						This man is not eating his clothes now & is quiet & in better health.
Dec. 1892						Died after 3 days illness – P.M. showed fatty degeneration of heart & oedema of both lungs.

423

NAME, John O'Hare — No. 2004

Admitted, 28th March 1876

Sex, Male — Age, 22 — Marriage, Single — Pr. Ad. — Occupation,

Education, — Religion,

Private or Pauper, Pauper — Where from? District Asylum Melrose

HISTORY.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity A half sister of patients father is imbecile.

Other Diseases

Predisposing

Exciting

Causation.

Mental

Bodily

Symptoms. First.

Mental

Bodily

Record.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack From birth

Other Facts or Remarks The history of this imbecile since admission has been uneventful. He is described as cheerful, good natured and industrious and as enjoying good physical health, except in '83, when it is recorded that he occasionally suffers from prolapsus ani.

Facts of Medical Certificates I. I. He is an idiot, with little or no language - as a rule good natured, cleanly and industrious, one or two paroxysms of passion being recorded against him only.

NAME John O'Hare

STATE ON ~~ADMISSION~~. 20·10·85

Mental.

Exaltation

Depression —

Excitement

Enfeeblement Cannot converse intelligently; cannot originate any idea. When spoken to merely repeats the question & smiles in reply.

Memory Cannot tell age or what he was working at this morning

Coherence Incoherent Can answer questions? Only of very simple.

Delusions

Other Abnormalities

Bodily.

Appearance Small; thin; ill-condition; seems always shivering with cold

Skin healthy; Hair Brown

Eyes Brown Pupils Dilated; react sluggishly

Muscularity poor Fatness

Nervous System—*Motor* Sluggish

Sensory Sluggish

Reflex Action Special Senses

Retina

Lungs healthy

Heart Normal but action slow

Tongue red & irritable; tremulous Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 60 per minute Temp. 98°7

Height Weight

Disease Imbecility *Skin's Classification*

General Bodily Health and Condition Below average

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

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NAME. John O'Hare.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-6-85		97·2		68		The mental condition of this imbecile remains unchanged. He is silly in speech & behaviour. He does some slight outdoor work and is in moderately good bodily health.
5-5-87						There is no change to report in his condition He keeps his clothes fairly tidy & is quite trustworthy in the execution of his duties as Head carrier. His intelligence is of the most limited but he has no bad or habitual habits
2 Jan 1888						This imbecile continues the same grinning fellow as before. He is in good bodily health & keeps himself clean & tidy - He works at the Commissarial department. Carrying Goods. He is very fond of the dances.
30 March 1888						No change.
20 June 1888						This imbecile works on as before.
1 October						Still one of the carriers of goods in the cart from the store.
20 Decr						No change in this imbecile.
30 Mar. 1889						He works with Cameron the Carrier as before.
1 July						No change.
10 Septr.						He is in good health & is much as before.
15 Novr						This man is a head carrier still. He shews absolutely no change.
15 March 1890						No change.
10 June						Works out of doors with store cart as before.
21 August.						Always carries his hat in his hand - is quite imbecile.
1 November						Same State.

NAME. John O'Hare

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
February 7th 1900:-						In good health: He is still working in the Store, a silly vacant demented silent and always with a preoccupied look. Is not over cleanly
						Sleeps well and eats well. Sent to Annexe.
March 19th 1900:-						No change has been returned to the 2nd House as he took too long to come up to the annexe: easily managed
July 28th 1900						No change: Still "lost" looking and preoccupied: a dirty looking untidy patient:
January 19th 1901:-						No change: Silly vacant imbecile rarely speaks always wandering about going messages &c.
January 16th 1902						No change: Still grunting about going messages &c.
1903 July 10th						Continues to work in store. No change. In fair health.
1904 March 8th						No change. Continues at store. In fair health

SEE CHRONIC CASE BOOK

NAME, Henry Dickson — No. 2021
Admitted, 16th May 1876
Sex, Male — Age, 33 — Marriage, Single — Pr. Ad. Occupation, Weaver
Education,
Private or Pauper, Pauper — Religion, Presbyterian
Where from? Gretna

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. First attack. — Kind
  - Duration — Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting

Symptoms, First.
- Mental
- Bodily

Symptoms, Recent.
- Mental
- Bodily

Insane Habits and Proponsities
Suicidal No
Dangerous Yes.
Duration of Existing Attack
Other Facts or Remarks On admission was in a state of Dementia with filthy habits, suffering from boils and other indications of malnutrition. Since then there have been numerous epileptic seizures followed by epileptic furor which gradually subsided.

Facts of Medical Certificates I. 1. Rambles and talks in a foolish manner. 2. Very restless at nights, is subject to fits, Uses very obscene & disgusting language. At times is very violent. II. 1. He has long suffered from Epilepsy, which has much impaired his mental faculties. Imbecile appearance, He speaks incoherently.
2. Rachel Johnstone says that he is immediately passionate and mischievous that she and neighbours are afraid he might do violence, which he threatens.

NAME Henry Dickson

STATE ON ~~ADMISSION~~. 7·7·85.

Mental.

Exaltation Is exalted before the epileptic seizures. laughing and behaving with undue familiarity to everyone.

Depression

Excitement Is excited after the fits and is prone to violence.

Enfeeblement His reasoning power is weak; he chatters childishly and at times incoherently.

Memory Poor. Cannot tell how long he has been here.

Coherence At times Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance Small: poorly nourished, lips livid

Skin healthy. Hair black.

Eyes brown Pupils small, equal

Muscularity poor. Fatness diminished

Nervous System—*Motor* As a rule he has two attacks of epilepsy in the week, and in each attack he has three or four convulsions.

Sensory Sensibility to touch diminished

Reflex Action diminished Special Senses of average acuteness.

Retina

Lungs He has a cough & mucopurulent sputa. There is dulness on percussion over the right clavicular and mammary regions and signs of a large cavity in the right mammary region

Heart Action is feeble

Tongue clean, red, moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are bad.

Appetite good

Urine

Menstruation

Pulse 64, compressible regular. Temp.

Height 5ft. 3in. Weight 135 lbs.

Disease Demented *Shue's Classification* Epileptic Insanity

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes.

NAME, Henry Dickson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-6-85.		96-3		77.		This patient has frequent epileptic fits before and after which he becomes excited talkative and exuberant in manner: his mental power is generally weakened, and he is incoherent in speech, at times.
27-12-85						He takes very few fits now. Mild exaltation accompanies his demented state. e.g. he believes his bed is made by a prince, that he never sleeps at all — & like other epileptics he has a chronic cough —
7-5-86.						Frequent attacks of excitement are present. These are mild in degree & are accompanied by restlessness. Fits are numerous at present
Oct 22 1887						H.D. is quiet but not in good health. Is at times dull at others lively — always dull after the fits which are frequent. Is demented. The cough is not so troublesome now but the fits are rapidly destroying his mind. A little black haired man who looks like a weazel.
3 Jan 1888						No change. His lung trouble shews no improvement.
30 March 1888						This little man varies. his phthisis is at times active. He is very dangerous when he thinks himself insulted but makes it a rule never to strike first.
20 June 1888						Varies still at times dull & quiet at others lively — he has phthisis
1 October						Still taking fits & is variable & at times can be dangerous.
20 Decr						This little black eyed, weazel-looking man is at present exalted & restless. He is not taking fits.
30 Mar 1889						This man takes fits still & his phthisis troubles him.
1 July						He is a most dangerous patient if interfered with & gives black eyes &c all round.

NAME. Henry Dickson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
10 Septr						This man is still excitable. He is at times dyspnoeic.
15 Novr						He is still Epileptic & gave a man a black eye today.
15 March 1890						~~[illegible]~~. Knee jerks very exaggerated. Triceps & wrist jerks also. Plantars active. Has a cough. At apices breathing is harsh & expiration is prolonged.
10 June						Still takes fits.
21 August						At times his breathing is difficult. His fits continue.
1 November						Same state.
23:10:91						This patient is suffering from pneumonia. Consolidated patch Rt side behind - does not cough. - give poultering - Stim. expect.
25:10:91						Pulse very poor. very weak - give whisky every half hour - & stim. expect. - temp 102.
26:10:91.						Died at 7.45 p.m.

NAME, Edward Bannister No. 1481
Admitted, 15th August 1876
Sex, Male Age, 27 Marriage, Single Pr. Ad. Occupation, Gentleman
Education,
Private or Pauper, Private Religion,
Where from? Dublin

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind
  - Duration Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting Inflammation of the brain & disturbed digestion

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal Shewed symptoms in 1875
Dangerous
Duration of Existing Attack Eight years
Other Facts or Remarks During his residence here this patient has had many outbursts of impulsive violence. He has assaulted several persons without provocation. During the last few years these attacks have been less frequent & his mind appears to have been more demented

Facts of Medical Certificates Vacant expression of countenance. Impaired memory. Melancholy. Rambling conversation.

NAME Edward Barrington

STATE ON ~~ADMISSION~~ 21 Decr 1884

Mental.

Exaltation

Depression

Excitement Is at times excited & has assaulted persons without provocation

Enfeeblement He pays little attention to what is going on around him & unable to converse connectedly. Self control enfeebled

Memory - Impaired, for recent events

Coherence Moderately good Can answer questions? Yes

Delusions

Other Abnormalities He often smiles to himself but can give no reason for doing so

Bodily.

Appearance Spare

Skin Healthy Hair Brown

Eyes Brown Pupils Large. Equal

Muscularity Moderate Fatness Diminished

Nervous System—*Motor* Functions good

Sensory Tactile sensibility moderately acute

Reflex Action Mod: acute Special Senses Mod: acute

Retina

Lungs Voice hoarse - Lung sounds feeble at the apices but little dulness - Respirations 18 per. min.

Heart Apex in usual position. Cardiac sounds normal

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. Liver dulness normal

Appetite Good

Urine S. G. 1018. Acid. Pale yellow. Contains no unusual Cons^ts

Menstruation

Pulse 80 per min. regular Temp. 98.7. 8. p. m

Height 5 ft 7¼ in Weight 10 Stn

Disease Organic Dementia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, Edward Barrington.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9·3·85		98·1		78	142.	Is demented. He takes a diminished interest in life, and is careless in his manner of doing things. There are times when he is obstinately silent. He joins in the amusements, but usually in a half-hearted manner. His bodily health is moderately good.
13·5·85						He was visited by his father last week but did not seem much pleased at the visit. His father thinks him better. He expresses pleasure at the prospect of a yachting trip in Summer.
3·5·86.						The yachting trip above mentioned did not come off, Mr Barrington's father having changed his mind. Mr Barrington continues as reported above. He is very indolent, walks out with Mr Stark forenoon and afternoon, with whom he has spoken within the grounds. He comes to all the amusements and joins with spirit into the dances. He plays cricket tolerably well. His bodily health is excellent.
1·7·86.						Mr Barrington is very ill. Sometimes it
14/9/86.					133.	is difficult to get him down to come to the
14/12/86					135	cricket field, and he plays in an
						lazy careless way which is annoying.
14/9/87						Mr. Barrington is gradually becoming more demented. He rarely speaks, and often he will not answer questions. He has lost almost all interest in life. He plays billiards in a characteristic way, making no remarks on the strokes, rarely marking his score, & expressing no interest in the result of the game. His bodily health is excellent.
14/12/87					139	No change to report.
20/3/88					138	No change.
5/5/88						Mr. Barrington smashed a cue over Mr Durand's head in the billiard room this afternoon, without the slightest warning or provocation. Fortunately he used the thin end of the cue, and did not do much damage. He kept out of the way for the rest of the evening, and seemed to feel that he had disgraced

NAME. Edward Barrington.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						himself. When asked to explain his conduct, he replied:- "I made a mistake".
20/7/88					137	He has shewn no symptoms of violence or irritability since last entry.
1/9/88					134	He is occasionally irritable and violent in his actions. He has been prohibited from playing billiards, as he is apt to become excited and break the cues, &c.
						Now quiets, - plays billiards &c.
23/4/89					135	No change.
July 30th 89.					133	Has been quiet, silent, but well-behaved as a rule lately, but had to leave the table-d'hôte some time ago for misbehaviour. He has not returned. In good health physically. Plays cricket now & then.
Sept. 30th 89.					135	No change mentally or physically lately. Lazy, silent and stupid. Went to Kinmount Aug. 6th and returned Aug. 30th.
	July 17	1890.				Went to Kinmount to day - still quiet, & silent. walks about grounds by himself - plays billiards &c. - is in H. S. - Gallery.
	July 18th					Returned from Kinmount to day.
	21					Came to Table d'hôte yesterday, as the table is rather empty at present, so many being at Kinmount
1.1.91						He is becoming more demented and stupid: seldom speaks to any one: is lazy, and lounges about the grounds with Mr. Steel. He plays billiards, cards, attends dances &c.
07.91						went to Kinmount
1.10.91						Returned from Kinmount.
93.92						No change mentally. In good physical condition.
25.92						went to Kinmount to-day.
1.9.92						Returned from "
12.11.92						No change.
25.93						Has gone back to Kinmount. No change
27.10.93						Very seldom speaks - about once a day. Very lusty for want of using.

page 803.

NAME, David Dick No. 1500

Admitted, 13th November 1876 Pr. Ad.

Sex, Male Age, 24 Marriage, Single Occupation, Student of Medicine

Education, Religion,

Private or Pauper, Private Where from? Gartnaval

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 10½ years

Other Facts or Remarks During his residence here he has been a violent & dangerous patient. He has had the delusions that there are people inside his head & that he is persecuted by them. In May 1884 he severely bruised his arm & it was suspected that his ulna was fractured. He hears voices speaking to him & answers them in angry tones.

Facts of Medical Certificates Fancies that those around him are destroying his body and mind: is very excitable and dangerous.

NAME David Dick

STATE ON ~~ADMISSION~~ 20th Jan 1883

Mental.

Exaltation

Depression

Excitement Becomes very excited at times - Hears voices speaking to him & answers them angrily - Is dangerous

Enfeeblement Is becoming more enfeebled in mind. Cannot speak coherently & is unable to carry on a conversation.

Memory Enfeebled somewhat

Coherence Impaired Can answer questions? Not well

Delusions Says that voices speak to him through the walls & tell him that he is God - Says there is a person in his head

Other Abnormalities Is suspicious & will not readily speak

Bodily.

Appearance Thin & pale - Expression of face frowning

Skin Pale Hair Brown & scanty

Eyes Blue Pupils Equal

Muscularity Moderate Fatness Impaired

Nervous System—*Motor* There is general muscular excitement - at times in the form of restlessness & shouting

Sensory Has subjective sensations of a person being in his head

Reflex Action Moderately good Special Senses Hallucinations of sight & hearing

Retina

Lungs Chest small, withdrawn at the lower part of the sternum in the infra-mammary regions - Breath sounds normal

Heart Apex in usual position. Sounds healthy

Tongue Dirty Bowels Sluggish

Other Organs, Abnormalities, Bruises, &c. Liver dulness normal. Has a slight Callus over the middle of the left ulna due to fracture

Appetite Good

Urine S.G. 1020. Acid. Light yellow. No unusual Constituents

Menstruation

Pulse 72 per min. Regular. Strong Temp. 99. 10. p. m.

Height 5 ft. 6 in Weight 8 St. 12 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	Yes

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NAME, David Dick.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
9·3·85						Is in a condition of Chronic Mania passing into Dementia. He is talkative speaking to persons, who, he states are in the wall of the room & who call him God. He is irritable & at times impulsively violent
3·5·86.						He remains the same. Generally he is quiet, very indolent, and silent. Now and then he is very noisy at night, and during the day irritable and impulsive, striking out without provocation. Sometimes he injures his hands by striking walls or trees when out walking.
5·6·86.						Has been quite quiet and easily managed since last report.
5·7·86					117.	Mr Dick remains in a quiet mood.
14/12/86					118.	
14/9/87					114	
17/10/87						Today Mr Dick fainted when out walking in the grounds. He has been failing for some time, taking his food badly, and bolting what he takes. He is a confirmed masturbator. He is quiet and easily managed now, being quite demented. He answers simple questions, but talks incoherently
3/11/87						Has had no more fainting turns, but is very pale & ill-looking. He can give no account of his symptoms. He has been ordered an egg ~~from~~ at breakfast and tea. He suffers from constipation: gets fil. aloes et ferri.
14/12/87					114	He is very pale and thin, but complains of no pain or sickness. He has still hallucinations of hearing, and answers in an angry tone imaginary voices. He is indolent, silent, and obedient.
30/3/88					118	No change to report.
20/7/88					110	He has lost weight, and is very thin and sallow. He is quiet and easily managed as a rule; he mutters to himself a great deal, and sometimes swears loudly at imaginary enemies.
15/9/88					106	No change.
12 Jan. 89						Mr Dick has been confined to bed lately & is getting very thin & gradually failing. Does not cough, but appetite very poor. Has been gradually failing & died today.
7 Feb. 89						Dead. See P.M. pge 45.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

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NAME, George Watt Granger — No. 1516
Admitted, 7th March 1877 — Pr. Ad.
Sex, Male — Age, 23 — Marriage, Single — Occupation, Clerk
Education, — Religion,
Private or Pauper, Private — Where from? Ayr Asylum

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. First — Kind
- Duration — Where treated Ayr District Asylum
- Hered. History—Insanity
- Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Yes
Duration of Existing Attack 7 years
Other Facts or Remarks Since admission has been at times excited & threatened violence. He becomes hypochondriacal after the Maniacal attack is over - His Conversation is incoherent. he answers many of the advertisements in the Newspapers. There has been little improvement in his Case since admission

Facts of Medical Certificates Excitement - restless manner. incoherent Conversation - delusions of Suspicion regarding his relatives

NAME George Wate Granger

STATE ON ~~ADMISSION~~. 21 Jan - 885

Mental.

Exaltation

Depression

Excitement Restlessness. Talks much

Enfeeblement Speech incoherent. Repetition of senseless phrases
E. g. "I am the pot." "I am the pot"

Memory Impaired

Coherence Much impaired Can answer questions? Not sensibly

Delusions

Other Abnormalities

Bodily.

Appearance Complexion florid - well nourished appearance

Skin Healthy Hair Brown

Eyes Blue Pupils Equal

Muscularity Good Fatness Considerable

Nervous System—*Motor* Restless: talks to himself

Sensory Sensibility to touch. Good

Reflex Action Normal Special Senses Good

Retina

Lungs Chest well formed. Lungs healthy. Respirations 17 per. min.

Heart Cardiac action increased. Heart Sounds healthy

Tongue Red + clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Pale yellow. acid. S. G. 1018. No unusual Constts

Menstruation

Pulse 80 per. min. Strong Regular Temp. 97. 9. 8. p. m.

Height 5 ft. 6 in Weight 9 St. 10 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeblement.

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NAME. George Wall Granger.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85.		98·7		82	141	Is chronically maniacal: talkative incoherent and restless. Is in good bodily health.
5·5·86.						He is quieter and more tractable. Works out in the garden with the working party, at digging, raking, cutting grass and the ordinary gardeners work. This exercise and employment has acted beneficially and Mr Granger is more like a reasonable being since he joined the party. He sleeps well and has a good appetite.
5·6·86						He has ceased to accompany the gardening squad.
6·7·86.						Mr Granger remains just the same as reported above; except that he does not work. He is quiet and easily managed.
14/9/86					134	
14/12/86					130	
14/9/87					140	Mr. Granger is again in the gardening party. His health is good. He is very talkative, but quite incoherent.
14/12/87					128	Still very talkative and incoherent. He has lost weight since last entry, but his health is good. He can scarcely answer a question rationally.
1888						
28/1/88						When out with the working party today Mr. Granger was attacked by Mr. Potter, who dealt him two severe blows on the head with an iron bolt which he had picked up from the ground, causing two scalp wounds which were only half-an-inch in length, but bled very freely. They were at once carefully washed and dressed antiseptically. Mr. Potter received no provocation, but seems to have had a dislike to Mr. Granger for some time, assigning as his reason that he has crossed him in a love affair.
30/1/88						Mr. Granger is none the worse of his injuries, and the wounds are healing satisfactorily.
30/3/88					126	Very talkative and quite incoherent. Bodily health good.
20/7/88					127	No change.
15/9/88					130	
30 Feb 89						No change.
23 April					130	No change.
July 30th 1889.					137	Still noisy, garrulous, stupid and uninterested in anything as a rule. Excitable at times.
Sept. 30th 1889.					137	No change mentally or physically.

NAME, George Watt Granger.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 1890						No marked change - talkative, restless - incoherent. He had an abscess in spring in the perinaeum which was treated.
1.6.91						Mr. Granger is quite demented, wanders aimlessly about the gallery laughing and talking to himself.
9.3.91						He is in fair bodily condition. Is quite silly in his behaviour, chews cloth, rags &c. decks his hat with leaves, ribbons &c if he has an opportunity.
12.11.92						No change.
2.5.93						Just the same. Goes out with the working party. Talks to himself in a very loud voice.
28.10.93						Understands what is said to him but seldom answers coherently.
1.5/95.						At present very much excited & noisy & talking in an incoherent fashion. To have 30 grs Sulphonal.
17/7/95						For a long time Mr. Granger has been very quiet. He does a good deal of work about the house. Very incoherent.
10/12/95.						As a rule quiet but excited at long intervals. Most incoherent man in the house.
1st Aug. 1904.						For many years after admission was noisy incoherent & restless. These features of his mental condition are still present, but with the passing of years he has become very enfeebled mentally. In Low North. Goes out daily with working party, and is in satisfactory physical health.
22 Apr. 1905.						Was today sent to the Second House
1 Aug. 1905.						Still in Second House. Demented. Restless & incoherent. Works in the garden. Keeping well physically.
1 Aug. 1906.						Back in First House. Noisy incoherent and demented. Works in the garden. In good health.
1 Jan. 1907.						In the Low West. Demented and noisy at times.
30 Mar. 1908						This gentleman remains in good bodily health, but mentally shows no change, being much demented. He is at times noisy, but not so bad as he used to be.
10 Aug. 1908.						No essential change except that dementia progresses
30 Jan. 1909.						Remains unchanged. Is at times very noisy, but at his best is much enfeebled mentally

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NAME, Thomas Bayne — No. 2089
Admitted, 12th March 1877
Sex, Male — Age, 29 — Marriage, Married — Pr. Ad. — Occupation, Woodturner
Education, — Religion, Protestant
Private or Pauper, Pauper — Where from? Royal Edinburgh Asylum

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. — Kind
- Duration — Where treated Edinburgh Royal Asylum
- Hered. History—Insanity
- Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental Has delusions
- Bodily health and condition are good

Insane Habits and Propensities

Suicidal No

Dangerous not known

Duration of Existing Attack Four months.

Other Facts or Remarks A case of delusional insanity. Delusions chiefly of a religious type. Pupils are small and thin.
On June 6th 1881 he is recorded to be suffering from delusions, as being preoccupied and as being untidy in his habits, showing incontinence of urine.
On March 30th 1883, he had undergone no improvement - and all attempts at correcting his untidy habits had proved unsuccessful.

Facts of Medical Certificates

With regard to his mental state, that he labours under the delusion that he is the Messiah, and with regard to his bodily health and condition, that they are good.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease Delusional Insanity — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Thomas Bryan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		98		76.		This patient labours under the delusion that he is attacked at night by women, who endeavour to pull him out of bed, in order to make him commit fornication with them, and states that they often act on him with wires.
1-1-86						He is now chiefly afraid that women will entrap him or force him to marry against his will
Mar. 20th						Opened abscess in posterior fold of left axilla evacuated about 2 oz pus. No bone felt.
June 20th						This wound has not yet closed & is still discharging a small amount of thin pus. & with the probe a rib can be felt with a very thin covering. The patient has improved in general health. but appears to have great difficulty in raising himself from a setting to an upright posture. & does it by moving his hands alternately upwards on his thighs as do children with Duchenne's paralysis He has lateral curvature of the spine but no evidence of caries. Mentally he is quite demented & is dirty in his habits
2 Jan 1888						T. B. is a little weak man of dirty habits & weak health. Still full of delusions of various kinds & troubled with hernia & a sinus of the chest. Speaks in a weary tired way.
10 Jan.						Getting weaker - very dropsical -
26 March 1888						Died

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

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NAME, Joseph Broadfoot No. 2099
Admitted, 8th May 1877 Pr. Ad.
Sex, Male Age, 29 Marriage, Single Occupation, Labourer in Starch works
Education,
Private or Pauper, Pauper Religion, Where from? Worthy Asylum

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. First attack Kind
  - Duration Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting "Nervous debility."

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack 10 months
Other Facts or Remarks Since admission the dementia in this case has increased, and no events are recorded in his history. His bodily health has been moderately good.

Facts of Medical Certificates He labours under monomania.

NAME Joseph Proudfoot.

STATE ON ~~ADMISSION~~ 20·10·85

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot take an intelligent interest in anything; cannot originate an idea

Memory Cannot tell age or what he worked at this morning

Coherence Can answer questions? Yes of very simple

Delusions

Other Abnormalities

Bodily.

Appearance Thin; miserable; poorly nourished

Skin Cold; healthy Hair Brown

Eyes Grey Pupils Normal

Muscularity poor Fatness

Nervous System—*Motor* Sluggish

Sensory Sluggish

Reflex Action Special Senses Normal

Retina

Lungs There is dulness with prolonged expiration & harsh breath sounds under both clavicles.

Heart Normal

Tongue pale flabby Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 76 per minute Temp. 98° 7

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Below average

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

NAME, Joseph Proudfoot.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
10·6·85		97·3		80		There has been no change in the mental condition of this patient since last report. His memory is defective; he answers at random, and takes no interest in anything.
13-5-87						When questioned he utters passing silence & gives an answer having no direct connection with the question. He is stated to have been educated for the church, but no evidence of memory being exercised & classical words uttered from time to time shows he is harmless & thoroughly demented. As a hand carrier he is faithful & diligent.
Sept 14. 1887.						J. P. is in much the same condition as at last entry — Demented but useful about the place as grass cutter & bread carrier &c He is perfectly quiet & quite harmless — a mere machine.
Oct 21 1887.						J.P. has had an attack of dropsy with diminution of urine & very full of albumen. His heart was acting badly also Acetate of Potash & a mixture of Strophanthus & digitalis have now increased the urine so that the dropsy has gone & the kidneys again in a Physiological condition.
3 Jan 1888						Feet still dropsical. In poor health. Does not work outside.
30 Mar 1888						Still dropsical — deeply demented.
13 June 1888						Died — Oedema pulmonum.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

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NAME, Robert Brown — No. 2103

Admitted, 25th May 1877 — Pr. Ad.

Sex, Male — Age, 32 — Marriage, Single — Occupation, Master Baker

Education, — Religion, Protestant

Private or Pauper, Private — Where from? Dumfries

HISTORY.

Condition.

Disposition

Habits Unsatisfactory said to have been addicted to drinking

Previous Attacks—No. Two — Kind Melancholia

Duration of Second attack Three months — Where treated C.R.S. & S.C. Asylum.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Said to be due to drinking.

Symptoms. First.

Mental Mental depression, attempted suicide.

Bodily

Recent.

Mental Sleeplessness, want of Appetite. despondency

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous to himself

Duration of Existing Attack Some weeks.

Other Facts or Remarks Very depressed saying that he would be better out of the world On June 6th/87 it is recorded that he was still intensely depressed and thought that poison was put into his bread, was sleepless and aware greatly. Since that time, he has remained depressed, but his delusions have not been so prominent, he has at various times during that period interested himself in the amusements of the house and has also been employed as tailor

Facts of Medical Certificates

I ① Melancholia Says his conscience will not allow him to rest. cannot take his food. ② Has been in Asylum twice, once attempted and nearly succeeded in committing suicide.

II ① He is in a very despondent melancholy low state of mind. Has lost sleep and Appetite. Says he is damned and is careless what becomes of him. He wishes to go to the Asylum. ② His sister with whom he lives says she is frightened at his low state and fears his doing her or himself injury

NAME Robert Brown

STATE ON ~~ADMISSION~~. February 28th 1885

Mental.

Exaltation

Depression Has great depression, thinks he should not be detained and wishes to go home. States he has lost all hope of salvation & ought to die.

Excitement

Enfeeblement Has no enfeeblement

Memory Has a good memory

Coherence Is coherent Can answer questions? yes

Delusions Has delusions, thinks he sometimes sees spirits, believes that some years ago he saw several spirits among whom was Christ who refused him salvation.

Other Abnormalities

Bodily.

Appearance Sallow, his expression is one of despondency

Skin Healthy Hair Fair and abundant

Eyes Blue Pupils Rather small, equal, contractile.

Muscularity Impaired Fatness Has deficiency of subcutaneous fat

Nervous System—*Motor* functions normal

Sensory functions normal

Reflex Action normal Special Senses normal.

Retina

Lungs Movement of chest good, nothing abnormal about breath sounds, has a slight cough.

Heart Sounds are weak, but there is no accompanying bruit.

Tongue large, flabby, rather tremulous Bowels Rather confined.

Other Organs, Abnormalities, Bruises, &c. He has a cicatrix over his trachea due to an attempt to cut his throat at the lower edge of this is an aperture communicating with the air passage. contour of trachea is much distorted. Skin of inner aspect of right leg is mottled with sitting over the fire

Appetite moderately good

Urine

Menstruation

Pulse 80, Regular, rather full and soft Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Below the average

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. Robert Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·6·85		98·5		75.		Is depressed, states that he has lost all hope of salvation and that there is no use of him living any longer, because he has been such a great sinner. Lately he has been induced to do some outdoor work with beneficial results.
17·9·85						Since last report he has been regularly engaged in the garden with good result as he is more contented less peevish & irritable though still depressed & liable to expand on his sinful & lost condition when ever he gets an opportunity. With the other patients he is taciturn and unsociable. He has enjoyed moderately good health lately
27-12-85						He occupies himself in the Sick Room and frequently does a little tailoring. At times he becomes acutely depressed and is taciturn and repellant in manner. He labours under numerous delusions of ill usage and of being unjustly & unnecessarily detained in this asylum. If not spoken to he rapidly regains his usual condition & if spoken to about his mind he invariably becomes depressed & suspicious. He has a very phthisical appearance.
7-8-86						This patient gets on best if attention is never directed to himself. Introspection seems always to excite delusions of suspicion & maltreatment. His favourite discourses when excited are upon injustice, God's will & suicide.
27/1/87.	102·6°		102.			
29/1/87.	102·8°	104°				
30/1/87	102°					
1/2/87.	101·6		84			
2/2/87.	104°	103·2°	100	105		
	Resp. 31. - 28.					
						Brown is mentally very little changed. He follows no fixed occupation but does little odd jobs in a clever & neat handed way. He has a morbid dislike to thanks & has been known to refuse to do further work for anyone who thanked him.
						He constantly accuses himself of having misspent his life, of being of no use to anybody.
1887						For four days past he has been in bed with high temp. dry cough & pain in the left side of chest. But no physical signs could be discovered till to day when all the signs of pleurisy with effusion were found over the left base. He has old phthisis.
Feb 3rd		103·4		100		No change in physical signs. Patient somewhat easier. Resp 30. Pulse full & regular
Feb 4th				100		Still some pain on coughing. Limacious frothy white s'

NAME, Robert Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
					Resp.	Sputum. Skin hot & dry. pulse regular. appetite very poor.
Feb 5th	103°		105.			No improvement. Sickness & bad appetite
Feb 6th	103°	102.6°	100	100	30.	Respiration laboured. taking food better. much depressed.
Feb 7th			108.		32.	Dyspnoea more evident causing disturbed sleep —
Feb 8th	103.4°	102.5°	105	98		Pleural cavity aspirated & 80 oz. Clear serum drawn off. Considerable relief. Taking food better.
Feb 9th	101.8		100	105	24	Slept badly. feels much exhausted. Still dyspnoea. Still dulness over the lung posteriorly. flat note up to 2 inches below angle of scapula. Distant tubular breathing with moist sounds. (Pneumonic consolidation) Breath sounds absent below 8th rib
Feb 10th	103°		105		29.	Still sleeping badly. pulse full but soft.
Feb 11th	102		88		30.	Feeling easier. but more depressed mentally.
Feb 12th	101.4°		96.			Pulse empty & dichrotic. Flat note extending posteriorly
Feb 14th						Brown is easier & is sleeping better & taking his food better.
Feb 15th	102		94		32	No change. Still coughing. frothy spit.
Feb 17th	101.7		105.			Less dyspnoea. sleeping better
Feb 18th	102		100		30.	Less cough. tubular breath sound coming nearer the ear. still no vocal fremitus below angle of scapula.
Feb 19th	102.6		100			In better spirits. but fanciful about his food.
Feb 21st	101.2		100		33.	Complaining of cramps in the legs at night. appetite poor. Sweating at night.
Feb 22nd	100.8		100		28.	Today 30 oz fluid withdrawn from pleural cavity. Patient is taking food better but is making no progress & appears as if he were going to fall into rapid phthisis. He has sweating at night & is becoming much emaciated
Feb 23rd	102°		100			Slept well last night.
Feb 25th	100.6		94.			Much exhausted has had profuse diarrhoea for last 18 hours. not arrested by Bismuth & Soda —
Feb 26th						Still diarrhoea irregular appetite. great depression
Feb 28		99.6		weak 100		red & dry tongue. colicky pains. Lead & opium pills one every 4 hours. to 4.
Mar 1st	101°		90			Diarrhoea checked. Quiet sleep. much more cheerful & happy.
Mar 2nd	101.5°		105.			In good spirits no return of diarrhoea. taking food well.

see Page 782.

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NAME, Edward Proudfoot No. 2112
Admitted, 18th June 1877
Sex, Male Age, 35 Marriage, Married Pr. Ad. Occupation, Mason
Education, Religion,
Private or Pauper, Pauper Where from? Glasgow

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. First attack Kind
  Duration Where treated
- Hered. History—Insanity A brother is insane
  Other Diseases
- Predisposing Heredity
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal Yes
Dangerous Yes
Duration of Existing Attack 3 months.
Other Facts or Remarks There has been little change in the mental state of this patient since admission. Occasionally he has hallucinations of hearing, but as a rule is quiet & orderly. His bodily health has been moderately good.

Facts of Medical Certificates I. 1. Wandering ideas, seeing, hearing and speaking, to invisible objects, extraneous notions, facial appearance of an unsound person, 2. Has threatened his wifes life, causes great fear and annoyance to others, unsettled in all his actions, observed by his brother in law, Matthew Richardson. II. 1. Very restless & sleepless: persists in saying he will die in three days, says he dare not fall asleep, because he would never awake. 2. Very unsettled: sees & hears imaginary things.

NAME Edward Proudfoot

STATE ON ~~ADMISSION~~ 20·10·85

Mental.

Exaltation

Depression

Excitement

Enfeeblement cannot take an intelligent interest in his surroundings or any on a conversation. Is listless, very apathetic & slovenly

Memory cannot tell age or remember recent events

Coherence Can answer questions? Yes if very simple

Delusions

Other Abnormalities

Bodily.

Appearance Thin; miserable; ill-conditioned

Skin healthy Hair Brown

Eyes Blue Pupils Normal

Muscularity poor Fatness

Nervous System—*Motor* Sluggish

Sensory Sluggish

Reflex Action Special Senses

Retina

Lungs There is dulness on percussion in left infraclavicular region but no signs of active disease

Heart's action weak but no bruit can be detected

Tongue pale, flabby Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 80 per minute Temp. 98·2° F.

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Average

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

NAME. Edward Proudfoot.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		97.2		70.		This patient shows no signs of improvement; he says that he wishes to have a lieutenant's uniform and elastic sided boots to put on, because he has come to the conclusion that it is his proper dress. He works at his trade as mason and does well.
13.5.86						He is listless & apathetic indoors & when at work as a mason he occupies himself but takes no interest in anything beyond his work. His tendencies are distinctly unsociable.
Septr 14. 1887.						He is now dull & listless; works fairly well & is demented. Scarcely speaks but his bodily health seems pretty good.
3 Jan 1888						A cunning excitable dement. has a low type of face & is mischievous.
30 March 1888						A very sleepy fellow at times. Works with the mason - no change.
June 18 1888						Does not seem to miss his dead brother - he says that his brother has gone home - evidently does not know he is dead or if he does he cares nothing.
1 October						A silly demented fellow without moral sense or intellectual perception.
20 Decr						This man remains as before. He shews no change in his mental state.
30 Mar 1889						He works with the mason & is a silly excitable dement.
1 July						An excitable fellow but does not strike - Bodily health good.
15 Septr.						He is still working with the mason & is quite demented.
10 Novr						This man is silly & quiet. There is no change in him.

NAME. Edward Proudfoot.

DTE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5 Mar. 1890.						This man works with the masons & is quiet & tractable but a very silly fellow. very forgetful - his memory is impaired.
10 June						No change.
21 August						He still works with the masons & is much as before mentally.
1 November						Continues a silly demented fellow.
14 November 1899						Sent to Farm Annexe
1902 July 10th						Continues at Annexe & works with Mason. Keeps in good health.
1903 July 10th						No change in any way. still at Annexe & assists the Mason.
1904 March 1st						Continues at Annexe.

Farm Annexe.

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NAME, William Flannigan No. 2113
Admitted, 22nd June 1877 Pr. Ad.
Sex, Male Age, 25 Marriage, Single Occupation, Labourer
Education, Religion,
Private or Pauper, Pauper Where from? Dowell

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. First attack Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Symptoms. Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack 7 months.
Other Facts or Remarks This patient on admission was thin and anaemic He is was a case of congenital imbecility which had shown a tendency to dangerous violence towards his mother during the seven months previous to admission. During his residence here, he has behaved well with the exception of tearing his clothes to pieces sometimes.

Facts of Medical Certificates I. 1. Melancholia, confused in replying to questions & answers with great hesitation. Imagines he is reading all day. 2. His Mother in some method he is afraid to live with him. that he struck her on sunday. today he told her that he had the rope ready for her. II. 1. He is in a moody melancholy state. Is pale, thin & dejected in appearance, he lies about the house constantly, often under the bed will not work. Is restless and sleepless at night. 2. His mother and others say he is naturally soft and weak minded. Has lately got more irritable & violent. Has struck her lately. Now they are afraid of him at home

NAME William Flannigan

STATE ON ~~ADMISSION~~. 7.7.85

Mental.

Exaltation

Depression

Excitement

Enfeeblement There is general weakening of mental power; he is apathetic, never originates an idea, and is stupid

Memory Poor. cannot remember how long he has been here

Coherence Can answer questions? Yes.

Delusions

Other Abnormalities He is irritable at times

Bodily.

Appearance He is moderately well nourished

Skin healthy. Hair brown.

Eyes blue. Pupils of average size, equal.

Muscularity good Fatness good.

Nervous System—*Motor* functions fairly well performed.

Sensory Sensibility to touch diminished.

Reflex Action diminished Special Senses somewhat dulled.

Retina

Lungs Chest narrow. Lung sounds healthy. Respirations. 21 per. min

Heart healthy.

Tongue clean, red moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are good.

Appetite good,

Urine bright yellow. s.g. 1024. acid. Deposit of urates

Menstruation

Pulse 84 of good strength, regular. Temp. 96. 4° Th. 3. 20 p.m.

Height 5ft. 9in. Weight 145 lbs.

Disease Congenital Imbecility *Sluc's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

NAME, William Flannigan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
16·6·85		97·3		80.	145.	This patient is much mentally enfeeb He cannot remember how long he has b here; states that he came from Ireland cannot state from what part. He is cro and irritable at times. He works on thef
17·9·85						Has been regularly employed outside at the bu operations & is about the best worker in the hou Mentally of course there is no change. The periods of ment are restricted to irritableness & peevishness with sense of ill-being often preceded or accompanied by so stomachic or other derangement that readily yields treatment. He has been quiet & orderly never speak unless pointedly addressed & then as shortly as possible
5·5·86						He is of a very vicious and suspicious nature. His bodily health is fairly good.
Septr 14. 1887.						W. F. is now somewhat quieter but some of his old characteristics come out occasionally. He works outsi & is useful. Has no complaints to make as to his physical condition.
2 Jan 1888						No change in this dement.
30 March 1888						Still in the 3rd Division – work with the Squad.
20 June 1888						No change.
1 October						This man is quiet but irrita & seems rather sour. He in his usual health
20 Decr						Remains the same – He is at usual work –
30 Mar 1889						This man is quiet at pre & is silly & seldom speak. He works outside & is un demented.
1 July						Still quiet & in good health.
10 Septr.						This patient is much as before. He is still quiet.
15 Novr						W. F continues working out of doors & is in good health

C. R. I. CLINICAL CHART.—*House (and Ward)* Wigtown

Date of Month and Year of Admission	Name and Age of Patient	Duration of Illness on Admission
	W. J. Cunningan	

Date	DIET AND EXTRAS	Date	MEDICINES	Date	REMARKS

Year & Month: 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18

TEMPERATURE FAHRENHEIT'S SCALE. 107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97° 96° 95°

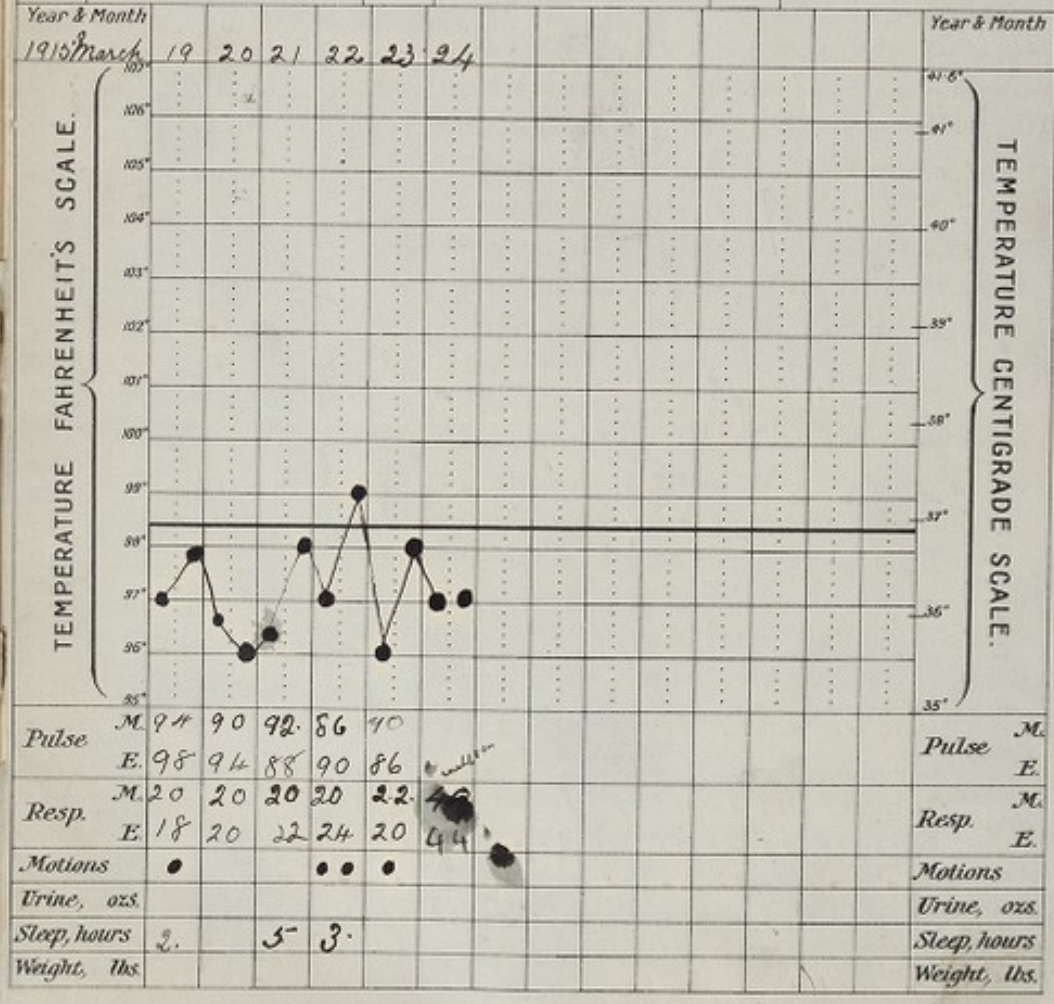
TEMPERATURE CENTIGRADE SCALE. 41·6° 41° 40° 39° 38° 37° 36° 35°

Pulse	M.	60	70	90	64	60	62	66	62	80	70	60	56	59	62	Pulse M.
	E.	84	90	92	70	67	63	68	65	80	86	62	76	100	80	E.
Resp.	M.	20	21	23	22	18	17	21	20	23	80	16	15	16	16	Resp. M.
	E.	18	18	22	23	22	20	21	23	19	28	18	20	23	24	E.
Motions		•	•		•	•	•		•		•	•	•			Motions
Urine, ozs.																Urine, ozs.
Sleep, hours		3	6	6	5	6	3	4	4		5	5		4		Sleep, hours
Weight, lbs.																Weight, lbs.

C. R. I. CLINICAL CHART.—*House (and Ward)* Rathdale Ho.

Date of Month and Year of Admission	Name and Age of Patient	Duration of Illness on Admission
	W. Flanningan	

Date	DIET AND EXTRAS	Date	MEDICINES	Date	REMARKS
					died 5.50 am March 24th



C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name William Flannigan

Died on 24th March at 5.50 p.m. P.-M. on 26th March at 10.45 a.m.

Mental Disease Progressive senile dementia

Cause of Death

General Survey.

P.-M. Lividity

P.-M. Rigidity

Nutrition Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F 44 oz.) 52 oz.

Arteries at Base of Brain Brain wt. free from membranes 47 oz.

Cerebrum

moderate excess of subdural fluid. Pia arachnoid thickened + oedematous. Convolutions slightly flattened

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium

Heart (M. 11 oz., F. 9 oz.)

Cavities

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.)

Muscle

Aorta and Vessels

Respiratory System.

Left Pleura

Left Lung (M. 21 oz., F. 15 oz.)

Right Pleura

Right Lung (M. 24 oz., F. 17 oz.)

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.)

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.)

Right Kidney (M. 5¼ oz., F. 4¾ oz.)

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician

NAME, William Flannigan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
[illegible] Mar.			1890			No change.
[illegible] June						He is silent & at times a little irritable but is quite demented.
[illegible] August						Much as usual
[illegible] November						This patient is quiet & weak minded.
30th Dec: 1899						Sent to day to Farm annexe.

Died. 24/3/15.

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NAME, Matthew Paul (See Vol XIII 589) No. 2128

Admitted, 27th August 1877 Pr. Ad.

Sex, Male Age, 50 Marriage, Married Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Drogheda

HISTORY.

Causation.

Disposition described as being a dull man with few ideas

Habits

Previous Attacks—No. First attack. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Four months

Other Facts or Remarks On admission was in a state of mingled depression and dementia, with torpidity of all the vital functions. Since then the dementia has increased: he is described as a restless and obstinate patient, always wanting to be away. His vitality has been low, and slight bruises have in him caused much effusion of blood into the cellular tissues. He has occasionally had oedema of the feet.

Facts of Medical Certificates I. 1. He complains of want that he has gone down in the world refuses to answer questions, and altogether of an insane appearance. 2. Will not work, will not take off his clothes or go to bed at night and will not take food. II. 1. His melancholic, insane appearance & actions. cannot explain why he refuses to take food & why he cant or wont work. 2. His wife informs me that for the last two or three weeks he has been quite changed in manner & refusing to work or take food.

NAME Mathew Paul

STATE ON ADMISSION. 8 June 1885

Mental.

Exaltation

Depression

Excitement Is at times irritable and strikes with little provocation.

Enfeeblement cannot answer the simplest questions correctly; says "I dont know" to everything he is asked; does not know where he is, vacant expression of countenance.

Memory Poor. cannot remember the day of the week, or how long he has been here.

Coherence Impaired Can answer questions? No.

Delusions

Other Abnormalities He mutters "Good God, Mathew" repeatedly to himself, but if asked if there is anything for which he does so, he replies "Nothing."

Bodily.

Appearance poorly nourished; tissues soft and flabby.

Skin surface reddish mottled; the facial venules are congested. Hair Brown

Eyes Blue. Pupils Equal, small, sluggishly contractile.

Muscularity Diminished Fatness Poor.

Nervous System—*Motor* functions feeble. His gait is feeble and unsteady.

Sensory functions dulled.

Reflex Action Diminished. Special Senses dulled.

Retina

Lungs Respirations 18 per min. Lung sounds healthy.

Heart Cardiac action very feeble. Heart sounds scarcely audible.

Tongue Clean, red moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The ears are both hard and shrivelled, the result of old haematomata.

Appetite moderately good.

Urine orange coloured. s.g. 1029 acid. No unusual constituents

Menstruation

Pulse 62. feeble, compressible, regular Temp. 97.3° Th. 12. p.m.

Height 5 ft. 4 in. Weight 154 lbs

Disease Secondary Dementia. *Skae's Classification*

General Bodily Health and Condition Enfeebled.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, Mathew Paul.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		97.6		73.	154	There has been no change in this patient's condition since last report: he is incoherent in speech, cannot answer questions & does not know how long he has been here. His bodily health is poor.
17.9.85						Has shewn little change during the last three months. Is as surly; morose; taciturn; irritable & lazy as ever. Likes to get an easy chair near the fire & sleep all day. He is very easily excited & will strike anyone near on slight provocation. For some time during summer he was employed outside but he refused at last work & had to be kept in the house. His general health is moderately good
18-11-85						This is a splendid specimen of dementia. His intellect is almost entirely gone. The time of the year, his own name & so on are quite beyond his grasp.
13-5-86						Attacks of excitement occur at times & he chatters down to himself. He is now so feeble as to be confined to the sick Rome
13/11/86						Is at present suffering from asthma. Is quite demented & almost incoherent at times. Suffers from frequent fits of excitement during which he attacks the attendants
Oct 22 1887.						Mr. P. is an asthmatic dement. His breathing gives him a great deal of discomfort. He grunts a great deal & never says anything but "middling" in reply to questions as to how he is getting on. He frequently gets a black eye as he is not able to take care of himself & gets excited at times.
2 Jan 1888						Dribbles constantly by night & day. Always wet. He is weaker than before.
30 Mar. 1888						Has had an abscess of knee wh. was aspirated – the pus re-collected & it was opened – is now much better. Is in bed.

NAME. Matthew Paul.

DAY.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9 June 1888						Looks thinner & weaker - gets whiskey & port wine. He never answers with any other reply than "middlin" when asked how he is.
10 August 1888						Died -

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NAME, Archibald Roxburgh — No. 1546

Admitted, 31st August 1877

Sex, Male — Age, 67 — Marriage, Married — Pr. Ad. Occupation, Merchant

Education, — Religion,

Private or Pauper, Private — Where from? Glasgow & Argyll and Bute Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One — Kind

Duration — Where treated

Hered. History—Insanity Mother & two nephews were insane

Other Diseases

Predisposing

Exciting Habits of life

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal At times

Dangerous No

Duration of Existing Attack 12 years

Other Facts or Remarks When admitted he was in a state of intense depression, said that he felt like a living corpse &c. & expressed a wish that he might die. In 1879 he suffered from severe diarrhoea. He imagined that the part which supports the testicle had given way. He believed that he would never die. He swallowed a liniment in 83 which he received for pain in the testicle from which he suffered. He has heart disease

Facts of Medical Certificates Suffers from Melancholia with religious delusions & occasionally exhibits suicidal tendencies.

NAME Archibald Roxburgh

STATE ON ~~ADMISSION~~. 24 Dec 1884

Mental.

Exaltation

Depression He expresses the opinion that he is dying. Believes that he is being punished for his sins & that of his forefathers

Excitement

Enfeeblement His self control is enfeebled. He is irritable

Memory Moderately good

Coherence Average Can answer questions? Yes

Delusions That his Left testicle is very much swollen & that this swelling is increasing

Other Abnormalities He speaks a great deal about his imaginary bodily ailments. Says that he never sleeps. Yet sleeps well.

Bodily.

Appearance Pale. The lips are livid. There is oedema under the eyelids

Skin Pale and dry Hair White { fingers ends clubbed

Eyes Grey Pupils Equal

Muscularity Poor Fatness Diminished

Nervous System—*Motor* There is some difficulty in walking but to a certain extent this is assumed to give colour to the idea that the testicle is injured

Sensory Cutaneous sensibility diminished

Reflex Action Diminished Special Senses Hearing & Sight impaired

Retina

Lungs Chest normal. Lungs sound healthy. Respirations 20 per min.

Heart apex displaced downwards. Mitral Systolic Murmur

Tongue Red. Clean & moist Bowels Confined

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine S.g. 1015. pale yellow. No albumin.

Menstruation

Pulse 72 & Good strength. Regular Temp. 97.8°. 12.20. p.m.

Height 5ft 7½ in Weight 9 St 4 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes.		Yes	Yes.				

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NAME, Archibald Roxburgh.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85		98.1		72	111.	Is melancholic: He has the delusion that he will never die. He declares that he never sleeps: hears every stroke of the clock at night, though he is a sound sleeper. He is exacting & selfish always desiring narcotics, or other medicines when there is no necessity for them. He suffers from Heart Disease —
9.5.85.						This morning he had an attack of vomiting with a feeling of faintness. He is very pale & has a weak and intermittent pulse. 3ij Whiskey administered. Towards midday he was in his usual state. 14/9/87 17/9/87
4.6.86.						Since last report Mr Roxburgh has enjoyed comparatively good health for a man of his years who has heart disease and who never goes out. He takes great care of himself and is very selfish and exacting. His craving for narcotics has been conquered by flat refusal to supply the drugs. He sleeps soundly without the draughts, but says his eyes are never closed. He still has the delusion that he will never die, but it does not seem so strong as formerly.
1.7.86.						This old gentleman is in good health and spirits at present. — He frequently takes a short walk in the grounds, which was almost an unknown thing for him to do. 4/12/87
14.9.86 1887. 12/1/87.					116.	Mr Roxburgh is in feeble health. He is intensely anemic but will take no medicine. Her temper is very uncertain. He constantly complains that he does not sleep at night, but he is in reality a very sound sleeper. He constantly asks for narcotics. Several mild placebos have been tried but he rejected them scornfully & asked for Chloral. Paraldehyde was tried & acted but he succumbed after the second dose. Refused it as the taste was too horrible. 30/3/88
14/12/86					122	20/4/88 10/5/88

NAME. Archibald Roxburgh.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						He never goes out as he says he cannot walk on account of a kick he got a year ago. To this kick he attributes all his ill health constantly complaining of pain in the leg. Not the slightest abnormality can be discovered by careful examination. Mr R. is decidedly inclined to see anything like a medicine bottle within reach without making for it & attempting to swallow its contents. He is very hard on the failings of his fellow patients & is frequently heard reading them lectures on them selves. His lectures are certainly reproofs that are not characterised by mildness
					122	11/9/87
						17/9/87 Mr. Roxburgh still maintains that he never gets a wink of sleep, and is becoming much weaker every day; also that he vomits his food every day. He is certainly feeble and anaemic, but his statements are greatly exaggerated. He cannot be persuaded to go out. He is fond of talking about his sufferings, and discussing such subjects as the doctrine of fore-ordination in relation to his trials. He was ordered a small dose of Ether. at bedtime in the hope that he would believe he got sleep as the result; but he said it was useless and demanded Chloral. Two or three grains were given him, but he said the dose was far too small. His request has been so repeatedly refused that he has now ceased to make it. He has not been so irritable and troublesome lately, and has shewn no suicidal tendencies.
					125	14/2/87 Mr. Roxburgh is becoming more discontented and complaining: he treats the other patients in the room with contempt, and speaks very harshly to them. His delusions are unchanged.
					130	3/3/88 Mr. Roxburgh is very fond of considering himself a great invalid, and never wearies of recounting his sufferings. He limps about when any one is watching him, and asserts that he is paralysed, that his hip is dislocated, &c. He still asserts that he never sleeps, and craves for narcotics & stimulants. Salt and water is given as a sleeping draught, and water is added to his whiskey, to make him believe that the amount is increased. Nothing will induce him to go out of doors. He abuses the officials and the diet to the other patients and does mischief by exciting or increasing their suspicions.
					126	2/7/88
					121	1/9/88

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Vide Female Case Book 1885-
p. 107

NAME, Nicholas Kirkpatrick No. 2134
Admitted, 9th October 1877
Sex, Male Age, 25 Marriage, Single Pr. Ad.
Occupation, Domestic ser
Education, Religion,
Private or Pauper, Private Where from? Penicuik

HISTORY.

Condition.
- Disposition
- Habits
- Previous Attacks—No. Kind
  - Duration Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks

Facts of Medical Certificates

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

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NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

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NAME, William Farish — No. 2143

Admitted, 21st November 1877 — Pr. Ad.

Sex, Male — Age, 28 — Marriage, Single — Occupation, Shoemaker

Education, — Religion,

Private or Pauper, Pauper — Where from? Annan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack. — Kind

Duration — Where treated

Hered. History—Insanity Mother was once insane.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Two months.

Other Facts or Remarks This case appears to have been one of Masturbational Insanity with delusions of a grandiose nature. He has shown no signs of improvement since admission, and his bodily health has always been poor.

Facts of Medical Certificates I. 1. On money matters & property the patient entertains decided delusions, fancying himself immensely wealthy &c — 2. Recently the friends, father & mother state that he has shown rather destructive tendencies assaulting his relations & is with difficulty restrained.

II. 1. Has a few minutes since told me he owns the greater part of annan. A great many people living in the air who come very often to abuse him. Restless at night & occasionally violent. 2. Last saturday evening was throwing chairs & about after midnight. Two police officers had to be called in.

NAME William Farish

STATE ON ~~ADMISSION~~ 16th September 1885

Mental.

Exaltation

Depression

Excitement Sometimes mildly excited, restless, noisy & unmanageable

Enfeeblement

Memory

Coherence Coherent Can answer questions? When he pleases

Delusions That he is some person of authority & influence; pecuniary considerable wealth &c but these delusions are indistinct

Other Abnormalities

Bodily.

Appearance Thin, anaemic - anxious

Skin Anaemic Hair Black

Eyes Brown Pupils Normal

Muscularity poor Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs There is dulness on percussion; fine crepitations with prolonged expiration on auscultation. Left lung normal

Heart Second sound is accentuated in the Aortic area Mitrale Heart is normal.

Tongue Red & irritable Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine

Menstruation

Pulse 80 per minute Temp. 99°7

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	/								

NAME, William Farish.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		98		74.		There has been no change in the condition of this patient since last report. He is much addicted to masturbation. He works in the Shoemaker's shop.
17.9.85						Has been constantly employed in the Shoemakers offices where he is very useful. There has been no change in his mental state. He has been quiet, reticent & unsociable never speaking unless pointedly addressed & then answering curtly as if annoyed at being taken notice of. The constant indoor employment has made him pale & thin but otherwise his health is moderately good.
18-1-86.						There is no change to report. He is very anaemic. His habits are still as noted above & are perhaps as much the cause of his anaemia as his indoor occupation. Mentally he is much enfeebled.
7-5-86						He continues to work diligently. It is with difficulty that he can be induced to speak & if troubled at all he tells on to mind their own business & lapses into silence. Considerable suspicion is present.
24th Dec 1887.						W. F. is a silent & short tempered man - becomes irritable if spoken to - wd become violent on little provocation. a surly suspicious fellow. In poor health & a masturbator.
30 Mar 1888						He works with the Shoemaker - very unsociable!
20 June 1888						This dark dhoor fellow is much the same - works pretty well
1 October						This man is still a silent sour fellow who will scarcely reply to a question.
20 Dec.						He is pale & thin - his hair is black & his face sallow - He shews no improvement.
30 Mar. 1889						He works with the Shoemaker but is slow - his manner is quiet & sour.
1 July						This is an anaemic man & very thin always.
10 Septr						He is as pale as ever &

NAME. William Farish

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						miserable looking. Also sallow. He he will not speak much.
15 Novr 1889						This man still works as a shoe-maker and is quiet & seldom speaks - This is anaemic also
15 Mar 1890						much the same - still irritable & always lazy.
10 June						No change.
21 August						His health is not robust & he is pale & ~~dark~~ thin still.
1 November						Works as before with the shoemaker and is a demented silent fellow. He is still irritable.

28th January 1891:- Died today of phthisis & pneumonia.

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NAME, Thomas McCall (Vol XIV. 2) No. 2145
Admitted, 13th December 1877
Sex, Male Age, 30 Marriage, Single Pr. Ad. Occupation, Lead miner
Education, Religion,
Private or Pauper, Pauper Where from? Wanlockhead

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. First attack Kind
- Duration Where treated
- Hered. History—Insanity His paternal grandfather was insane.
- Other Diseases
- Predisposing Heredity
- Exciting Epilepsy.

First Symptoms.
- Mental
- Bodily

Recent Symptoms.
- Mental Attempted violence to a woman: tried to push a mason off a scaffold entering neighbours' houses and threatening them.
- Bodily He has had Epileptic fits & the mental symptoms are always aggravated after them.

Insane Habits and Propensities
Suicidal No
Dangerous Yes.
Duration of Existing Attack Insane more or less for five years, but the symptoms have been much aggravated during the past fortnight
Other Facts or Remarks

Since admission there has been little change in the mental condition of this patient. The fits have been frequent & severe and during them he has often showed impulsive violence. In Jan. 1878 his left clavicle was fractured during a fit.

Facts of Medical Certificates Incoherence; weakmindedness, vacant & silly look attempting to leave his bed to go downstairs when there are none threatening to do for Dr Wilson of Wanlockhead's servant & running after his daughter.

NAME Thomas Mc Coll.

STATE ON ~~ADMISSION~~. 29 May 1885

Mental.

Exaltation

Depression

Excitement Becomes excited and impulsively violent after the epileptic convulsions.

Enfeeblement Stupid and unable to carry on a conversation: takes no interest in anything: the facial expression is heavy and stupid

Memory Impaired. Cannot tell how long he has been here

Coherence Can answer questions? No

Delusions

Other Abnormalities He resists everything done to him: he masturbates and is wet and dirty

Bodily.

Appearance So stout & flabby: dark complexioned.

Skin Healthy. Hair Black.

Eyes Brown Pupils Equal, small, sluggishly contracts

Muscularity Diminished Fatness Increased.

Nervous System—*Motor* Is subject to severe Epileptic convulsions, which continue for two or three days at a time

Sensory Sensibility to touch very much dulled

Reflex Action Diminished Special Senses Evidently dulled.

Retina

Lungs On the left side below the fifth rib, the chest wall is flattened & contracted.

Heart Apex impulse feeble: cardiac sounds of low pitch and weak.

Tongue covered with a dirty white fur. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. there is a haematoma of old standing in the right ear.

Appetite good.

Urine

Menstruation

Pulse 72. feeble, regular. Temp. 97·6. 8pm.

Height 5ft. 7in. Weight 156lbs.

Disease secondary Demented *Skae's Classification* Epileptic Insanity.

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Simple~~ occasional Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes		Yes						Yes

NAME, Thomas McColl.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		96.8		72.	156	This patient is stupid and will not answer questions: his memory is poor: he is subject to severe epileptic convulsions & becomes sometimes excited after them.
27-11-86						His bodily condition is one of extreme feebleness whenever his fits come on he requires to be kept in bed & their violence is so great that the exhaustion left by them is of the most serious character.
2-1-86						Of late epileptic attacks have been of great frequency & of much severity. The patient is rapidly becoming exhausted by them. His vitality is at the lowest ebb. A tendency to bedsores is manifest.
10-3-86						Bedsores have broken out on his buttocks & large abscesses are forming in his right thigh. The convulsions are almost constant.
15-4-86						These abscesses have now been successfully treated and all the bedsores but one – on the left buttock – have been healed.
25-4-86						The bedsore last referred to still remains open & a dull congested state of the skin on the back indicates deficient vitality over most of that region. Great prostration is present. Mentally the patient has been dead for weeks.
7-5-86						This condition of marasmus was terminated by death this morning at 9:5 A.M. No urgent symptoms superseded death, which occurred from exhaustion due to Epilepsy.

Died

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

NAME, James Hiddleston No. 1565
Admitted, 25th February 1878
Sex, Male Age, 50 Marriage, Single Pr. Ad. Occupation, Farmer
Education, Religion,
Private or Pauper, Private Where from? Riddingwood Kirkmahoe

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. First Kind
Duration Where treated
Hered. History—Insanity Brother was insane
Other Diseases
Predisposing (?) Heredity
Exciting Unknown. Sometime before admission he was addicted to drink

Symptoms. First.
Mental
Bodily

Recent.
Mental Noisy crying & shouting & has threatened to cut the throats of children near the house
Bodily

Insane Habits and Propensities He admits that he has been a masturbator
Suicidal Threatened
Dangerous Has threatened others
Duration of Existing Attack 6 years
Other Facts or Remarks During his residence here he has been much depressed. He thought that he had ruined the whole world & that he is troubled with devils at which he swears freely - His bodily health has been poor. He has been thin & ill-looking, though no definite disorder beyond the impaired nutrition has been manifest

Facts of Medical Certificates That he is at times very noisy, sits crying & shouting & sometimes rolls on the floor - Imagines he is suffering from seminal emissions - That he has no hope of salvation and that devils are running about & jumping into him.

NAME James Biddleston

STATE ON ~~ADMISSION~~ 2 Feb. 1885

Mental.

Exaltation At times there is morbidly increased mental activity. He talks rapidly, thinks a great deal & has a decided feeling of well being & wishes to be married to several different women.

Depression At times is much depressed. Believes that devils are getting hold of him and can think of nothing else.

Excitement Is subject to excitement during which he swears dreadfully. Especially at the medical men who certified him.

Enfeeblement There is enfeeblement of self control. He swears at the officials on the slightest contradiction of his wishes & threatens to shoot them

Memory Moderately good

Coherence At times somewhat incoherent. Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Thin and haggard

Skin Healthy Hair Brownish Grey

Eyes Brown Pupils Small & Equal

Muscularity Moderate Fatness Diminished

Nervous System—*Motor* Functions Good

Sensory Functions Good

Reflex Action Average Special Senses Hallucinations of hearing

Retina

Lungs. The voice is hoarse. There is dulness and harsh breathing over the apex of the right lung Respirations. 20 per. min

Heart Cardiac action feeble

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine. S.g 1021. acid. pale yellow. No abnormal constituents.

Menstruation

Pulse 78 Fair Good strength Regular Temp. 98. 7. Th. 8. pm.

Height 5 ft 7 in Weight 10 St 6 lbs

Disease Chronic Mania *Shaw's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	

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NAME, James Middlestone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85		988		78	146	Is depressed with periods of excitement during which he is threatening and uses abominable & foul language. He is usually most noisy in the morning. when he will curse anyone who speaks to him. During the day he is quieter and more pleasant and employs himself as the Messenger to Maryfield House.
4·5·86						He spent some time at Kirkmichael last Summer when he worked in the garden and was very quiet and useful – He returned to his former occupation of messenger to Maryfield on his return from Kirkmichael and he continues this employment. His swearing is not so frequent as it was formerly when he had nothing to do.
5·6·86.						This man remains much the same. He does
14/9/86					146	not swear so much as formerly. When
12/12/86					146	fully employed he is seldom heard, but if allowed to go idle he begins his foul language at once.
14/9/87						Wm. Middlestone is quiet and industrious at present.
14/12/87					159	He is still subject to outbursts of excitement during which he uses the most blasphemous, obscene, and threatening language. But he is easily controlled, and will sometimes apologise for his conduct, saying that his head is confused, and that he cannot control his temper. He is kept at work as much as possible: he is gener-ally most noisy when idle.
30/3/88					161	No change to report.
15/9/88						At Kirkmichael.
30 Feb 89						Is now in the Low North, is pleasant-mannered, occasionally known talking to himself.
23 April					161	No change
July 30th 89.					140	In the Low North now. Quiet and useful as a rule. Is depressed at times and then excited with foul and abusive language.

NAME. James Hiddlestone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1884.						
Sept.	30th				140.	Still the same mentally and physically. Went to Kinmount Aug. 16th and returned September 3rd.
July	1890.					No change - Still in Low health - useful & pleasant, but at times, excited & foul mouthed - plays bowls a great deal.
	10.90.					Mr. Hiddleston is subject to attacks of excitement which last for 3 or 4 days, during which he uses the most foul language against every one that he meets.
	8.3.91					No change.
	21.1.91					Went to Kinmount to-day to help with the hay making.
	8.7.91					Returned from Kinmount to-day.
	9.[illegible].92					He has the attacks of excitement about once a month: after an attack he often apologizes to those whom he has sworn at; during the attack he always complains about his head feeling full. In the intervals he is quite industrious & at Kinmount at present.
	12.7.92					No change. Still at Kinmount
	12.[illegible].92					
	3.[illegible].93					Mr. Hiddleston plays at curling on the Kinmount Lake & Punches well.
	20.2.93					Came up from Kinmount suffering from intermittence of urine Apparently Bright's
	5.[illegible].93					Died after having been in bed for three days

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NAME, Thomas Carlyle — No. 2183

Admitted, 25th April 1878 — Pr. Ad.

Sex, Male — Age, 33 — Marriage, Single — Occupation, Labourer

Education, — Religion,

Private or Pauper, Pauper — Where from? Crieff

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Congenital

Other Facts or Remarks During his residence here this patient has been subject to gusts of passion, sometimes terminating in violence. His mental condition remains much the same as it was on admission. His bodily health has been good.

Facts of Medical Certificates I. 1. An incoherence of thought & speach, an inability to express an opinion on even the simplest matter. 2. The neighbours state that an indecent assault had been committed on a married woman.
II. 1. Formation of head, general expression, truly characteristic of the confirmed lunatic. 2. All speak well of him as being very obliging, but very dangerous under excitement.

NAME Thomas Carlyle

STATE ON ~~ADMISSION~~. 20·10·85

Mental.

Exaltation

Depression

Excitement Sometimes excited; restless; talkative; threatening over trifles. Orders the other patients about in a superior way but is seldom violent

Enfeeblement Cannot converse intelligently; little reasoning power & diminished self control: morbidly contented with his circumstances.

Memory Cannot tell age but can tell recent events

Coherence Seems incoherent from peculiar articulation — Can answer questions? Yes if simple

Delusions

Other Abnormalities Calls every one pa·pa & ma·ma & himself ca·ca

Bodily.

Appearance Well developed Well nourished

Skin Healthy — Hair Brown

Eyes Blue — Pupils Normal

Muscularity Good — Fatness

Nervous System—*Motor* His articulation is defective. Gait is slouching.

Sensory Sluggish

Reflex Action — Special Senses

Retina

Lungs Healthy

Heart Normal

Tongue Brown c̄ tobacco — Bowels regular

Other Organs, Abnormalities, Bruises, &c. His articulation is very peculiar; stuttering, rapid & the often was the first syllable for the whole word rendering his speech almost unintelligible

Appetite Good

Urine

Menstruation

Pulse 70 per minute — Temp. 98·6° F

Height — Weight

Disease Imbecility — *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									1

NAME, Thomas Carlyle.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		977		68.		There has been no change in the mental condition of this patient since last report. He is weakminded, stubborn and obstinate irritable, and foolish in behaviour. He does a little garden work.
18.9.85						Remains in much the same state as previously noted talkative, loquacious, often incoherent he likes to assert some authority over the other patients. The peculiar articulation augments the seeming mental enfeeblement which is becoming more apparent. He calls himself Ca-Ca & is often quite unintelligible in speech specially when he is excited. He has been regularly employed in the garden & has enjoyed very good health during the last three months.
20-12-86						Is very agreeable & chatty but has much difficulty in even intelligently explaining his wants or making complaints he works with the garden squad.
7-5-86						Numerous complaints of bodily illness are always forthcoming. These generally vary several times a day in their nature. Any pain he complains of is too found at different parts of his body at different times of the day. His urine has been tested with a negative result so far as regards disease.
Oct 22. 1887.						T. C. is as full of complaints as ever. He works with the squads & always has some ailment wh. is generally referred to his stomach, he is not definitely ascertained to ~~ha~~ be in the habit of eating green apples in the garden but a dose of castor oil is a good remedy.
3 Jan 1888						A meddlesome fellow who can't leave others alone & so gets black eyes &c. Is very fond of attention & is a vain fellow. In good health.
30 Mar 1888						Talkative & silly – he is an erotic fellow & formerly needed much watching.

NAME. Thomas Carlyle.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 June 1888						A garrulous erotic grinning demented Works in the Garden –
1 October						This erotic fellow works on as before He makes a great fuss over a pimple on his chest & is very anxious for notice & sympathy.
20 Decr						Still the same.
30 Mar. 1889						This is a very vain fellow. He is erotic & very silly. He makes a great fuss about a pimple on his chest.
1 July						Still a grumbling fellow – silly & vain.
10 September						He is working at the farm now. Fights constantly with another patient.
15 Novr						Still a demented fellow in fairly good health.
15 Mar. 1890						At Kinmount.
1 November						At Kinmount.
28th May 1889:–						Died today of Phthisis.

491

NAME, John Irving — No. 2188

Admitted, 8th May 1878 — Pr. Ad.

Sex, male — Age, 32 — Marriage, Single — Occupation, Farm Servant

Education, — Religion,

Private or Pauper, Pauper — Where from? Hollee

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity "several distant relatives have been insane"

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No.

Duration of Existing Attack a year.

Other Facts or Remarks When admitted this patient was in a state of Melancholia. Within six months of admission he was described as demented and so he has remained. His bodily health has been fairly good.

Facts of Medical Certificates. I. He is dull, melancholic, and absent minded, unable to converse, says he cannot work because his mind is perplexed with things. 2. His uncle Christopher Irving says that the patient will sit for hours with his eyes fixed downwards, that he seldom speaks unless when spoken to and then it is only in monosyllables, that he has become childish in his manner and very forgetful. II. 1. Expression of face vacant, reasoning powers disturbed, manners silly, childish, desponding. No desire to talk or take food, great incoherency confused ideas of time or place. 2. Mrs Eley. Saving his mother informs us that within the last few days he gets very excited & says that she is trying to murder him.

NAME John Irving

STATE ON ~~ADMISSION~~. 20·10·85

Mental.

Exaltation

Depression

Excitement

Enfeeblement Unable to converse intelligently; childish in conduct & conversation. When addressed laughs meaninglessly & often answers irrelevantly

Memory Poor. Cannot tell age &c

Coherence Incoherent sometimes Can answer questions? Yes if simple.

Delusions

Other Abnormalities

Bodily.

Appearance Stout; well nourished;

Skin Healthy Hair Brown

Eyes Brown Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses

Retina

Lungs Healthy

Heart Normal but action slow

Tongue pale & tremulous Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 60 per minute Temp. 98·2° F

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

NAME, John Irving

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10.6.85		98.		72		Is much mentally enfeebled; cannot answer questions rationally and laughs in a silly way whenever addressed. He is a good worker.
20-12-85						As an example of his conversation the following may be noted. "I want into my own country" Asked where that may be he replied "Supper-time".
4-6-86						He is incoherent, his memory is defective & he laughs to himself in a silly manner. He has the usual tendency of dements to attacks of irritability.
2 Jan 1888						A dull dement who works with the pigs - His memory is small & he is often incoherent. He is in good bodily health & eats well. He does not change from day to day
30 Mar. 1888						No change.
20 June 1888						Much demented - can't give any account of himself.
1 October						No change.
20 December						This depraved looking fellow is quiet as a rule & weak minded & very silly. He is at times irritable.
30 Mar. 1889						No change.
1 July						This man works among the pigs He has no memory & is quite silly.
10 Septr.						A poor little creature quite demented but in good health.
15 Septr						Nothing further to record.
15 Mar. 1890						This man is in a state of Dementia & has no memory.
10 June						Same state.
1 November						He still works out of doors -
Oct 7th 1899:-						Sent to Farm Annexe -

Died 7th April 1901.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, James Tweedie — No. 2196

Admitted, 22nd May 1878 — Pr. Ad.

Sex, Male — Age, 22 — Marriage, Single — Occupation, Clogmaker

Education, — Religion, Roles Paul

Private or Pauper, Pauper — Where from? Govan Asylum

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. — Kind
  - Duration — Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting Injury to head

Symptoms, First.

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks This case was reported on admission as a case of Chronic Dementia in which little or no improvement could be expected and none has taken place.

Facts of Medical Certificates. his mental state is of a weak & facile character and his memory is defective.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Streng Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, James Tweedie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15-6-85		97·2		73		Is much mentally infeebled: takes little interest in anything: his memory is poor and he speaks incoherently at times he becomes restless and talkative but as a rule will not speak at all.
15-1-86						He works in the farm but takes no interest in anything and slouches about without regard to tidiness of his dress &c - No attacks of excitement since second of last: he is now merely a quiet demented No change -
15-5-86						
2 Jan 1888						J. T. is a quiet demented fellow who is working on the farm still. He does not take more interest in his surroundings than he did. In good health.
30 March 1888						Still works at the farm -
20 June 1888						No change.
1 October						This man is still stupid & demented & has no power of ideation.
20 December						Still silly & demented. & shews no change.
30 Mar. 1889						He is quiet at present - is on the 3rd Division, works out of doors & is in good health.
1 July						He is quiet & works among the pigs - His bodily health is good.
10 Septr.						This man is still working on the Farm & is industrious.
15 Novr.						He is quiet & useful & shews no special change.
15 Mar. 1890						He is much as before.
1 November						This man is in good health - eats & sleeps well & lives the life of a machine.
February 7th 1900. —						In good health. Mentally very demented and dirty in all his habits: Absolutely careless about dress & appearance: Works in the "Pig Man's Squad" And is very useful as

James Tweedie No 2196

Admitted 22 May 1878 Case book no 1 N.S page 495
Sent to Annexe 8th Dec: 1899

December 20th 1899:— In good bodily health. He is on the big's meat tarrow squad. He is a absolute dement, never speaks takes no interest in his surroundings. His clothes are generally in a very dirty condition, & he cannot keep himself tidy. Shebo well.

February 19th 1900:— No change: Has given no trouble.

July 26th 1900:— No change: a very dirty "unwashed" dement — he eats the pigs meat etc.

January 19th 1901:— No change in any way.

Jany 28th 1902:— In very fair general health. He has been unable to walk so much as formerly so he has been put to garden squad

1903 Jany 10th: Keeps in good health. Still works with pigmans squad. Cleanly & careless of person & appearance.

July 15th: No change mentally & in excellent health.

1904 Jan: 10th: shows no change & in good health.

Male Hospital

1908 July 17th Does not back to Parish Asylum on this date

NAME. James Tweedie.

	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He rarely speaks and is sleeping well: Eat fairly
02.	July 10th					Inv Chart Sent to Farm annexe.
						Farm Annexe.
	Nov. 1905					Sanatorium
						SEE CHRONIC CASE BOOK
0.	March 18th					James Tweedie suddenly developed a high temperature last night. He had been out working all day, but at night he was shivering & temperature rose to 104·6 at 10·30. No tightness of lung trouble. Slight loose cough. Temp: this morning is 101·8, pulse 116 respirations 28.
	March 21st					Temp: 99. Tweedie is now a good deal better, but is still slightly feverish.
						V. Chas. C. Bell

499

NAME, Samuel McCubbin — No. 2207

Admitted, 15th July 1878 — Pr. Ad. 2108

Sex, Male — Age, 30 — Marriage, Single — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Lochmaben

HISTORY.

Condition.

Disposition

Habits

Previous Attacks—No. One — Kind Maniacal

Duration 9·6·77 – 30·10·77 — Where treated Southern Counties Asylum

Hered. History—Insanity Mother was 9 years in the Asylum.

Other Diseases

Predisposing Anxiety

Exciting Religious excitement

Symptoms. First.

Mental

Bodily

Recent.

Mental Incoherence; talkativeness; refusal of food; delusions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Three weeks

Other Facts or Remarks Since his admission the periods of excitement have become shorter & less pronounced but have occasionally been severe. They are usually accompanied by auditory hallucinations. He has also at times shown delusions ie. that he is Jesus Christ &c. The intervals are comparatively free from these abnormalities & the periods of excitement often preceded by abdominal derangement. He has at various times attempted to escape sometimes successfully

Facts of Medical Certificates I. 1. He is insane, melancholic appearance & delusions, on religious subjects. 2. His father informs me that he refuses to work & at times to take food. that he when left alone is continually talking & muttering to himself incoherently. was previously in an asylum.

II. 1. Is melancholic & subject to fits muttering to himself refuses food and thinks that he has been deceived by the devil & has other religious delusions

2. His father says he has been in an asylum previously.

NAME Samuel McCubbin

STATE ON ~~ADMISSION~~. 20·10·85

Mental.

Exaltation

Depression

Excitement Becomes excited; restless; threatening; violent over trifles: sometimes peevish; irritable; surely evidently from hallucinations

Enfeeblement Impaired intelligence; self control; reasoning power; often laughs meaningless when addressed

Memory Impaired cannot tell age or length of residence; remembers recent events

Coherence Coherent usually Can answer questions? Yes

Delusions

Other Abnormalities Often mutters to himself & threatens imaginary enemies; nods his head & laughs as if to imaginary objects

Bodily.

Appearance Strong; well developed & well nourished

Skin Healthy Hair Black

Eyes Blue Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Articulation thick & indistinct thus being marked tremor of the labial muscles when he speaks: Gait sluggish.

Sensory Sluggish

Reflex Action Special Senses He is very deaf.

Retina

Lungs Healthy

Heart The first sound is impure in the mitral area. Otherwise heart normal

Tongue pale, flabby, tremulous. Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 50 per minute Temp. 98·4° F

Height Weight

Disease Chronic mania passing into Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	/							/	/

501

NAME, Samuel McCubbin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85	97		74			There has been no change in the mental condition of this patient since last report: he is mentally enfeebled, talks incoherently when spoken to, and his memory is impaired.
24 Dec 1887.						S. M. is a demented who works with the Squads - takes no great interest in any thing. Is quiet as a rule.
30 March 1888						Is in the farm Squad & got the pitchfork run through his hand at the base of the thumb — is very better.
20 June 1888						A staring Fellow whose eyes open very widely - he stands staring at people & is an inveterate beggar for tobacco
1 October 1888						This man is quiet & remains much as before.
20 December						Still restless & talkative & shewing very little change.
30 Mar. 1889						He is confused in his ideas & much demented.
1 July						This man does not speak much - he works in the Garden & Farm.
10 Septr.						There is no change.
15 Novr						He is still quiet & works on as before. Bodily health good.
15 March 1890						This patient is getting a little stouter & is now in good health.
10 June						Continues as before.
21 August						He works on the farm & is in good health.
1 November						This patient is quite demented & stares with protruding eyeballs in an absurd fashion.
8th December 1890						— South Farm Annexe

NAME. Samuel McCubbin

DAE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
192	July 10th					Continues at annual works on farm Squad. demented & incoherent. Lungs in fair health.
193.	July 10th					Mr Chas. a good worker at annual and lungs in fair health.

503

NAME, James Halliday — No. 2210
Admitted, 19th July 1878
Sex, Male — Age, 41 — Marriage, Single — Pr. Ad. — Occupation, nil
Education, — Religion, Protestant
Private or Pauper, Pauper — Where from? Dumfries

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. — Kind
- Duration — Where treated
- Hered. History—Insanity
- Other Diseases
- Predisposing: Congenital, has been fatuous from birth
- Exciting

Symptoms. First.
- Mental: Subject to violent paroxysms of excitement coming on while he is recovering from fits of Epilepsy, in these paroxysms he is violent
- Bodily

Symptoms. Recent.
- Mental: Incoherence, delusions.
- Bodily: Stupid insane appearance, Subject to Epilepsy, fits chiefly nocturnal

Insane Habits and Propensities

Suicidal: no

Dangerous: yes, on recovery from Epileptic fits.

Duration of Existing Attack

Other Facts or Remarks: So feeble minded, but has none of the evil propensities usual in epileptics, on 30th March 1883 it is noted that he still has fits which as a rule are severe and come in paroxysms. On 8th October 1883, he is recorded as being demented and as having a great aversion to his weekly bath which he thinks is the cause of the fits which occur soon afterwards, but as being docile and contented

Facts of Medical Certificates

Stupid insane appearance, incoherence, unable to carry on conversations on most simple subjects, is violent on recovery from fits and threatens those about him, Has delusions e.g.: "boys on the street hum and swear thereby getting him into discord with his God."

NAME James Halliday

STATE ON ~~ADMISSION~~. 25th February 1885

Mental.

Exaltation

Depression

Excitement For some time after his fits he is usually cross and bad tempered but usually is obedient and tractible.

Enfeeblement Has great mental enfeeblement.

Memory much impaired, he can remember simple events requiring little [effort to his memory

Coherence Sometimes incoherent. Can answer questions? if simple only yes.

Delusions He has no delusions

Other Abnormalities Speaks in a drawling and unintelligible manner

Bodily.

Appearance Stupid and insane, features heavy and expressionless

Skin normal Hair dark and abundant

Eyes hazel Pupils small, equal, and sluggish in reaction

Muscularity Impaired Fatness impaired

Nervous System—*Motor* power is good, but he walks with a kind of stagger his speech has the above mentioned peculiarity.

Sensory Tactile sensation seems slightly dull although owing to his excessive stupidity it is difficult to test it with satisfaction

Reflex Action normal Special Senses normal

Retina

Lungs No cough, lungs are found to be normal

Heart Cardiac impulse weak, ~~1st~~ sound is feebler than normal

Tongue fissured Bowels Regular

Other Organs, Abnormalities, Bruises, &c. He is subject to Epileptic fits of severity he has sometimes as many as five a day, but usually less, and he is often free from them for a day or two in one of these fits he has fallen and cut his forehead. Has a badly united fracture of left tibia minimediately below the knee

Appetite good

Urine

Menstruation

Pulse 72. Regular, of fair volume Temp.

Height Weight

Disease See Dementia *Skae's Classification* Epileptic Insanity

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, James Halliday.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85.		96.8		74.		There has been no change in the mental condition of this patient since last report. He continues to take fits & is irritable after them. The mental enfeeblement is increasing.
10-1-86						His speech is now becoming very indistinct. The slowness of his perception is obvious when a question is asked: he sometimes takes about 30 seconds before he realises the nature of a simple inquiry. His memory is much impaired. Although of failing physical health he is anxious to work and employs himself when wanted in hair brasing. Fits occur very seldom.
5-5-86						Bodily & mental enfeeblement are progressing. Speech is becoming inarticulate, motion very slow and ideation is almost at a standstill.
Oct 22. 1887.						J. H. is worse as frequent fits leave him more & more enfeebled. He however likes to be taken notice of & can enter into a conversation. His speech is rather inarticulate & gets worse.
3 Jan 1888						No change except in the profundity of his dementia.
30 Mar. 1888						Very dull at times but does not shew much change.
20 June 1888						Still taking fits. His tongue hangs out of his mouth.
1 October						Remains the same.
20 December						This man is sinking into deeper dementia & is indistinct in his speech, impaired in his memory & very weak minded.
7 Mar. 30. 1889						A most quarrelsome & dangerous fellow. Still takes fits as before.
1 July						His fits continue & he is at times irritable.
10 Septr.						This man's gait is tabetic & he is shaky altogether.

NAME, James Halliday.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 November 1889						He is still taking fits.
7 March 1890						Fits nearly every night. Knee jerks very exaggerated, also Triceps & Wrist jerks. Right of Lumbs doubtful. Is stupid & somewhat demented. Physical Health fair
10 June						Same state.
21 August						He's tongue protrudes from his mouth as a rule.
1 November						A crossgrained fellow always ready for a fight.

507

NAME, David Forrest No. 1597

Admitted, 28th August 1878 Pr. Ad.

Sex, Male Age, 47 Marriage, Single Occupation, Lawyer's clerk

Education, Religion,

Private or Pauper, Private Where from? Lasswade

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Inability to keep up natural conversation. Absurd fancies about Railways

Bodily

Insane Habits and Propensities Tendency to smear himself with his faeces

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks During his residence here he has remained in much the same mental condition as he was in when admitted. His habits have been filthy requiring a special attendant to watch him from time to time. He is fond of reading the newspapers to himself in a loud tone. His bodily health is better now than it was

Facts of Medical Certificates Has an excited & odd-looking appearance His conversation is absurd and unconnected and he is unable to give a sensible answer to questions

NAME David Forrest

STATE ON ~~ADMISSION~~ 28th Jany 1885

Mental.

Exaltation There is increased rapidity of speech. laughing & talking in loud tones. Lack of self-control

Depression

Excitement At times reads the newspapers in loud and rapid tones for an hour or two & contorts his face when doing so.

Enfeeblement Cannot converse rationally - usually will not speak - at other times repeats absurd phrases E.g. "Rhode Island" to everything said to him

Memory Moderately good

Coherence Impaired Can answer questions? Not as a rule

Delusions State that he sleeps with 200 sheep every night

Other Abnormalities Has dirty habits. Would eat his own faeces if allowed

Bodily.

Appearance Tall & spare. Has posterior dorsal incurvation of spine

Skin Healthy Hair Black streaked with grey

Eyes Brown Pupils Equal of moderate size

Muscularity Good Fatness Moderate

Nervous System—*Motor* Functions moderately good. There is a good deal of general restlessness

Sensory Functions moderately good

Reflex Action Average Special Senses Senses of smell & taste perverted would eat faecal matter if allowed

Retina

Lungs Chest large. percussion sounds hyperresonant - Breath sounds feeble - Expiration prolonged - Resp.s 18 per. min.

Heart Apex forcible - Heart sounds healthy

Tongue Dirty Bowels Confined

Other Organs, Abnormalities, Bruises, &c. The abdominal wall retracted and the liver dulness slightly diminished

Appetite Moderately good

Urine s.g. 1025. acid. bright yellow. No abnormal constituents.

Menstruation

Pulse 74. Regular. Strength good Temp. 98° 8 - 8. p. m

Height 5 ft 7 in Weight 9 Stn

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	Yes

509

NAME, David Forrest.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85		98.7		78	127	Is chronically maniacal. Talkative & incoherent at times. He is restless and indulges in many facial contortions: his habits are dirty & he would eat his faeces if allowed
9.6.85						His wife & mother who were pleased to see him so well. He conversed freely and intelligibly with them, even to the extent of informing them of the uses to which the various parts of the building are applied. &c.
4.5.86						Mr Forrest continues in good bodily health. His habits are very dirty and he requires to be very carefully watched to prevent his indulging in disgusting practices. He spent the greater part of last Summer at Kirkmichael House. - He is very fond of his newspaper which he reads aloud with great effect, especially leading articles on political matters.
4.6.86.						Mr Forrest continues in good health. He is apt to be very dirty and requires careful watching to prevent his smearing himself with faeces and eating it. - He occasionally is bright and can answer questions, generally however he pays no attention to them.
3.7.86.						Mr Forrest has a great hatred of seeing anything burned. He will try to save any scrap of paper or rag which is thrown in the fire.
16.9.86.					134	
14/12/86					127	
14/9/87					130	Bodily health still good. He is of dirty habits requiring to be carefully looked after. His mental condition is unchanged.
14/12/87					125	No change to report. He sits with a newspaper constantly in his hands, chattering to himself, and reading snatches aloud. He will not answer questions. When friends visit him he brightens up considerably, and talks about events which happened before his

NAME, David Forrest.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						illness. He does not realise the lapse of time since then.
30/88					122	No change. He is very dirty, and requires careful watching to prevent him from eating his faeces.
20/88					116	His health is failing a little. No change mentally.
15/88					109	
9 Feb 89						Not much change, usually quiet, sometimes breaks out into loud harangues.
23 April					116	No change
Jan. 30	4th	89.			123.	No change mentally or physically. Still very filthy in his habits and eats any filth unless prevented - consequently has to be constantly watched.
Sept. 19th		1889.			123.	Went to Kinmount to-day.
2nd April		1890.				Died from Diarrhoea of 14 days duration.

511

NAME, Charles Ellis Barker — No. 1606

Admitted, 2nd November 1878 — Pr. Ad.

Sex, Male — Age, 36 — Marriage, Single — Occupation, none

Education, — Religion,

Private or Pauper, Private — Where from? Newhurst Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Masturbation

Suicidal

Dangerous Sometimes when made angry but gradually harmless

Duration of Existing Attack

Other Facts or Remarks He is mildly imbecile. He has been allowed Internal parole but has abused it several times by calling on ladies in town &c. He has suffered from Psoriasis which has returned several times

Facts of Medical Certificates His insane appearance & delusions. He cannot trust himself at large and says it is necessary he should be in an Asylum owing to certain diseases which afflict him.

NAME Charles Ellis Benker

STATE ON ~~ADMISSION~~. 27 Jan.y 1885

Mental.

Exaltation

Depression

Excitement He is easily angered when thwarted & has threatened violence

Enfeeblement His reasoning power is defective & self control weak Conversation trivial. Frequently makes proposals of marriage to insensible persons such as patients and attendants

Memory Moderate

Coherence Good as a rule Can answer questions? Yes

Delusions

Other Abnormalities He writes a series of ridiculous questions which he is fond of presenting to ladies to answer

Bodily.

Appearance Stout. well developed - fair Complexion

Skin There are patches of Psoriasis on the head and legs & back. Hair Reddish

Eyes Blue Pupils Equal

Muscularity Good Fatness Considerable

Nervous System—*Motor* The gait is peculiar - The feet are kept far apart as if to steady himself

Sensory Functions moderately good

Reflex Action Good Special Senses Good

Retina

Lungs Chest large. Lungs healthy. Respn 17 per Minute.

Heart Cardiac Sounds healthy & Strong

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Teeth much decayed

Appetite Good

Urine S.g. 1020. acid. bright yellow. No unusual constituents.

Menstruation

Pulse 72 Strong Regular Temp. 98. 6. 8. p. m.

Height 5 ft 9 in Weight 12 St 8 lbs

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

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NAME, Charles Ellis Barker.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85.		97·8		74	164	Is imbecile. He is vain of his powers as a musician, which are small & always wishing for new music. His conversational powers are small & he has always ~~much~~ difficulty and hesitancy in expressing his opinions. He is at present in good bodily health & has parole within the grounds. He writes long papers of questions &c of a ridiculous nature, which he is fond of presenting to ladies. and he will propose to almost any woman upon a little encouragement
4·5·86						Mr Barker is discontented and grumbling his great want is plenty of new music. His craze for hymn books seems to have died out as he does not ask for any now. He has a very large collection of them already. He is sometimes irritable and without the least provocation becomes violent and threatening because of some fancied slight – Psoriasis still troubles him but not much.
1·6·86.						went to Kirkmichael today –
1·7·86.						Mr Barker remains at Kirkmichael. He is in good bodily health but rather discontented at not being allowed more liberty.
9/9/86					166.	
14/12/86					149	
9.9.86					~~150~~	
14/9/87					171	Mr. Barker is in excellent health, psoriasis not troubling him at present. Mentally he is unchanged. His craze for music continues. The Encyclopaedia Britannica was got for him, and is a constant source of irritation to him, as he considers it of no use ~~to him~~, and would prefer music in its place. Still he consults it occasionally. He is fond of consulting guide books, and expresses a desire to get away for a trip.
14/12/87					162	Has slight psoriasis ~~on~~ on the head and right elbow, but it is disappearing under the use of an ointment containing chrysophenic acid (gr. x to Landline ℥i). Otherwise he is in good health.

NAME, Charles Ellis Barker.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						There is no change in his mental condition.
30/3/88					165	The psoriasis has almost disappeared, and he is in capital health.
28/5/88						Psoriasis is more troublesome at present. Arsenic has been given without benefit. Local application of unguent. acid. chrysophanic. is doing good, and he is restricted largely to milk diet.
20/7/88						Is at Kirkmichael.
4/8/88						Returned from Kirkmichael today. He is in much better health: the psoriasis has almost disappeared.
15/9/88					162	He is now quite well.
20 Feb. 89						Keeping well.
23 April					165	has considerably with papular eczema all scattered over body & some patches of psoriasis. He is kept on low diet & arsenic given.
July 30th 1889.					164.	Has suffered from papular eczema and patches of psoriasis in various parts of the body for some time. It gets better and worse at times. Has to be put on low diet and arsenic iron etc. On third of July went to Kinmount.
Aug 30th					162.	Returned from Kinmount benefited by the stay. His skin is much better now.
Sept. 30th 1889. April 1890.					165.	No change lately. He has been assiduously treated of late for psoriasis & eczema, by means of Chrysophanic acid & Boric lotion &c. is much improved. Still masturbates & is easily angered, but is facile.
July 18. Aug 29th						Went to Kinmount today to stay the for some time - in fair health. Returned from Kinmount today in good health.
14.1.91						The psoriasis is troublesome at present: is being treated with Chrysoph. ointment. & As. internally.
15.3.91						His stomach is frequently out of order & is shadily taking a mixture of rhubarb, soda & calumba. He has delusions of suspicion and imagines that people make signs to annoy him. Is irritable.
11.8.91						Went to Kinmount to-day.
26.9.91						Returned from Kinmount.

see p. 533

515

NAME, Andrew Halliday No. 2230

Admitted, 5th December 1878 Pr. Ad.

Sex, Male Age, 31 Marriage, Married Occupation, Sailor

Education, Religion,

Private or Pauper, Pauper Where from? Greenock

HISTORY.

Causation.

Disposition

Habits His attack is said to be due to, or to have been accompanied [illegible]

Previous Attacks—No. none Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Supposed to be Sunstroke

Recent Symptoms. First.

Mental Several days silence, was violent

Bodily

Mental Incoherence, taciturnity, threatened to injure

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No dangerous

Duration of Existing Attack Has been insane for six months before admission

Other Facts or Remarks On July 15th 1879 he is described as being industrious free from violence, taciturn, but showing no signs of improvement On June 6th 1881 he is described as being incoherent, as having delusions, as being much preoccupied, but orderly and industrious. On 8th October, he had been assisting the night-attendant, but his mental state had not improved

Facts of Medical Certificates

Insane violent appearance. Threatens violence Sometimes is silent for days. has kept to bed for several days without any reason

NAME Andrew Halliday

STATE ON ~~ADMISSION~~. 25th February 1885.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Impaired, thinks it is August 1875, remembers simple events known.

Coherence Is incoherent sometimes. Can answer questions? Yes if simple, but gets incoherent.

Delusions Has delusions, which are specially noticeable in his being drawn out

Says the number of voyages he has made are as many as hairs on his head

Other Abnormalities Is said to masturbate. [on the carpet, and amount to thousands.

Bodily.

Appearance He is tolerably well developed, Keeps his eyes partially closed

Skin has brown patches in hands Hair and beard brown

Eyes blue, he does not open them fully Pupils equal and contract normally

Muscularity rather impaired Fatness He is of deficient fatness

Nervous System—*Motor* functions normal

Sensory functions normal

Reflex Action normal Special Senses normal

Retina

Lungs No Cough, Breath Sounds buccent no peculiarity

Heart

Tongue pointed, rather dirty at its root Bowels regular

Other Organs, Abnormalities, Bruises, &c., for the whole length of the sternum and covering a wider space laterally than that bone the skin is discolored brown, giving the idea of having been severely scalded. radial pulses [are visible

Appetite good

Urine

Menstruation

Pulse 88, regular, full, strong Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Slip to the average of Insane patients.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. Andrew Halliday.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14. 6. 85		98.2		74.		The mental condition of this patient remains unchanged. He is fond of gathering up all kinds of rubbish. He is a great masturbator.
3-6-86						He is generally quite incoherent in his conversation & rambles from one subject to another with alarming rapidity - his bodily health is poor.
27 Dec 1887.						A not very tidy demented - helps in the Division - Quiet as a rule but not very pleasant looking. Health fairly good for him.
30 March 1888						Same state.
20 June 1888						He works hard & is quiet & shuns observation.
1 October						No change.
18 December						This man is at present much excited - restless, full of delusions & masturbating a great deal. He is talkative & has put on with the night-watch for duty, but soon became unfit for any thing.
30 Jan 1889						Is now quieter but masturbates still. He works in the Infirmary Day-room
1 July						Talks a good deal to himself He is restless & irritable.
10 Septr.						Still masturbating & talking away to himself.
15 Novr						He helps in the Sick Room and is much the same.
8 March						As above. Knee jerks slight. No Tendon nor Wrist jerks
10 June						A Depraved fellow & dirty in person & demented.
18 August						Same state.
1 November						Just recovering from a severe abscess at the top of the right tibia.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
February 7th 1900 :-						In fair health: He has a chronic inflammatory thickening of the skin at back of neck: this is suppurating and the condition looks not unlike a epithelioma. It is not painful. The mental condition is one of marked enfeeblement. He rarely speaks and is incoherent. A masturbator: he is able to carry coals and go messages under an attendant but is constantly on the outlook for an opportunity to run away; when he returns to Georgetown. Dirty in his habits if not attended to. Stups seats well.
July 28th 1900 :-						In fair health: The growth at back of neck is undoubtedly an epithelioma. He is constantly "tearing" at it. He is still acting as handyman in 2nd Division. Requires attention as regards cleanliness will not converse.
January 19th 1901 :-						In poor health now: He is still able "to do" the dishes &c but he has at times syncopal attacks: He is undoubtedly now suffering from a secondary cancer in one of the deeper organs an extension from the neck epithelioma: He has a pale lemon dirty colour breathless. Mentally no change.
January 16th 1902						No much change: thin and emaciated looking - mentally unchanged.
Septr 26th 1902						Has been confined to bed for past six months. Suffering from general debility & intractable diarrhoea of a paralytic nature, gradually become weaker & he died today.

Died
26th September 1902.

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NAME, James Johnstone No. 2246

Admitted, 30th January 1879 Pr. Ad.

Sex, Male Age, 30 Marriage, Single Occupation, Farmer's Son

Education, Religion, Protestant

Private or Pauper, Private Where from? Middlebie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity Paternal Aunt was insane

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Delusions; excitability;

Bodily Sleeplessness

Insane Habits and Proposities

Suicidal

Dangerous

Duration of Existing Attack Rather over twelve months

Other Facts or Remarks On admission he was morose, taciturn & irritable & deeply under the influence of delusions; always extremely lazy & suspicious he has of late years become more affable & less surly but this is probably due only to increasing weak mindedness rather than any improvement.

Facts of Medical Certificates J. 1. Delusions: as being under the impression that almost every body wishes to poison him - the idea that his window is open when it is not, to allow Drs to come in and put something on his body, also that conspirators are at work continually to injure him. 2. Attempts to set his Father's house on fire, has a special enmity towards his father, refused food at home as he thought poison was in it & for a lengthened period has partaken of food at neighbours house in consequence. H. 1. His stating that he is possessed of great wealth which is a delusion. also that he is a person of great authority, with a title which he says can only be found by reading the bible, & that certain persons are constantly putting poison into his food, annoy him at night. 2. His brother Thomas Johnstone states that last night he set his father's house on fire. He full of delusions about his wealth the whole country is to belonging to him: talks little and sleeps little.

NAME James Johnstone

STATE ON ~~ADMISSION~~ 16th September 1885

Mental.

Exaltation In a state of mild chronic mallation; irritable; morose; unsociable & very suspicious of those around him but seldom violent

Depression

Excitement

Enfeeblement Cannot carry on an intelligent conversation &c

Memory

Coherence Coherent usually Can answer questions? Yes

Delusions Evidently has delusions as to his own authority, influence, wealth & also that others wish to do him harm.

Other Abnormalities

Bodily.

Appearance Strong, muscular & well nourished

Skin Healthy Hair Brown turning grey

Eyes Eyes grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Sluggish

Sensory Sluggish

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart's action much excited & irregular (chiefly from suppressed passion) 1st Mitral sound impure

Tongue red & irritable Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 90 per mm, irregular Temp. 98·6 F

Height Weight

Disease Chronic Mania — *Skae's Classification*

General Bodily Health and Condition Moderately good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. James Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17·6·85		97		78		This patient is taciturn and indolent. He states that he was brought here for a purpose which he will not state, but he intends to remain until the arrangement is ended but until then he will do nothing
19·9·85						He cannot be induced to interest himself in anything. Is polite in his manner to the officials but if addressed becomes suspicious & guarded; answers shortly, surlily or not at all. At the physical examination became violently excited demanded what authority the medical had to examine him; declined to take off his clothes but allowed them to be taken off & refused to answer any questions put to him
18-11-85						His extremely suspicious frame of mind continues. If asked questions he replies simply 'Pass on'
20-1-86						Most of the day he sits in a corridor staring nothing & states in answer to questions that he did not come here to work. By a little tact he can however be induced to enter into a conversation when it is found that he labours under the delusion that he is bound by justice to remain indoors & therefore he won't work outside. He is if not too much pressed willing to work inside & can be best employed & engaged in these not very agreeable occupations out of doors. His bodily health is good.
7-5-87						He is now cheerful & pleasant although not mingling with the other patients. Indoor work he assists in but he cannot be induced to go outside
~~4/9/87~~						~~Very~~
2 Jan 1888						J. J. is very helpful with his fellow patients & in the Division He is dull & taciturn still & looks not very strong. He is enfeebled mentally & rather depressed.
30 March 1888						This man is still dull & unsociable but does some work. His health remains the same.
20 June 1888						No change.
1 October						This man is a dour hard fellow silent & taciturn.
30 Mar. 1889.						No improvement in this man

NAME, James Johnstone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						he is silent & has some delusions wh. he wont expressed.
1 July 1889						Silent & distant and will not allow any advances.
10 Septr						He is quiet still and will not take notice of anyone.
22 March 1890.						will scarcely talk, or tells you to be quiet. Knee jerks glib. Triceps jerk glib. Pulse 108 1st sound impure in heart in mitral area
10 June						Same state.
1 November						Still silent - stalks about in a suspicious manner.
February 8th 1900:-						In good bodily health: Mentally he is still very reticent and reserved always alone in corridor and never mixes with the others. Is suspicious Has the delusion that the C.R.I. belongs to him and so on: He is a very quiet easily managed man: Sleeps & eats well.
July 28th 1900:-						In good health: he looks however 10 years older than his age: Mentally no change: seldom works unless at the bed making in the mornings.
January 19th 1901:						No change: rarely speaks; always walking about the corridor. reticent & reserved: never speaks to any patients and give no trouble.
Jany 31st 1902						He has recently had a very prolonged attack of acute Rheumatism affecting the lower limbs and he has been confined to bed for some time again improving: No change mentally.
March 30th						Legs very wasted: Knee jerks + 2.
1903 July 10th						No change & in good health.
1904 March 1st						In failing health. No change mentally.

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NAME, John C Renfrew — No. 2257
Admitted, 31st March 1879 — Pr. Ad. 2118
Sex, Male — Age, 42 — Marriage, Married — Occupation, Teacher
Education, Good — Religion, Protestant
Private or Pauper, Pauper — Where from? Kirkconnel

HISTORY.

Condition.
- Disposition
- Habits
- Previous Attacks—No. One — Kind Maniacal (?)
  - Duration 13·7·77 – 18·77 — Where treated Southern Counties Asylum
- Hered. History—Insanity
  - Other Diseases
- Predisposing Congenital (?)
- Exciting Jealousy of his wife & confinement of wife in an Asylum

Symptoms. First.
- Mental Probably weak minded from birth
- Bodily

Recent.
- Mental Jealousy towards wife; violent conduct
- Bodily

Insane Habits and Propensities
Suicidal
Dangerous Threatens
Duration of Existing Attack About four weeks
Other Facts or Remarks The first attack was considered a ruse. At the second attack he was excited restless, threatened violence towards his wife & his delusions were prominent. Since then he has become more & more demented & therefore the delusions have less influence on his conduct. Both his wife & eldest son are in this Asylum.

Facts of Medical Certificates I. 1. He is a monomaniac. is extremely jealous of his wife, threatens violence to her, and imagines that signs pass between her & various men.
2. Facts similar to the above, stated to me by Mr Kirkland, Inspector of Poor.
II. 1. He is labouring under the delusion that his wife conducts herself improperly with other men. he conducts himself in a most outrageous way & threatens his wife.
2. Has committed violence on his wife & threatened to kill her, struck her on several occasions.

NAME John C Renfrew

STATE ON ~~ADMISSION~~ 20·10·83

Mental.

Exaltation

Depression

Excitement Becomes feerish & irritable over trifles

Enfeeblement Cannot converse intelligently or take an intelligent interest in his surroundings. Morbidly conceited. Shows little regard for relatives

Memory Impaired. Cannot tell age &c

Coherence Incoherent sometimes Can answer questions? Yes if simple

Delusions

Other Abnormalities

Bodily.

Appearance Normally well nourished, deformed

Skin healthy Hair Brown turning grey

Eyes Blue Pupils Normal

Muscularity poor Fatness

Nervous System—*Motor* There is arrested development & contraction of the muscles of the right side of the body probably from old hemiplegic attack

Sensory dulled on left side?

Reflex Action Special Senses

Retina

Lungs Healthy

Heart Normal

Tongue flabby, pale Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 76 per minute Temp. 98·2° F

Height Weight

Disease Dementia *Skin's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

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NAME. John Renfrew.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		97.5		78		This patient has many delusions on various subjects but chiefly as regards his family. he talks incoherently and mutters to himself.
19.9.85						Has lived a quiet & uneventful life since last report working in the Gallery to the best of his ability. He is loquacious & ready to volunteer all information in regard to others as well as himself. His information is not always trustworthy. He often relates absurd stories of others as facts. Still labours under his delusions. His wife & son are in the Asylum; he occasionally writes to the former; takes little notice of the latter & evinces very little affection towards either. His general health has been moderately good during the last three months.
13-11-87						He is restless & sometimes tears his clothes. Almost any scrap of paper he can get and his possessions he tears with his teeth. When alone he is much given to talking incessantly and gesticulating violently & then he does but to a less extent when the other patients are inside here.
20-1-88						His social & domestic interests are very feeble. He never inquires about his wife who is also in the S.C.A. but the other day his son was being sent to Kirkincaldy he gave him some parting words of advice & exhibited a little depression at his departure. He works all day in the gallery but to very little purpose.
7-5-88						He labours under the delusion that his son is in another part of the house. Frequent attacks of mild talkative excitement occur. During these illnesses his face flushes.
24 Dec 1887.						J. R. is one who needs watching as he wanders into places he has no right in & trifles away his time! In good health at present.
30 March		1888.				J. R. is still noisy at times & abusive, he is also cruel to animals — a very degraded fellow.
20 June		1888				At times this fellow quarrels with a fellow patient - he is noisy & often wanders away without hat to the Cricket field.

NAME, John Renfrew.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 October						This man is silly, noisy & quarrelsome. He is not dangerous but is irritable.
20 December						Still noisy, silly & weak minded no change.
30 March 1889						This man is cruel & weak-minded.
1 July						He destroys nests with young birds in them & is a cruel fellow.
10 Septr						Remains a silly demented fellow. In his usual health.
18 Novr						He is still in the 3rd Division & is much as before.
18 March						He is as depraved & silly as ever & shews no affection for his wife or son.
21 August						He is supposed to be the father of the child (unborn) of Isabella Fergusson a patient.
1 November						Still at Kinmount.
9.392						Discharged to-day.

February 7th 1900:— The above entry is an error as Renfrew is still in. He is in fair health but is gradually becoming more untidy and careless in everyway: dirty in look and habit. He is a quarrelsome irritable man. Silly & much enfeebled: Requires attention to keep him clean. Sleeps well and eat well.

June 27th 1900 — Died today after a comparatively acute termination: He has had chronic phthisis for some time and this has gradually been advancing but took an acute turn a fortnight ago

Died

NAME, James Maxwell No. 2261
Admitted, 5th April 1879 Pr. Ad.
Sex, Male Age, 68 Marriage, Married Occupation, Farmer
Education, Religion, Protestant
Private or Pauper, Private Where from? Dowalton

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. One Kind
Duration Where treated ?
Hered. History—Insanity A cousins children have been insane
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental Restless; depressed
Bodily

Recent.
Mental Depression; delusions.
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack Some days
Other Facts or Remarks On admission & for some time after he was much depressed & very suicidal. He has gradually improved in these respects although still under the influence of delusions & therefore suspicious, reticent & unsociable. Since 1883 he has been in indifferent physical condition. His feet were at that time swollen but no cardiac lesion diagnosed.

Facts of Medical Certificates I. 1. His depressed melancholic appearance, tells me that he cannot prevent himself fretting because the world is going against him. 2. His son informs me that he left the asylum three weeks ago. During the last few days he has been much depressed & restless thinking everything is against him. he in a former attack attempted to commit suicide. II. 1. He is depressed and melancholy & has a morbid feeling that the world is going against him. 2. Told by his son that he was taken from an asylum three weeks ago, that he attempted suicide during previous attack has again become more depressed & during last two or three days.

NAME James Maxwell

STATE ON ~~ADMISSION~~. 16th September 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Unable to engage in conversation or take any interest in anything.

Memory

Coherence (?) Can answer questions? Makes no attempt to

Delusions

Other Abnormalities

Bodily.

Appearance Stout; flabby; appearance heavy dull; feeble in movements

Skin Dark Hair Brown turning grey

Eyes grey Pupils Normal

Muscularity poor Fatness

Nervous System—*Motor* Impaired generally

Sensory Sluggish

Reflex Action Special Senses Moderately good

Retina

Lungs Breath sounds harsh but without accompaniments. Breathing generally seems laboured

Heart There is a rough murmur with the first sound in the Mitral area, action irregular.

Tongue Clean Bowels Regular. [after the slightest exertion

Other Organs, Abnormalities, Bruises, &c. The veins over the whole of the nose are much dilated. The feet are occasionally swollen & oedematous.

Appetite Moderate

Urine

Menstruation

Pulse 96 per minute; very irregular. Temp. 98°4 F

Height Weight

Disease Melancholia with Stupor Skae's Classification

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, James Maxwell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20.6.85		97.2		76.		This patient is depressed and miserable. he rarely speaks and then only to say that he is "awful wicked" or some such phrase. He takes no interest in anything except his own sorrows, and is becoming mentally enfeebled
18.9.85						Age is beginning to tell markedly in this case & as the heart affection is becoming more pronounced his general health is far from satisfactory. He spends his time sitting often sleeping in a chair & unable to exert himself in any way. never speaks unless pressed & then very curtly. He seems quite unable to originate an idea or at least express himself
13-5-86						He continues depressed and irritable. He speaks to no one voluntarily & only answers questions in a sullen manner. One of the few actions he takes is & insist on occupying a certain chair at the corner of the fire place —
16th Septr 1887.						J. M. is in much the same condition - sits all day in a chair near the fire & never speaks to any one - has to be carefully looked after as he is so feeble. He eats fairly well & sleeps his time away.
Oct 22. 1887.						Generally refuses to answer questions but after some pressing - said "leave me alone, you can do me no good" the other day.
Jan 2 1888						J. M. is a mere machine. He sits in a chair by the fire all day & is helped up to his meals. This is all he does.
30 March 1888						He has been very ill & is in bed — His feet were swollen & he refused all medicine or attention - even spirits
1st June 1888						Still in bed - weak but better than he has been for 12 months.
20 June 1888						Weak still & bedridden.
1 Octr.						Still in bed & will not be meddled with.

NAME. James Maxwell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 Mar 1889						This old man is confined to bed & is still a silent dour fellow.
1 Jul						Still in bed - no change.
10 Sept.						He has been feeling cold lately & is not quite so strong in health.
18 Novr						Better again & is stronger.
15 Mar. 1890						He still lies in bed & is as dour as ever.
10 June						Same state.
1 November						Still in bed & silent & dour & refuses all civilities.
18th March 1891						Died of Senile decay.

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NAME, David Hamock Dykes No. 1630
Admitted, 10th May 1879
Sex, Male Age, 68 Marriage, Married Occupation, Civil (Mining Engineer
Education, Religion,
Private or Pauper, Private Where from? Kilmarnock

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. (?) not first Kind
Duration Where treated Kirklands Asylum Bothwell
Hereditary History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Refusal of food - Sleeplessness
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack 5 Years
Other Facts or Remarks During his residence he has had hallucination of hearing. He hears people abusing him. He has been listless & apathetic speaking little. He is reported as being occasionally dangerous & attacking others without cause. In 1883 he suffered from swollen feet but was soon well.

Facts of Medical Certificates His manners and conduct are peculiar He sits staring vacantly - Cannot operate rationally - He refuses food and cannot sleep - His mind seems a perfect blank.

NAME David Sturrock Dykes

STATE ON ~~ADMISSION~~ 3rd Feb. 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Pays little attention to his surroundings and does not engage in any occupation.

Memory

Coherence Can answer questions!

Delusions Has had delusions that people accused him falsely through the floor.

Other Abnormalities He refuses to speak and looks suspicious when addressed - Has occasionally been violent

Bodily.

Appearance Well developed & nourished - Vacant Expression of face

Skin Eruption of Acne on Shoulders Hair Light Brown

Eyes Brown Pupils Equal

Muscularity Good Fatness Moderately Good

Nervous System—*Motor* Functions good.

Sensory Tactile sensibility somewhat dulled

Reflex Action Diminished Special Senses apparently good

Retina

Lungs Chest well developed. Lungs healthy. Resp.d 18 per min.

Heart Cardiac action healthy

Tongue Clean Bowels Sluggish

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine S.g 1036. acid. dirty yellow colour. Deposit of Urates. No albumin

Menstruation

Pulse 72 Strong. Regular Temp. 98.5. 9. p.m

Height 5 ft 8 in Weight 11 Stn 3 lbs

Disease Secondary dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

NAME, David Sturrock Dykes.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85		98.2		76	159	Takes no interest in anything; everything he does is done as if automatically & as if he were unconscious of it. He never speaks & when spoken to looks at the speaker as if he were not quite sure what was said to him.
4.5.86						Remains just as reported above. Sits like a statue looking straight before him. Never speaks, even to answer a question. Bodily health good.
5.7.86.						There is no change in Mr Dykes' condition.
14.9.86.					152.	
14/12/86					150.	No change in Mr Dykes
14/9/87					136	No change in Mr Dykes' condition.
14/12/87					131	No change.
30/3/88					139	Mr. Dykes is in good health. There is no change in his mental condition.
20/7/88					143	Remains absolutely silent, does nothing, and shews interest in nothing. Bodily health good.
15/9/88					142	
20 Feb. 89						Dull & demented.
23 April					134	No change.
July 30th 89.					142	Dull, silent and demented. Takes no interest in anything or person. Physically in pretty good health.
Sept. 30th 89.					142	Still the same mentally and physically
Aug. 22nd 1890						Removed to Hannahfield to-day to High North. No change.
Nov. 4th						Brought back from Hannahfield to High North.
20.4.91						Is silent & demented. Went to Kinmount to-day
17.10.91						Is at present in the Mid East Galley, quiet and demented.
9.3.92						No change.
2.8.92						Went to Kinmount to-day.
26.8.92						Returned from " "
29.9.92						Has been at Hannahfield lately: to-day at H. he became resistive and tried to go out of the house. Duncan McNicol the attendant in trying to stop him fell & fractured his patella. Brought to the Crichton to-day.
12.11.92						No change. Is quiet & inoffensive.
29.5.93						No change At Kinmount at present
25.10.93						No change At Crichton

NAME, David Starrock Dykes.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24/5/95.			80			Constantly sits all day long on one chair & in the one position with his eyes shut. Never volunteers to speak, but occasionally nods his head in recognition of a morning greeting. Pulse Soft.
14/9/95.						Still sits in the same place and position that he did 4 months ago. He cannot be got to speak, but in return for a morning greeting he nods his head.
10/2/95						There is no change in the condition of this patient
6.1.94.						This patient shows no change mentally. Physical health is fairly good.
6.9.94.						Remains in the same condition
10.9.94.						Removed to the Intermediate Department.
February 7th 1900:-						In fair bodily health. Mentally he is a very quiet patient: goes & from meals &c automatically never speaks unless in answer to a direct question & then answers in monosyllables: He is constantly sitting idle gazing in front of him. The face has a slightly melancholic look. Sleeps well. Eats well. Cleanly.
July 28th 1900:-						Gradually failing in bodily health. Heart's action at times weak. No abnormal lung condition can be made out. He is occasionally left with abdominal pain which has always to be looked upon as he has a slight inguinal hernia on right side. Mentally quiet no initiative and mild depressed answers in monosyllables.
January 19th 1901						No change; very quiet much enfeebled man: depressed in a mild way. Rarely speaks:
July 18th 1902						Not the same. Quiet depressed & suspicious. Seldom speaks. In indifft. health.
May 18th 1908						Died today. Died

NAME, William Thomson No. 2297

Admitted, 27th August 1879 Pr. Ad.

Sex, Male Age, 25 Marriage, Single Occupation, Farmers Son

Education, Religion, Protestant

Private or Pauper, Private Where from? Springfield Applegarth

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Restlessness; irritability; tendency to wander

Bodily Sleeplessness

Recent.

Mental Restlessness; Hallucinations

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack About 12 months.

Other Facts or Remarks On admission he was restless & excitable. Since that time he has become quieter, more facile & also stupid with the increase of the Dementia. He has always shewn wandering tendencies leading to various attempts at escape, some successfully. —

Facts of Medical Certificates I. 1. A constant habit of talking to himself as if speaking to people around him, on very unconnected subjects, and fits of inordinate laughter 2. Much laughter at night, an increasing tendency to wander from home, and occasionally manifestations of irritability. II. 1. He has been occasionally under my professional care for several years. He is very hypochondriacal, fancying he is often in company & talking away to those supposed present. also that he is suffering from different complaints such as some one being talking inside his head, also very unsettled in any little thing which he is asked to do, occasionally obstinate & irritable. 2. Talking frequently to himself & a supposed company. An uncalled for effort to wander & visit his neighbours., Threatened outbreaks of temper which might end seriously.

NAME William Thomson

STATE ON ~~ADMISSION~~ 20-10-85

Mental.

Exaltation

Depression

Excitement Has periods of restlessness & discontent resulting in tendency to wander & attempts to escape

Enfeeblement Enfeebled reasoning power; intelligence &c. asks when he is to get home & hopes the cab will come soon, whenever addressed; facile.

Memory Impaired does not remember what he did yesterday

Coherence Coherent Can answer questions? Yes

Delusions

Other Abnormalities Can talk of walking but "Can I go home now" "Is the cab there" but will continue his work all the same & easily put off with the same answer

Bodily.

Appearance Well developed well nourished

Skin healthy - florid Hair Brown

Eyes grey Pupils Normal

Muscularity good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs healthy

Heart's action very slow & a little irregular No bruits can be detected

Tongue Coated with a white fur Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 50 per minute slightly irregular Temp. 98°7

Height Weight

Disease chronic mania becoming Dementia *Skae's Classification*

General Bodily Health and Condition good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	/								/

NAME. William Thomson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		97.2		80.		There has been little change in the mental condition of this patient since last entry. He has a tendency to escape and frequently asks "what time his train will be going.
1.8.85						Reported at 6 P.M. as having escaped from the Gallery. Last seen at 5 p.m. As it was supposed that as previously he would go to Springfield, two attendants were sent there. At 12.30 he was brought back under the charge of two policemen having been seen wandering on the sands near Carlaverock Castle, by a fisherman who stated that he was well into the water but his clothes were perfectly dry on admission here — He has been restless for a day or two & often says he would like to see his father at Springfield. —
1-1-86						This patient is occasioning great trouble by his attempts to escape. He labours under the delusion that his father is at the Railway Station waiting for him or at the foot of the garden or at some suitable place to favour his escape.
3-6-86						His mental enfeeblement is advancing. His bodily health has not improved
3/3/87.	99°		80.			Thomson was noticed to be short of breath & was kept in from work. On examination his legs were found much swollen. Urine albuminous with granular tube casts. Sp. fr. 1020. No abnormal signs in heat. Distinct wheezing expiration. Kept in bed. in Infirmary milk diet.
Mar 5th	98.6°					Swelling in legs & body less. Slight dyspnoea. Some moist sounds at bases of lungs. no dulness
Mar 11th	104°	104.6°	124	118.		The patient appeared to be improving till today. when his dyspnoea increased. Temperature rose to 104°. Pneumonic spit was observed. Resp 48. Impaired note at angle of right scapula with tubular breathing. Turpentine Stupe. Sp Ammon Aromat & Liq. Ammon Acet
Mar 12th	104.4	104°	120.	116		Dulness posteriorly over right lung to spine of scapula with tubular breathing & bronchophony. Tongue red dry & cracked. Resp 40. Slept very little last night. Pulse small but firm & regular. Delirium.
Mar 13th	102.4°	101.8°	135	135		Physical signs unchanged. Pulse regular 135 small. Resp 40. in morning.

NAME,

...TE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						In evening much exhausted. powerless coughing & much mucus accumulating in throat. Feet cold. laboured respiration. Skin dry. Stimulants every 2 hours. with beef tea. Low delirium.
...ar 14th						The patient gradually ~~died~~ sank & died this morning
						Died 14/3/87.

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NAME, Robert Williamson — No. 2304

Admitted, 20th September 1879 — Pr. Ad. —

Sex, Male — Age, 19 — Marriage, Single — Occupation, Joiner

Education, — Religion, Protestant.

Private or Pauper, Parish — Where from? Dallcastle

HISTORY.

Disposition

Habits

Previous Attacks—No. One — Kind

Duration — Where treated Southern Counties Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Mental

Bodily

Mental Restlessness; irritability; delusions & illusions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack about five months

Other Facts or Remarks On admission he was in a state of mild excitation and markedly under the influence of his delusions. After two years residence he is reported as demented; performed his work in a mechanical way as he was directed his mind being much impaired & weakened.
He has of course shewn no improvement

Facts of Medical Certificates. I. 1. Is restless & suspicious, endeavours to keep out of my way. 2. Once before confined. Used violence towards his father last night. Is sleepless at night. I am informed by the mother.
II. 1. Conversation most rambling and incoherent: says that the witnesses sun in the field in the morning as God & the Virgin Mary Counting – that God is a joiner in every village in the country. 2. His mother tells me that he assaulted his father last night and tried to take money from him. That he is restless and sometimes cannot be got to keep in the house at night.

NAME Robert Williamson

STATE ON ~~ADMISSION~~ 20·10·85

Mental.

Exaltation

Depression

Excitement

Enfeeblement Diminished intelligence; interest in surroundings; fairly sensible at times facile

Memory Impaired cannot tell age &c

Coherence Coherent usually Can answer questions? Yes if simple

Delusions

Other Abnormalities

Bodily.

Appearance Well developed; well nourished;

Skin healthy; ruddy Hair Brown

Eyes Brown Pupils Normal

Muscularity good Fitness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses

Retina

Lungs healthy

Heart Second sound in Aortic area replaced by a murmur.

Tongue Brown - chews tobacco Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 90 per minute Temp. 98·6° F

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

NAME. Robert Williamson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7.6 85.		97		70		This patient will not speak readily when addressed. He often swears and mutters to himself when alone, and about once a fortnight he will refuse food for a day. or so: and will give no reason for doing so
7-2-86						He works at his trade but is morbidly suspicious of everyone and often altogether refuses to answer questions or to speak. He is of a very stubborn and sullen disposition. Mental improvement is slowly advancing the bodily health is good.
13/11/86						Still morbidly suspicious of those around him & after work hours is usually found loitering in the corridors instead of in the day room. Is very stubborn & will hardly answer questions. Never offers violence to those around him. Bodily health is excellent.
24 Dec 1887.						R. W. "Silent" sour man who is surly when spoken to & irritable. In good bodily health. A "dour" man & one who has no idea of being sociable. Very suspicious.
30 March 1888						No change - still surly.
20 June 1888						This man helps the joiner & though taciturn can enjoy a joke to himself - still muddy faced.
1 October						This man is silent & sour - will not speak & is ill conditioned & hard to deal with.
Decr 21						Still much as before but not quite so sour - seems readier to speak, & be civil -
30 mar 1889						No change
1 July						He works with the joiner as before & is much the same.
10 Septr.						This man is in good bodily health - mentally he continues much the same.
15 Novr						He is becoming gradually more weak minded than he was

NAME, Robert Williamson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15th Mar. 1890.						He works with the joiner and is quiet & refuses as a rule to speak.
18th Sept.						Has been suffering from diarrhoea for the last five days: given Bismuth &c.
11th Sept.						Diarrhoea almost gone.
1 November						Works out of doors & is silent & dour. Health good.

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NAME, William Johnstone No. 2307

Admitted, 4th October 1879 Pr. Ad.

Sex, Male Age, 57 Marriage, married Occupation,

Education, Religion,

Private or Pauper, Pauper Where from? Woodilee Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Hallucinations

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Four months

Other Facts or Remarks At first he was subject to hallucinations of hearing but two years after admission hallucinations of sight were apparent. He has remained usually quiet obeying directions with occasional bursts of irritability & hypochondriacal depression, since Mat- time

Facts of Medical Certificates. 1. He is a Lunatic, being the subject of hallucination of hearing.

NAME William Johnstone

STATE ON ~~ADMISSION~~. 18th September 1885

Mental.

Exaltation Sometimes mildly excited & is then loquacious; dogmatic & given to singing &c & bringing his religious views prominently into notice

Depression Sometimes depressed; complains of being ill, suffering from various pains although there are no objective signs of disease

Excitement

Enfeeblement

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Well nourished &c

Skin pale, healthy Hair Grey

Eyes Blue Pupils Normal

Muscularity Moderate Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs healthy

Heart Normal

Tongue covered with a white fur Bowels Said to be constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine

Menstruation

Pulse 76 per minute Temp. 98°8 F

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	/	/							

NAME, William Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17.6.85		987		74		This patient becomes at times excited and talkative, states that he has visions and sees his blest Redeemer sailing through the air in a chariot to save his soul from hell. He becomes anxious to sing hymns and becomes familiar in behaviour instead of respectful and polite as is usually the case when the excitement has passed off
19.9.85						Has been comparatively free from excitement since last report & is at present mildly depressed complaining of a general sense of ill-being with occasional severe pain in head or abdomen. On the subject of his illnesses he becomes loquacious & explains them in various ways. States that before he entered the army he had some skin disease & chiefly on the thighs. He is not sure of the skin disease or if there was any rash. The whole story points to syphilis. This disease he affirms has affected the chest & made him ill
1-1-86						This is a case of folie circulaire passing into dementia. For some weeks he is dull and full of religious misgivings wishing for death to end his miseries. Then he becomes malted bracting of his business capabilities, sneering at his surroundings making unfounded complaints against other patients & junior officials, being profoundly jealous of all advantages given to others. Sometimes the malthaler occurs before the depression. In his ordinary health he is excessively garrulous & the fault alone mars much of his usefulness as a conscientious & painstaking household worker.
10-5-86						Of late he has complained of varicose veins in his legs. These varicosities are scarcely perceptible & an elastic stocking he requested has been refused by Dr Rutherford as being unnecessary. In consequence of this refusal he has stonck work and assumed an aggressive & aggravated tone.
24/5/87						Johnstone after many months of quiet & contentment has resumed the elastic stocking question. Still the arrival of a new stocking & he sits with his legs upon a chair nursing his varicose veins.

NAME. Wm Montgomery Johnstone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 14. 1887.						Wm Montgomery Johnstone has been very useful in taking books & medicines to & from the R. I. Hospital. He has been quite quiet till yesterday when he complained after having a quarrel with the man in the same room who it appeared smoked at night. Johnstone said nothing of this tho' it must have gone on for some time & then he suddenly complained to me & went straight after that to the Superintendent. He thinks this smoking makes his palpitation bad – tho' he smokes himself. He also believes that the impolite behaviour of the patients here is the cause of his palpitation. He is not very well at present. He has a new elastic stocking.
Oct 22. 87						Is a little out – has been in bed. Seems weak at present
3 Jan 1888						In bed with a cold; getting better. Lately he had to be removed from the kitchen as he gave the cook the length of his tongue & said she was a human fiend. He then said he was happy if he lived or died & went on to hold forth in the most elated way about scriptural subjects misquoting many texts & said he would make a grand minister.
30 March 1888						He has many delusions – viz of, at times fighting Goliath. He sees devils & has many vivid hallucinations of sight – he is "full of the Holy Ghost" at times & perhaps 2 days later in a state of acute misery. He reads "The fourfold state" until he becomes utterly wretched – then he suddenly finds himself "never better in his life, ready for anything & certain of going to heaven"
20 June 1888						In an alternating state of depression, exaltation & senility (temperately) – with many delusions.
2 October						No change
20 December						This man is variable – at times excited & at times depressed & sometimes sane enough.

see page 810

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NAME, Andrew Kennedy No. 1654
Admitted, 15th November 1879
Sex, Male Age, 52 Marriage, Single Occupation, Joiner
Education, Religion,
Private or Pauper, Private Where from? Ayr

HISTORY.

Disposition
Habits
Previous Attacks—No. First Kind
Duration 7 years Where treated Bothwell, Ayr and Gartnavel
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Mental Religious delusions
Bodily

Mental Imagines himself sent on some divine mission & is given to preaching at all times & in all places
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack
Other Facts or Remarks When admitted he suffered from ulceration of the legs which has gone & returned several times since. He thought that the sore leg provided manure for the neighborhood. He has continued his habit of preaching & writes incoherent letters with drawings of a Masonic character in them. He has also composed some volumes on natural philosophy the drift of which is incoherent
Facts of Medical Certificates He talks in a rambling incoherent way on all subjects - Has delusions as to the attitude of others to him - Believes himself sent on some divine Mission and is given to preaching at all times & in all places

NAME Andrew Kennedy

STATE ON ~~ADMISSION~~ 2nd Feb 1885

Mental.

Exaltation Talks and writes a great deal at times. Has morbidly exalted ideas as to his abilities E.g. that he is the best Doctor in the Country

Depression

Excitement At times speaks and gesticulates as if preaching to an imaginary audience.

Enfeeblement Is demented. Speaks incoherently.

Memory Moderately good

Coherence Impaired Can answer questions? Yes

Delusions That he can tell what is the matter with a man by looking at the top of his head. That he is the best doctor in the Country.

Other Abnormalities He preaches incoherently and writes incoherent letters containing indecent drawings.

Bodily.

Appearance Stout flabby

Skin Covered on face & trunk with an Eruption of Acne Rosacea Hair Greyish black

Eyes Grey Pupils Equal and of moderate size

Muscularity Moderate Fatness Considerable.

Nervous System—*Motor* Functions good

Sensory Tactile sensibility good

Reflex Action Moderately acute Special Senses Sight impaired

Retina

Lungs Chest large lungs healthy. Respirations 18 per. min.

Heart Apex in normal position Sounds healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy

Appetite Good

Urine S.g. 1018 - acid. healthy.

Menstruation

Pulse 80. Reg: of Moderate strength Temp. 98. 6. 10. a. m.

Height 5 ft 10 in Weight 15 st 8 lbs

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Occasional~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	Yes

549

NAME. Andrew Kennedy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9·3·85		98·1		76	210	Is incoherent both in speech & writing. His letters are all of sexual nature & contain drawings of females and males of an indecent character. He has delusion that he is one of the greatest men that the world has seen, and that he can cure insane people by touching them on the crown of the head.
6·5·86.						Mr Kennedy has to a great extent given up the preaching as it was discouraged on account of the noise annoying the other patients. He writes more than ever and his letters are utterly incoherent - They generally contain drawings of women, these drawings are of an indecent character.
2·7·86.						Mr Kennedy's voice is never heard in oratory now, he has quite given up preaching. His writings are voluminous however - His drawings certainly are original -
14·9·87					200.	
14/12/87					218.	
14/9/87					196	Mr. Kennedy acts as an attendant in the North-West Gallery, and does his work well. This occupation has done him good, and in conversation about his duties he is quite rational. He has quite given up writing and preaching, but he draws a little in his spare moments -
14/12/87					191	Mr. Kennedy continues to perform his duties well. He writes letters occasionally: they are quite incoherent. He talks quite rationally upon everyday affairs.
30/3/88					192	Mr. Kennedy has an attack of diarrhoea which he attributes to drugs in his food, and nothing will persuade him that he is mistaken. He wrote a long incoherent letter on the subject, inveighing against qualified medical men for countenancing such practices. He writes a good deal, his letters being a curious mixture of incoherence and obscenity - He still works as an
20/7/88					192.	attendant, and is very jealous of his authority.
15/9/88					192	He has a fixed delusion that his food is drugged -
20 Feb. 89						No change, reattends officers in his duties.

NAME, Andrew Kennedy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1889 April						He still works well as an attendant, but is very officious & irritable. He is very touchy with regard his authority & frequently talks of giving in his resignation &c.
July 30th 89.					148½	Is still the same mentally. Works as an attendant - at times is noisy and threatens to resign. Still writes curious religious and obscene papers with extraordinary illustrations added to them.
Sept. 30th 89.					145 lbs	No change mentally or physically lately. Very officious and irritable at times.
Oct. 14th 1890.						Still has charge of Mid West Gallery. Occasionally he writes obscene letters to the Medical Officers: at times he is irritable.
July 28. 1891						Has been sent with his gallery to Kennoway: at first he did not like the change & threatened to go away, but now he has settled down and is contented.
26.2.92						Returned from Kennoway to the Cambus today
12.11.92						Still writes obscene and incoherent letters to the doctors on various topics - mostly religious.
7.5.93						No change.
5.10.93						Writes sermons incoherent & incoherent & sends them in in prompt & satisfied way.
4/5/95.						Enjoys excellent health. Writes & talks a great deal of incoherent rubbish. Takes a very considerable amount of exercise & has an idea that he cannot very well be done without.
1/9/95.						Still busies himself a good deal about the house. He has of late given over writing his incoherent nonsense, & in place has applied himself assiduously to knitting.
7/12/95.						There is no change in this patients mental condition

See Vol 15 p 207. 1879

551

NAME, George Irving No. 2331

Admitted, 17th December 1879 Pr. Ad.

Sex, Male Age, 33 Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Closeburn

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity An Aunt was insane

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Excitability

Bodily Muscular twitchings & excitement

Recent.

Mental Restlessness; suspiciousness; delusions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Has threatened violence

Duration of Existing Attack 7 years

Other Facts or Remarks An admission reported as a case with movements of the head & limbs which are almost choreic: there with the mental weakness appears to have been congenital & the patient is very childish. Two years after the movements were lost & the patient in a state of dementia, quiet, retiring and industrious in a mechanical way.

Facts of Medical Certificates I. 1. General appearance, vacant, constant movement of the facial and oral muscles - Rambling to himself, always scribbling incoherent sentences on a slate or paper. General restlessness in manner, and at times excedingly excitable. 2. the same as observed above, when excitable will use forcible means against his mother and other friends. Is invariably fancying some one or other is going to do him harm. II. 1. In a continual state of restlessness. his features being thrown into all manner of shapes. gets hold of books tearing over the leaves in rapid succession, imagines people going to do harm to him. 2. Same as above. Upon friends & his mother, states that he becomes very violent now & ally Cursing at every person. Offered several times to strike - thinks some one always after him.

NAME.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

553

NAME, George Irving.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17. 6. 83		97·2		70		There has been no change in the mental condition of this patient since last report. He is quiet, retiring and timid, and is mentally enfeebled. He engages in outdoor work.
1-1-87						This demente is employed in feeding the pigs. He is unable to tell whether he has 5 or 50 under his care. His physical health is good. No change.
3-4-87						
2 Jan 1888						Still with the pigs - Quite demented & shews no change in his condition. His health is good.
30 March 1888						Goes to the farm as before. His dementia increases
22 June 1888						No change.
10 October						This man continues in a weak demented state of mind.
21 December						He is in his usual ~~out~~ health & still remains a worker among the pigs of the number of which he has not the least idea. When told their number he forgets it one minute afterwards.
30 Mar 1889						No change.
1 July						His bodily health is good
10 Sept						He still works out of doors & shews no change mentally.
15 Nov						This man is quite demented He is much as before.
15 Mar. 1890.						In a state of absolute dementia
1 November						He shews no change & is in good bodily health. Works at the farm.
8th Dec 1899:-						Sent to Farm Annexe

See Chronic Case Book
p. 49.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name George Irving

Died on 12/3/14 at 5.45 A.M. P.-M. on 13/3/14 at 12 noon.

Mental Disease

Cause of Death

General Survey.

P.-M. Lividity marked. on dependent parts.

P.-M. Rigidity

Nutrition Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin Oedematous.

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.) 9 oz. Firm & congested.

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements thin in parts.

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater Oedematous.

Pia-Arachnoid Ditto. strips easily.

Fluid in Cranial Cavity in excess Weight of Encephalon (M. 49 oz., F 44 oz.) 60 oz.

Arteries at Base of Brain atheromatous.

Cerebrum Oedematous.

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium Excess of fluid.

Heart (M. 11 oz., F. 9 oz.) 21 oz.

Cavities markedly dilated (both). Muscle of walls hypertrophied.

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.). no endocarditis. mitral markedly dilated.

Muscle soft flabby. shows sub fatty change & shows a good deal of fibr

Aorta and Vessels soft early atheroma at root of aorta.

Respiratory System.

Left Pleura Com

Left Lung (M. 21 oz., F. 15 oz.) 14 oz. slightly atrophied, otherwise normal.

Right Pleura cavity obliterated by firm adhesions

Right Lung (M. 24 oz., F. 17 oz.) 36 oz. whole of lower lobe condition of red hepatization. Rest of lung normal.

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.) 50 oz. Distinctly fatty. shows one of two organizing

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.) 7 oz. } Both cong. cystic.

Right Kidney (M. 5¼ oz., F. 4¾ oz.) 8 oz } Capsules strip easily.

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

555

NAME, John Aird No. 1655

Admitted, 24th December 1879 Pr. Ad.

Sex, Male Age, 53 Marriage, Married Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Carlisle

HISTORY.

Condition.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated Richhan Institution

Hered. History—Insanity Brother insane

Other Diseases

Predisposing Heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Suspicion & aversion to his own wife. One one occasion he seized her violently by the throat. He squandered ~~Bodily~~ money recklessly

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 5 years

Other Facts or Remarks During his residence he has been subject to attacks of excitement in which he is dangerous to others & he has hallucinations of hearing. During his lucid intervals he is quiet and obliging. His bodily health has been good with the exception of hearing & sores sore throat.

Facts of Medical Certificates His excited insane appearance & manner of conversation. His delusions about his family Says he has been pleading to God against them & his appeal has been answered.

NAME John Hird

STATE ON ~~ADMISSION~~ 2nd Feb 1885

Mental.

Exaltation At times is Exalted, Speaks rapidly - loses his self Control and is restless and noisy

Depression

Excitement At times talks loudly & continuously defending himself against supposed accusations and is dangerous.

Enfeeblement During the intervals of Excitement he is apathetic & dull but can be roused into a state of attention

Memory

Coherence Impaired Can answer questions?

Delusions Has delusions that people are persecuting him.

Other Abnormalities Is suspicious at times & ready to take offence & will not allow a physical Examination

Bodily.

Appearance Strong and healthy

Skin Healthy Hair Black streaked with Grey

Eyes Grey Pupils Equal

Muscularity Considerable Fatness Good

Nervous System—*Motor* There is at times restlessness & almost continuous shouting & talking

Sensory Normal.

Reflex Action Good Special Senses Normal.

Retina

Lungs Healthy -

Heart Healthy.

Tongue Clean Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Normal.

Menstruation

Pulse 76 per minute Good character Temp.

Height Weight

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	

557

NAME, John Aird

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85						Is chronically maniacal: he is talkative shouts and calls upon his imaginary accusers to come & plead before God with him. He is at times violent during the intervals between the attacks he is quiet & obliging.
4.5.86.						He has frequent attacks of excitement during which he confines himself to his room and does not speak except addressed. If interfered with in any way during these attacks he is very dangerous. If left to himself he is quiet, and when the attack has passed off he returns to his work in the house. He is very industrious and most obliging when well. He looks after the marking and folding of the linen &c for the house. He also looks after the lady who occupies the East cottage, carries all her meals from and to the House, carries coals and sticks &c. assists her to and from her carriage and in every way renders all the help he can to her and her nurse. —
1.7.86.						Mr Aird has been excited for a considerable period and is seldom seen. He confines himself to his room until the attack wears off.
23/9/87						Mr. Aird is still subject to fits of excitement, between which he is quiet, gentlemanly, and obliging. At present he is excited — has been so for 10 days —, and as usual during his excited attacks, is keeping by himself and annoying no one. It is found best to leave him alone; otherwise he is apt to be dangerous.
17/10/87						Mr. Aird is again quiet, pleasant, & useful.
5/12/87						Mr. Aird is shewing symptoms of returning excitement, but is still going about.
14/12/87					162	Mr. Aird is well at present.

NAME, John Hird.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30/3/88					156	Mr. Hird is quiet, industrious, and agreeable at present.
5/5/88						He is excited today, and as usual is keeping by himself.
15/5/88						The present attack is more severe than usual. He wandered about the house, and showed less inclination to keep by himself, and was shut into his room. Today he has remained in bed, saying he is tired out, and does not know what to do.
18/5/88						Mr. Hird is better, but still dangerous. He has several times threatened to attack the attendant when in his room.
28/5/88						This morning Mr. Hird went out immediately before breakfast, and did not return. Search was made for him in the grounds & in Dumfries without success. He has never been known to attempt an escape before, although he always has parole in the grounds. He has been comparatively well for the last few days.
29/5/88						Nothing has been heard of Mr. Hird. An attendant has been sent to his home near Carlisle. (Later) In the evening a telegram was received from a gentleman in Carlisle, saying that Mr. Hird was in his house.
30/5/88						Mr. Hird was brought back early this morning. He came quite quietly. It appears that he got out by the High Gate, which was open. He walked all the way to Carlisle, and spent the night on the road. He is very tired, and is keeping his bed today. He can give no reason for his wish to escape, and appears not to have had any definite plan in view. His parole is stopped.
1/6/88						Mr. Hird has remained in bed since his return, as he is much exhausted by over-exertion and sleeplessness. He had diarrhoea today, for which tinct. opii m XX in whisky was prescribed. He says he has not slept for many weeks.
20/6/88						Mr. Hird is now very well. He is very pleasant and sensible. He goes out with the working party. He is anxious to have his parole restored, and promises not to abuse the privilege again.
20/7/88					163	He is keeping well, but is not allowed parole.
15/9/88					169	
3 Feb 89						has well & free from excitement
3 April					178	keeping well.
July 30th 1889.					171.	has been well and quiet for the most part lately - at times he becomes excited and noisy, going about and swearing.
Sept. 30th 89					171.	Still the same - at times noisy and excitable. In good health physically. Is 'high' at present & dangerous - was quiet till lately.
July 6 1890.						

see p 835.

559

NAME, William Peel — No. 1670
Admitted, 9th April 1880 — Pr. Ad.
Sex, Male — Age, 37 — Marriage, Single — Occupation, Seaman
Education, — Religion,
Private or Pauper, Private — Where from? Russell ward

HISTORY.

Disposition
Habits
Previous Attacks—No. One — Kind
Duration 5 or 6 years — Where treated Dr Fox's near Bristol
Hered. History—*Insanity*
Other Diseases
Predisposing
Exciting Supposed to be fever

Mental
Bodily
Mental Violence without provocation
Bodily

Insane Habits and Propensities Destructiveness
Suicidal No
Dangerous Yes
Duration of Existing Attack 4 years
Other Facts or Remarks During his residence here he has been occasionally violent. His conduct has been eccentric. He indulges in a great many curious movements and attitudes. His speech is frequently incoherent. He speaks to persons who are not present and is abusive or pleasant by turns. His bodily health has been good.

Facts of Medical Certificates Restlessness. Morbid excitability. Has delusions. E.g. Imagines he is Christ and wishes to sacrifice himself for himself.

NAME William Peel

STATE ON ~~ADMISSION~~ 2nd Feb.y 1885

Mental.

Exaltation At times is morbidly exalted. Is absurd in his conduct and speech

Depression

Excitement At times indulges in many attitudes - Stamps on the floor & speaks loudly to people who are absent.

Enfeeblement

Memory Moderately good

Coherence Impaired at time Can answer questions? Yes

Delusions That people speak to him and abuse him.

Other Abnormalities He frequently will not return rational answers to questions asked but repeats consonants. E.g. K. P. L.

Bodily.

Appearance Short Stout and Muscular

Skin Healthy Hair Brown

Eyes Brown Pupils Equal

Muscularity Considerable Fatness Good

Nervous System—*Motor* Functions good. There is at times Muscular excitement Showing itself in rapid movements. Stamping on floor &c

Sensory Functions good

Reflex Action Average Special Senses Hallucinations of Sight & hearing

Retina

Lungs Chest well developed. Lung sounds healthy. Respirations 17 per min.

Heart Sounds normal. Apex in usual position. Impulse of good strength

Tongue Clean and moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy

Appetite Good

Urine S.g 1016. acid. ppt. of phosphates on boiling.

Menstruation

Pulse 80 of good strength. Regular Temp. 98. 7. 7 p. m.

Height 5 ft. 6 in Weight 12 St. 3 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Persistent~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	

561

NAME, William Peel.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85.		98·1		75.	192	This patient is quiet and rather reserved at present. He is at times restless & exalted in feeling. During these periods of exaltation he hears unreal voices speaking to him. He joins in all the amusements. His bodily health is good.
4·5·86						Wm Peel continues much the same. He spends most of the Summer and Autumn months at Kirkmichael for fishing and shooting - He is very fond of these sports and is a capital shot. When at Kirkmichael he is quite happy, ~~that~~. There he has full parole, wanders about the country with his rod - He has never abused this privilege. At the Institution he has parole within the grounds, but feels the confinement and is always glad of a day's outing. Here at the Institution he is full of strange antics, jumps about his room &c. at Kirkmichael these soon disappear and he acts like a reasonable being.
19·5·86						Wm Peel went to Kirkmichael today.
1·7·86						Wm Peel ~~went~~ remains at Kirkmichael. He has had plenty of fishing since he went but sport has been poor. However he has derived benefit from the change, plenty of exercise and fresh air.
14/12/86					173	
2/2/87.		98·6		80		Mr Peel continues in excellent health. He is still eccentric in his behaviour at table & at the Dances. Rarely gives any intelligible answer to a question, unless he is started on the topics of his life in South America when he talks in a perfectly rational way & with considerable intelligence. He continues in excellent health & has a capital appetite

NAME, William Peel.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10/87						Transferred unrecovered to Mollendo House Private Asylum, Musselburgh.

563

NAME, Robert Nicholson — No. 2372

Admitted, 22nd April 1880 — Pr. Ad.

Sex, Male — Age, 28 — Marriage, Single — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Private — Where from? Barrachan, Port William

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One — Kind

Duration — Where treated Southern Counties Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Taciturnity; answers irrelevantly; lack of comprehension

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Two weeks

Other Facts or Remarks Ever since his admission he has remained in a state of great mental infeeblement; refusing to take any interest in anything; answering all questions irrelevantly or simply ignoring them altogether. No improvement could be expected in such a case and none has occurred. He has occasionally refused his food probably from sheer obstinacy as he opened his mouth & Attendant assisted the process but in this respect he has lately much improved.

Facts of Medical Certificates I. 1. His look is peculiar. Can scarcely force an answer from him. To all questions he answered "you see me" or "thank you for speering". Though persistently asked would not show his tongue nor tell anything as to the state of his health. 2. His father David Nicholson tells me that he has been in Dumfries Asylum, is only out of it four months, that he was right up till three weeks ago but not since then. He will not speak except a yes or no. Said yesterday to his father & sister that he would die first before taking any food except he paid for it. Has eaten nothing since yesterday morning & then only drunk a cup of tea.

II. 1. Is shy & nervous. looks agitated when spoken to, says abruptly, "thank you for asking", I never did "or going to America". refuses to take food from me. By Margaret Nicholson, his sister, Told her he wanted pay for the time he was detained at Dumfries Asylum.

564

NAME Robert Nicholson

STATE ON ~~ADMISSION~~ 16th September 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot take any interest in anything; is listless & apathetic to a degree

Memory

Coherence Incoherent Can answer questions?

Delusions

Other Abnormalities Is suspicious; would not shew his tongue but repeated "Who is going to murder Mr Robert Nicholson" over & over again

Bodily.

Appearance Stout, well nourished

Skin Healthy Hair Brown

Eyes Grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Sluggish

Sensory Sluggish

Reflex Action Special Senses Normal

Retina

Lungs Healthy

Heart sounds weak but no knits can be detected

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 68 per minute weak but regular Temp. 98°5 7

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									1

NAME, Robert Nicholson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18. 6. 85		98		74		This man is very indolent and listless he won't put on his clothes at times and will not engage in occupation of any kind. He speaks incoherently and cannot tell correctly how long he has been here.
18. 9. 85						Is becoming gradually more mentally enfeebled. Take no interest in his surrounds & declines to exert himself in any way or engage in conversation. He will do absolutely nothing for himself out of the regular routine. Sits the whole day gazing before him & rarely moving from one chair except at meal times which always render him lively. His general health has been very good.
10- 11-85						Insane obstinacy is the leading characteristic of his disease. He altogether refuses to work or to do anything for himself. If he finds that by refusing to do a thing it will be done for him he does so e.g. he has to be dressed. If interfered with he shouts out "Ah daft M'Lellan, folk murdering Robert Nicholson". If anyone tries to move him from any attitude he is in he will stalkily resist in a passive nonagressive manner. He refuses to speak or to answer questions one phrase alone escaping from his lips.
28-11-85						Having heard that a blister was to be applied to the nape of his neck to stimulate him from his condition of semi-stupor he refused food today. His general health is very low - so feeding has at once been had resort to.
11- 12-85						He again began to take food today. Strychnia has been freely given with much benefit to the patient.
8 - 2 - 86						He has relapsed into an apathetic listless condition but still takes a little interest in his surroundings & occasionally smiles if spoken to. He altogether refuses to work.
7-5-86						Considerable bodily improvement has occurred. He is now robust & ruddy. He will not give an intelligible answer when spoken to indeed the utmost he can be persuaded to say is something about "folk troubling Robert Nicholson". He is given a considerable amount of liberty in the grounds & exercises himself vigorously

NAME. Robert Nicholson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
2/12/86						Since last entry Nicholson has passed through another aggravation of his condition with refusal of food & lethargy almost amounting to Melancholic Stupor. He is now most unsociable, never speaks but smiles when spoken to. He takes his food slowly but well. In very apathetic usually stands all day in the Corridor of the 1st Division taking no interest in anything with his head bowed & expression of melancholy on his face. Occasionally when spoken to he will say 'Robert Macclellan murdering Robert Nicholson' will repeat this again & again.
4/6/87.						To day the patient refused food became more dull. & apathetic than usual. Still in a melancholy attitude paying no attention to anything around. Has to be dressed, & put to bed. taken to the Closet &c. & rarely speaks. Is in a state of Melancholic Stupor
8/7/86						Still in the same stupor fed daily at table —
24 Dec 1887.						R. N. is rather better & speaks of his delusions & looks as if he had wakened from his delusion & stupor. The other day he took his food himself though he has for months required feeding by the spoon. Still has the delusion that he was murdered by David Mc Lellan.
30 March 1888						Quite silent - refuses to speak - Is getting stout.
22 June 1888						This man sits like a block of wood & is silent & stupid. Has become much stouter.
1 Octr						No change.
20 December						R.N. is still stupid & will not speak. He is not resistive but is stupid & seems to have delusions, though he does not express them.
30 Mar 1889						This man is silent & delusional but not resistive.
10 Septr						Quiet & never speaks
15 Novr						He continues quiet & will not speak.
15th March.						As above. Physical health fair. Knee jerks exaggerated.

see p. 822

567

NAME, John Galloway — No. 2388

Admitted, 19th August 1880 — Pr. Ad.

Sex, Male — Age, 64 — Marriage, Single — Occupation, Joiner

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Wigtown

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity A sister is insane

Other Diseases

Predisposing Heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; depression of spirits; delusions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack A few days

Other Facts or Remarks On admission he was in a state of restless melancholia with delusions which gradually disappeared as the mental infeblement following the melancholia increased. He has declined to carry on any conversation; latterly no notice of questions or answering them by repeating such phrases as "want to get up" "want my porridge" quite irrelevant to the subject in view. With advancing age his general health has become impaired. He is now much more feeble than when admitted.

Facts of Medical Certificates. I. 1. His conversation is peculiar though not incoherent. Has an absent look. Keeps picking at bed clothes. Says he will never be better. 2. Mrs Mackie of Bank St. Wigtn. tried to persuade him to take some citrate of magnesia but he would not drink it, said it was poison. Mrs Mackie took some to convince it was not but he would not take it. Jane McErin who lives below him says she hears him walking on the floor during the night & weeping like a child.

II. 1. Eyes staring, pupils contracted. Tongue red and dirty looking - restless manner, walks constantly about saying "O Dear me". Refused to take medicine from me saying it would kill him. 2. By sister Galloway his sister. Refuses to take food or medicine. restless at night walking about.

NAME John Galloway

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

569

NAME, John Galloway.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·4·85.						This patient was to day transferred to Stranraer poorhouse.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

571

NAME, John Canning No. 2392
Admitted, 15th September 1880 Pr. Ad.
Sex, Male Age, 25 Marriage, Single Occupation, Mason
Education, Religion, Protestant
Private or Pauper, Private Where from? Kirkpatrick Durham

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind
- Duration Where treated
- Hered. History—Insanity Paternal Aunt was insane
- Other Diseases
- Predisposing
- Exciting

Symptoms. Fixed.
- Mental
- Bodily

Recent.
- Mental Restlessness; taciturnity; indefiniteness of purpose
- Bodily

Insane Habits and Propensities Masturbates
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks During the first year of his residence he showed no improvement but during the second year instead of being in a state of mental apathy & taking no interest in anything, refusing to speak or do any work whatever he became industrious, sociable & amused himself with reading. This improvement has been maintained.

Facts of Medical Certificates. I. 1. He has a preoccupied look & answers questions with hesitancy. He wish to emigrate & his knowledge of emigration is most crude & imperfect, the fact being apparent that he has no real or substantial purpose in view but what is entirely founded on sentiment. 2. The friends with whom he lives say that for a long time his conduct has been strange varying from day to day in his notions & demeanour. He walks for a whole day about the house with arms crossed, speaking none & answering no questions. II. 1. He sometimes wont answer questions or answers with hesitancy. He is determined to emigrate without any purpose or any knowledge of what to do. 2. His aunt states that he has been very restless for a considerable time, gets out of bed and walks the floor during the night. While at work during the dinner hour he was constantly walking. He never speaks nor answers questions and always moves.

NAME John Canning

STATE ON ~~ADMISSION~~. 20·10·85

Mental.

Exaltation

Depression

Excitement

Enfeeblement Diminished intelligence; reasoning power; interest in surroundings
indefinite in purpose.

Memory Impaired slightly

Coherence Coherent. Can answer questions? Yes if simple

Delusions

Other Abnormalities

Bodily.

Appearance

Skin healthy Hair Black

Eyes Grey Pupils Normal

Muscularity good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses

Retina

Lungs healthy

Heart Normal

Tongue Coated with a white fur Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 88 per minute Temp. 98·4°F

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition. good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeblement.
									/

573

NAME, John Canning.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19-6-83.		96·5		68.		This patient is apathetic and does not speak much. he is fond of gathering all sorts of rubbish together. He works at his trade of mason.
19-11-83						He is now most suspicious & reticent and altogether refuses to be touched or spoken to. His replies to questions are of the 'mind your own business' type – If a conversation is attempted with him he gives a sullen & irritable answer & moves away from the individual speaking. He has a phthisical appearance.
7-8-86						He is looking somewhat healthier but his avoidance of officials is more pronounced than before –
13/6/87.						John Canning made his escape this morning but was found on the Carlisle Douglas road in the afternoon – Still suspicious reticent towards all officials.
24th Dec 1887.						J. C. is a dull fellow of the slinking self-conscious unsociable type – irritable & surly – Evidently masturbates – Not robust as he looks unwholesome but has nothing to complain of or will not do so.
30 March 1888						He is in much the same condition
22 June 1888						A very "down" character – refuses to speak & is silent, & is furtive in his looks –
1 October						Much the same – always lurking about in out of the way places & generally to be found in the Lavatory.
20 Dec.						A sour dark fellow & a suicidal looking fellow. No change in his mental condition.
30 mar 1889						He is much the same.
1 July						This man is quiet & shuns nearly everyone – He is silent but answers if spoken to –
10 Septr.						He has Rheumatism of the wrists

NAME. John Canning.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						& ankles. His joints are stiff.
17 Septr 1889						much better.
17 October						Joints a little stiff still but not specially painful
17 Novr						No trouble with his joints. He is stiff yet. Mental state the same.
15 Mar 1890						He is quiet & solitary in his habits and will not say much even when questioned & turns away if spoken to.
10 June.						No change.
21 August						He is in the 3rd Division & does odd jobs at odd times – he lurks about & will look no one in the face.
1 November						Cannot hold his head up & look one in the face – slinks off if spoken to.
17th April 1899:–						Died today

Died
17th April 1899.

575

NAME, Hugh Porteous No. 2393

Admitted, 16 September 1880 Pr. Ad.

Sex, Male Age, 19 Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Templand Lochmaben

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none, as far as known Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Epilepsy

Symptoms. First.

Mental

Bodily

Recent.

Mental Taciturnity; excitability; loss of memory for recent events

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack Three days

Other Facts or Remarks Since his admission this patient has been subject to numerous epileptic fits usually mild but sometimes very severe. Before and after them he is excitable & dangerous but in the intervals quiet & harmless. The fits have gradually told on his mental & bodily condition impelling both.

Facts of Medical Certificates. I. 1. Talks incoherently. seems morose and unconscious of the meaning of what is said to him and imagines he is subjected to inexplicable losses &c. II. 2. The Governor states that he goes about as if with no meaning in his movements. Talks epileptic fits &c.

II. 1. His morose, insane appearance, & inability to remember what has recently occurred.

2. Mr Robertson informs me that he is epileptic & that he is at times unmanageable, refusing to take food. walking about the house at night & attempting to strike those about him.

NAME Hugh Porteous

STATE ON ~~ADMISSION~~ 16th September 1885

Mental.

Exaltation

Depression

Excitement Sometimes mildly excited specially before & after the storms of Epileptic fits

Enfeeblement Cannot take an intelligent interest in anything

Memory Cannot tell his age &c

Coherence Coherent usually Can answer questions? Yes when simple

Delusions

Other Abnormalities

Bodily.

Appearance Thin; anxious;

Skin pale Hair Brown

Eyes Grey Pupils Normal

Muscularity poor Fatness

Nervous System—*Motor* Subject to Epileptic fits

Sensory Sluggish

Reflex Action Special Senses Normal

Retina

Lungs healthy &c

Heart Normal

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 60 per minute Temp. 98·4°F

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

NAME, Hugh Porteous

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12·6·85.		97·2		80		This patient is subject to severe epileptic fits before and after which he is much excited. In the intervals he is quiet and is childish in behaviour saying that he must have a wife and it will be serious for those, who prevent him getting one
18·9·85						Is becoming more enfeebled mentally. Cannot converse intelligently but rambles & becomes almost incoherent. His manner is childish & silly owing to the severe fits to which he is subject. He is only employed occasionally & at light indoor work. Sometimes the fits appear to be partial. He becomes almost purple in the face; stares fixedly & the muscles gradually become rigid & he slowly falls. These come & go for hours & leave him very stupid. At other times the fits are sudden
7-5-86						He has two or three fits every day. In consequence of these his bodily health is low & his appearance is constantly more or less cyanotic. Mental enfeeblement is rapidly advancing. Before & after the convulsion he is apt to be violent
31/5/87.						This patient's health has been failing lately. He has continuous cough & mucous spit with frequent vomiting during paroxysms of coughing. Lungs examined & found emphysematous but otherwise healthy! Tongue coated & breath foul. Ordered. Soda & Calumba.
20/6/87.						Very much improved. No cough. appetite improved. Tongue clean. Fits as before.
~~27 Dec 87~~						Fits continue as frequent as before. ~~Very~~ Is becoming much more enfeebled mentally. Is mildly excited at times & the other day rushed up to me & said he was to be married at once. Is a small unwholesome looking man. No great cough.
30 March		1888				H.P. has had severe eczema capitis for wh. he got an oil poultice then Lime Ointment. Is better. Fits continue
22 June		1888				No change.

NAME, Hugh Porteous

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 October						This man is in a state of epileptic dementia & his mental condition depends on his fits.
20 Decr.						At times silly & erotic, at times irritable, at times stupid according to the fits.
30 Mar. 1889						He still takes fits as before.
1 July						This man still takes fits - He is silly & weakminded -
10 Septr.						His health is not good but he has no cough & his appetite is fairly good.
17 Novr.						He is quiet & weakminded - erotic at times.
15th March						As above. Knee jerks very exaggerated. Triceps and Wrist jerks glib.
10 June						Takes fits as before.
21 August						No change except that he has a bad black eye from a fall during a fit.
1 November						He often has black eyes, from fits - Is demented but at times runs about & announces that he is to be married at once.
11:2:92.						During the last two days dyspnoea has come on at first slight - but it has now increased - & is very laborious - A sound is made in his mouth when on inspection is found to be due to paralysis of the soft palate. The intercostal muscles are paralysed - & the extraordinary muscles of respiration are brought into use. His face is pale & he bends his head back as he lies in bed - Today he is quite unconscious -
12:2:92.						Died last night at 9.50 pm v. Pm report

579

NAME, David Lorimer No. 2394

Admitted, 28th September 1880 Pr. Ad.

Sex, Male Age, 28 Marriage, Single Occupation, Ironmonger

Education, Religion, Protestant

Private or Pauper, Private Where from? North Shields

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Southern Counties Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; suspiciousness; delusions; depression of Spirits

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Two years three months

Other Facts or Remarks During the first year & eight months residence he gradually improved so that in May 1882 he was allowed out on probation but returned in July 1882 He was then suffering from many delusions some of them new which made him restless & excitable & has remained in much the same state since that time; always restless, wishing to get away & openly stating his delusions as facts. He states that he has practised masturbation, but has long controlled himself this may or may not be a delusion but his appearance points to some indiscretion in that way.—

Facts of Medical Certificates I. 1. He has delusions respecting himself. for instance that he is punishable for pre civil offences, & that the punishment is to be eaten up with insects. He was in the Infirmary the latter part of 1878. & beginning of 1879. out on probation since. no improvement. 2. His friends say that he cannot be trusted to do anything, forgets at once, and begins invariably to gesticulate and have II. 1. He told me that having written to a Doctor in London about his illness, the Doctor gave the police notice of it, and that they were looking for him, he thinks this was a criminal offence, he is very quiet & is always brooding over his complaints. 2. His mother says that he is very restless, standing for a short time conversing, and then suddenly running in some direction till he recollects himself and always looks the newspapers expecting to see some advertisement about himself.

NAME David Loiuner

STATE ON ~~ADMISSION~~ 10 February 1885

Mental.

Exaltation

Depression

Excitement often mildly excited, talks loudly to himself confuding imaginary arguments advanced for his detention here.

Enfeeblement

Memory Good. Occasionally absent minded with regard to recent events

Coherence Coherent Can answer questions? Yes

Delusions That he is the son of some wealthy gentleman & that he is brought here to prevent his inheriting his property

Other Abnormalities

Bodily.

Appearance Thin, anaemic but moderately well nourished

Skin Sallow Hair

Eyes Pupils Normal

Muscularity Moderate Fatness

Nervous System—*Motor* Impaired. Gait shuffling

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Normal Heart's action is irregular & intermittent. Sept 13/1916.

Tongue Clean but slightly tremulous Bowels Liable to be constipated

Other Organs, Abnormalities, Bruises, &c. Occasionally suffers from piles.

Right inguinal hernia: duration uncertain. Sept 1916.

Appetite Good

Urine Normal

Menstruation

Pulse 82 per minute Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, David Lorimer

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31-3-85						He has shewn no improvement mentally for some time. Still has the delusion as to being an adopted son; prominently & frequently states that he ought to have been brought up in the lap of luxury. He states that he has completely broken off his masturbating habits & only requires some medicine to strengthen the genital organs to make him strong again & able to bear his part as a man in the world; this medicine he does not get here & therefore ought to be allowed to consult various persons whose advertisements he has seen in the paper declaring that whenever discharged he will consult them. When alone he frequently becomes excited argues with himself on the subject of his detention in a loud excited voice. For a considerable time he has been employed in the stewards office where he makes himself useful in various ways. His general health remains moderately good.
16-6-85		98		72		This patient believes himself to be in a state of "nervous debility" for the cure of which he believes the most efficient means are the quack medicines advertised in the newspapers, and he frequently dilates on the necessity of some of them being purchased for him.
18-9-85						Has not improved & appears rather to be becoming more delusive, irritable & suspicious of the officials. Brings up the history of his troubles at every opportunity & repeats the story of how he has been ill treated by the person who was really his sister & how he has been defrauded of his rights & otherwise ignored by his relatives in affluence & high position socially. Complains that nothing is given him here to strengthen him & that he is altogether badly used & delights in explaining what he would work at & who he would consult if he got liberty.
7-5-86						He is never free from delusions about all virile power having been taken out of him & he takes every possible means to obtain drugs of an aphrodisiac nature. He attributes all his misfortunes to a woman – Lizzie Mary Mahon, this delusion about being changed when a baby continues & he is often loud in asserting his rights. He works diligently in the office to my civil tobiging

NAME, David Lorimer

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4/12/86						No change in this case. He is still full of delusion about his sexual capacity. Believes himself to be impotent & continually asks for strengthening injections & lectures on Nervous debility quoting largely from the pamphlets circulated by designing quacks. He is often heard talking to himself usually about his sexual delusions. He works well as a clerk in the Stewards office, & is obliging & as a rule good natured, but if spoken to harshly or crossed in any way he is apt to fly into a passion & strike. His bodily health continues good.
14th Sept 1887						Still no change – he goes about holding forth about "persecution" & "detention in the Asylum" & "Conspiracy to keep him out of his rights" – speaking fiercely & clenching his fists – He is always anxious to get a listener as he speaks about his masturbation his "nervous debility" & so forth – He is constantly demanding "astringent lotions for the scrotum" & an electric belt "to brace him up". He is a fierce, violent tempered man & full of delusions. He looks every inch a masturbator & no doubt practises it now. His chief conversation is to himself as he walks along the path.
3 Jan 1888						Has just ~~gover~~ got over an attack of piles. No change mentally
30 March 1888						Still delusional – anxious for quack remedies.
22 June 1888						This objectionable character is a great nuisance in the place – he is too fond of carrying on with the women.
1 Octr.						This man shews no change.
20 Decr						Works as before in the Stewards Office.
30 Mar 1889						No change.

see page 812

583

NAME, William Kennedy No. 1680

Admitted, 30th September 1880 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Tailor

Education, Religion,

Private or Pauper, Private Where from? Thanhill

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Transfer from R. E.A

23 months insane previously R 30.9.80.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Possibly at times

Duration of Existing Attack twenty-three months

Other Facts or Remarks On admission he was deeply under the influence of delusions which being of an exalted nature rendered him lazy, selfish & irritable. He could not be induced to interest himself in any work & was generally very troublesome. The delusions gradually passed off leaving him weak minded & lazy. He came to the 2nd House on 4th August 1883 & soon fell into the routine of work. He has since then been quiet ~~diligent~~, easily controlled & generally obliging in a way but will do no work now.

Facts of Medical Certificates

Transfer — 1. He labours under various delusions such as that he is the King of man & is possessed of wondrous power that the people here work upon him with electric batteries so as to obstruct his great purposes.

His bodily health & condition are average.

Copy

Telephone: 9 Dumfries
Private Telegraph Wire

Correspondence to be addressed to Dr Easterbrook, who may be seen by appointment.

Crichton Royal
Dumfries.

4th October 1917.

The Procurator Fiscal for Dumfriesshire,
Sheriff Court House.
Dumfries.

Sir,

I beg to inform you that Mr. William Kennedy, a private patient admitted to this Institution on 30th September 1880, aged 68 years, was found dead this morning at 10 a.m. by William Gillies, driver of the message motor lorry, on the road between Maxwell House and Kirkcudbright House. Gillies at once communicated with Dr. William Tinker, who arrived a few minutes later, and pronounced life to be extinct. Mr. Kennedy suffered from mild dementia, and for many years past had been in the habit of distributing the daily papers throughout the Second and Third Divisions of the Institution. He was a man of medium height, and rather stout. He was not known to have had any form of heart disease. The apparent cause of death was syncope from heart failure.

I am,

Sir,

Your obedient servant,

T. Goldie - Scot. M.B.

Acting Physician Superintendent

NAME, William Kennedy No. 1680

Admitted, 30th September 1880 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Tailor

Education, Religion,

Private or Pauper, Private Where from? Thornhill

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Transfer from R. E. A

23 months insane previously to 30.9.80.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Possibly at times

Duration of Existing Attack twenty-three months

Other Facts or Remarks On admission he was deeply under the influence of delusions which being of an exalted nature rendered him lazy, selfish & irritable. He could not be induced to interest himself in any work & was generally very troublesome. The delusions gradually passed off leaving him weak minded & lazy. He came to the 2nd House on 4th August 1883 & soon fell into the routine of work. He has since then been quiet ~~diligent~~, easily controlled & generally obliging in a way but will do no work now.

Facts of Medical Certificates

Transfer — 1. He labours under various delusions such as that he is the King of man & is possessed of wondrous power that the people here work upon him with electric batteries so as to obstruct his great purposes.

His bodily health & condition are average.

NAME William Kennedy

STATE ON ~~ADMISSION~~ 1-10-83

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance Small, thin, slightly built,

Skin healthy — Hair Brown

Eyes Brown — Pupils Normal

Muscularity Average — Fatness

Nervous System—*Motor* good

Sensory Normal

Reflex Action — Special Senses Normal

Retina

Lungs healthy

Heart Normal

Tongue coated white fur — Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 96 per minute — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

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NAME. William Kennedy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1885						
Nov. 20.						This patient is a tailor but refuses to work at his trade although he is quite content to occupy himself with the pigs. He is given to laughing to himself in a silly way and is the subject of considerable suspicion. His bodily condition is good.
1-6-86						No change.
14th Sept 1887						Wm Kennedy now works among the pigs. He is not very industrious but still does some work - he looks very Jewish in his type of face. He still appears suspicious. He has become stout & strong & generally sits after the days work in a corner of the room observing a good deal but saying nothing - He smiles & replies at once if addressed. At times he laughs foolishly & apparently without cause.
3 Jan 1888						Still reserved but evidently improved - is not quite so suspicious. He is stout & in good health.
30 March 1888						This little man is lazy & unsociable & still suspicious.
22 June 1888						Still the same.
1 Octr						No change.
20 Decr						This man is silent & watchful & seems never to speak except when addressed when he answers pleasantly enough. Bodily health good - He is apt to become dangerous if spoken to about Tailoring.
~~22 Decr~~						
30 Mar 1889						He always looks smiling but is still quiet & taciturn.
15 Mar 1890						He works with the rubbish carts & has a high opinion of himself - He is silent & suspicious & very lazy.

NAME. William Kennedy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 June 1890						No change.
20 August						He is silent & if not dealt with judiciously is irritable. Follows the sewerage cart but does nothing.
1 Nov[r]						No change.
February 7th 1900						Known as useful inmate of Farme Annexe (see separate case book).
1902. July 10th						Continues to live at Annexe where he makes himself very useful. assisting with poultry & house work & goes messages. In fair health.
1903. July 10th						Just as above. Keeps in fair health.
1907. July 8th						No change in Mr. Kennedy. Takes "morning Company Dinner" In fair health. (Signed)
From 1903 to 1907.						See Case Book page 28. FARM ANNEXE
1908. July 11th						also Thornhill Case Book. see Case Book for 7 June [no change in his mental state] Mr. Kennedy is a useful man at the Farm annexe. He goes frequently between the Asylum Farm annexe for errands. He is very quiet & is a little suspicious. He appears to be interested by the news of his former health the newspaper notice [illegible] mentioned here. His physical health is fair.

DEATH OF A FAMOUS MERCHANT.

Brother of Mr A THORNHILL MAN. Kennedy D[r] Jas. Lennox - 1-7-08

The death took place somewhat suddenly yesterday morning of Mr J. Kennedy, J.P., senior partner of the firm of Charles Jenner & Co., silk mercers and drapers, Princes Street, Edinburgh. Deceased, who was a native of Thornhill, entered that business as a boy, rose to be head of the firm by his business ability, and last year he celebrated his jubilee, when he was made the recipient of handsome presents by his employees, who number several hundreds. As Moderator of the ancient body of Holyrood High Constables, Mr Kennedy on Thursday last attended the annual excursion, and the heat of the day had a severe effect on him. He was thought to be getting round all right, but succumbed yesterday morning, heart failure being the cause of death. Deceased was honourably connected with a number of the public institutions of the city, being an assistant Master of the Edinburgh Merchant Company, and Trustee of the National Savings Bank. He had ever warm memories of his native place in Dumfriesshire. He is survived by a widow and a grown-up family.

1909. Aug 16. Mr. Kennedy was transferred to day to Mid. Male Villa.
A feeble elderly man, very quiet. never gives any trouble, a little suspicious: mildly demented now.
1910. Feb. 12. This old gentleman is a quiet patient who works away quietly tidying & polishing bathroom taps etc. He is a little suspicious but never gives any trouble. His remarks are beginning to fade coincidently with mildly advancing dementia
1911. Jan 12. Is in Carlisle Byre & works in the house.

587

NAME, Robert Hannah Cairns No. 1690

Admitted, 23rd October 1880 Pr. Ad.

Sex, Male Age, 50 Marriage, Married Occupation, Master mariner

Education, Religion,

Private or Pauper, Private Where from? Castle Douglas

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration 4 years Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting General ill health

Symptoms. First.

Mental

Bodily

Recent.

Mental Delusions that there were men in his room & that his wife tried to poison him.

Bodily Is said to have suffered from prostatic abscesses

Insane Habits and Propensities:

Suicidal Unknown

Dangerous Doubtful

Duration of Existing Attack 4 years

Other Facts or Remarks His has been a case of Melancholia with delusions E.g. poisoning of his food, under which he has refused food to such an extent as to require the stomach pump - He is silent and rarely speaks - Sometimes he groans when spoken to - His bodily health has been poor

Facts of Medical Certificate He is very restless; says that he sleeps too much in consequence of drugs having been put in his food. He refuses and will not take the necessaries of life through his appetite to food - He also labours under other delusions which distress him so much as to make it a risk to himself & others.

NAME Robert Hannah Cairns

STATE ON ~~ADMISSION~~ 2nd Feb. 1885

Mental.

Exaltation

Depression Refuses to speak except to say, he is in great pain. Has a dejected look. Will not speak to his wife when she visits him.

Excitement

Enfeeblement

Memory

Coherence Can answer questions?

Delusions That his food is poisoned

Other Abnormalities Is irritable & suspicious. Groans as if in great pain, which however he can never specify

Appearance Thin. ill nourished, anaemic

Skin There is general pallor Hair Grey

Eyes Blue Pupils Equal & regular

Muscularity Diminished Fatness Poor

Nervous System—*Motor* Functions enfeebled - he cannot walk & the control of the rectum and bladder is lost

Sensory Cutaneous sensibility - Diminished

Bodily.

Reflex Action Impaired Special Senses Hallucinations of smell & taste

Retina

Lungs Chest narrow. Lung sounds very feeble - Respirations 16 per min.

Heart's action feeble. First sound almost inaudible

Tongue Clean & moist Bowels Irregular

Other Organs, Abnormalities, Bruises, &c. suffers from chronic cystitis

Appetite Moderately good

Urine s.g. 1018. alkaline, ammoniacal. deposit of phosphates.

Menstruation

Pulse 60 thready & irregular Temp. 98 9th 8 p.m.

Height 5 ft 9 in Weight 78 lb 6 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes							

589

NAME. Robert Hannah Cairns.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9·3·85.		98·9		78	101.	Is depressed: rarely speaks except to complain of being in pain. He shows no affective feeling, when visited by his relations. His bodily health is poor.
4·5·86.						There is no improvement in this case. He is very depressed. Sits in his arm-chair at the fire with his head bowed on his hands. Groans loudly but never speaks even to answer questions. He requires feeding with a spoon.
1·7·86.						His bodily health is very feeble.
14·9·86					144.	This old gentleman is still in very feeble bodily health. Mentally he is depressed. No change in the case.
14/12/86						Captain Cairns still occupies his chair at the fire side: but he is now much less acutely depressed than formerly. He dresses undresses himself tho cleanly in his habits. He never groans or gives outward expression of his grief beyond his attitude. He has become stout tho in excellent health.
1887. Jan 18th					151.	
14th Sept.					145	No change in this case, except gradual increase of mental enfeeblement, and bodily weakness. He is unable to walk out at all, but has a weekly drive.
14/12/87					141	No change in this case.
30/3/88					140	No change.
24/4/88						A few days ago a large glandular abscess was discovered on the right side of Mr Cairns' neck, at the level of the larynx and internal to the sternomastoid muscle. It has caused him no pain, & he has never complained of it: it was not seen till his beard was being trimmed. It was opened today, and a large quantity of pus escaped. A drainage tube was inserted.
4/5/88						The abscess is still discharging freely, and the swelling is much diminished. The tube was shortened today.
29/5/88						The swelling has disappeared, and only a trace of pus is escaping from the wound which is almost healed.
20/7/88					136	There is still a slight discharge from the wound in the neck. He is in the same state mentally: he sits with his head on his hand, groaning, and shewing not the slightest interest in anything. He never reads, and never speaks except to answer question
15/9/88					133	

NAME. Robert Hannah Cairns

DATE. 1889	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
15 Feb.						no change, he is always dull & silent.
3 April					139	no change
July 30th 1889.					134.	This patient is still as dull and silent as ever, uninterested in anything. Never read or speaks except to answer a simple question. His bodily health is very weak.
Sept. 20th 89.					134.	There has been no change in his mental or physical state worth recording of late. Bodily health still very delicate.
10. II. 90.						In bed in Infirmary with cold. Pulse 90, very small & feeble, temp. normal. Treatment — stimulant cough mixture
2 Septr. 1890						Mr Cairns has gradually got weaker & ~~is~~ today died.

591

NAME, James Milroy — No. 2400
Admitted, 25th November 1880 — Pr. Ad.
Sex, Male — Age, 44 — Marriage, Single — Occupation, Banker
Education, — Religion, Protestant
Private or Pauper, Pauper — Where from? Kirkcowan

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. none — Kind
Duration — Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental, Wandering about counting sometimes all night. Obstructiveness excitability
Bodily

Recent.
Mental Impaired memory. Taciturnity
Bodily

Insane Habits and Propensities
Suicidal no
Dangerous no
Duration of Existing Attack Twenty four years
Other Facts or Remarks In a state of confirmed and advanced dementia, picking at himself, and tearing his clothes. On March 30th 1883 he is recorded as having undergone no improvement but as confining his tearing of clothes to his shirt. On October 8th 1883, he is recorded as employing himself chiefly in tearing clothes, not having undergone any improvement in his mental state

Facts of Medical Certificates
(1) Does not recollect when he left his old home and came to reside at Culvennan, Answers questions in a childish manner
Mrs McCormack of Culvennan states that he wanders away from his home frequently & has stayed out all night about his old home, threatened to knock her daughters head off when throwing stones at some turkeys.
(2) Great unwillingness to speak, answering questions in a childish manner
Mrs McCormack says he sometimes tears his clothes willingly

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

593

NAME, James Milroy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19·6·88		98·4		90.		There has been no change in the mental condition of this patient since last entry. He is mentally enfeebled, cannot answer questions and his memory is much impaired. He works with the barrow party.
21 Nov '88						Discharged to Stannan Workhouse

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

595

NAME, James Turner (Thomas Turner) No. 2459
Admitted, 17th June 1881 Pr. Ad.
Sex, Male Age, 76 Marriage, widower Occupation, Joiner
Education, Religion,
Private or Pauper, Private Where from? Kirkpatrick Village

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. One at least Kind
- Duration Where treated Southern Counties Asylum
- Hered. History—Insanity
- Other Diseases
- Predisposing
- Exciting "Amputation of Penis for Cancer"

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental Restlessness; Delusions of identity; irritability; incoherence
- Bodily Insomnia

Insane Habits and Propensities
Suicidal
Dangerous Yes
Duration of Existing Attack Four weeks
Other Facts or Remarks On admission he was noisy & boisterous at the same time perfectly happy his manner being said to be that of a schoolboy engaged in boisterous good natured play. Unfortunately this was continued during the night & necessitated the frequent administration of draughts. Since then mental enfeblement has increased & he has become quiet especially at night.

Facts of Medical Certificates. I. 1. He is easily excited when he becomes quite furious, talks incoherently does not know his neighbours. 2. They can scarcely keep him in bed, never sleeps any without narcotics. II. 1. He talks incoherently and upon subjects of my old date. He mistakes people of his acquaintance for old friends and neighbours. 2. His neighbours say that he has been in restraint several times for insanity. He never sleeps without narcotics.

NAME Thomas Turner

STATE ON ~~ADMISSION~~ 16th September 1885

Mental.

Exaltation In a state of mild chronic mallation; loquacious; restless; given to dancing, gesticulating; laughing without cause &c. Marked exaggeration of well being

Depression

Excitement Excitable, & restless.

Enfeeblement Cannot converse intelligently or take an intelligent interest in anything

Memory

Coherence Incoherent generally Can answer questions? Yes when very simple

Delusions

Other Abnormalities Given to romping; dancing; & generally conducting himself in a childish way.

Bodily.

Appearance Thin; fairly well nourished

Skin healthy; wrinkled Hair White; scanty

Eyes Grey Pupils Normal

Muscularity poor. Fatness

Nervous System—*Motor* Impaired Generally

Sensory Sluggish

Reflex Action Special Senses Moderately good

Retina

Lungs Normal

Heart The first sound in the Mitral area is impure. Other areas normal

Tongue Covered with a slight white fur. Bowels Regular

Other Organs, Abnormalities, Bruises, &c. The veins are very prominent & arteries atheromatous

Appetite good

Urine

Menstruation

Pulse 94 per minute Temp. 98°7

Height Weight

Disease Chronic Mania with Sec. Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	/								/

NAME, Thomas Turner.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23.6.85		98.2		78		This patient is exalted in feeling; he laughs claps his hands and jumps about and makes merry at everything; he states that he owns the "toon o' Hamilton", and is incoherent in speech.
19.9.85						Is wonderfully active for his age although that is beginning to tell. He is as restless, mildly boisterous, talkative & jolly as ever. His conversation is very incoherent at time & as he laughs almost all the time he is speaking as if all his stories were the funniest things in the world he sometimes quite unintelligible. He says he cannot help laughing he is so happy. His appetite is good & he sleeps well.
25-11-85						He is full of spirit & laughing & chattering incessantly expressing exalted delusions & displaying much mental enfeeblement eg he says he was born here in 1865 & rambles incoherently & weakly from one subject to another laughing all the while.
30-12-86						The severe weather is telling upon him & owing to the bad action of his heart he has been confined to bed (with difficulty) for a day or two.
8-2-86						Much against his will he has again been made an invalid. His heart is very intermittent & weak in action & a tendency to cardiac syncope has to be guarded against. Mentally there is no change: he is if possible happier & more noisy than ever.
7-5-86						He is somewhat stronger & is able to set up most of the day. One great difficulty in keeping him in bed is that he will not stay but gets up & dances in the floor singing & clapping his hands. He believes he is in Hell & seems to be particularly pleased that he is there. His language is often very obscene & strong.
March 20th						Old 'Thomas' after being up all winter has at last been confined to bed & put on extra diet & stimulant. He is improving rapidly.
24/5/87.						So much better that he is allowed up a few hours daily.
15/6/87.						Getting weaker & so again confined to bed.
17/7/87						Still very feeble but his skin remains whole. Fell out of bed & bruised his face today but seems none the worse.

NAME. Thomas Turner.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 15th 1887.						T. T. is now confined to bed & except when asleep always lies with his head raised & unsupported by the pillow – apparently not tired by such a position. He generally swears at the top of his voice & used to spend the greater part of the night in this occupation – He appears to be unable to understand anything but he gathers information in his lucid moments & shews remarkable "cuteness" for such an enfeebled old fellow. The brandy makes him sleep. 3ij per diem. Has a hot bottle to his cold old feet.
						Died of Bronchitis & Senility.

599

NAME, Robert McCulloch — No. 2466

Admitted, 23rd July 1881 — Pr. Ad.

Sex, Male — Age, 33 — Marriage, Single — Occupation, Gardener

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Kirkdale

HISTORY.

Causation.

Disposition stated to have been nervous, resolute and excitable as a boy.

Habits Industrious, and energetic

Previous Attacks—No. none — Kind

Duration — Where treated

Hered. History—Insanity none as far as ascertained

Other Diseases

Predisposing

Exciting Supposed to have been caused by gunshot-wound of his head

Symptoms. First.

Mental Threatened to injure his mother, has a delusion that he has kept the household for ten years, rises at all hours of the night.

Bodily

Symptoms. Recent.

Mental Incoherence in speaking, vacant expression, excited manner, and performance of extraordinary actions.

Bodily Wild an vague expression of eyes, constant choreic twitching of facial muscles

Insane Habits and Propensities

Suicidal no

Dangerous manner and appearance indicate that he is dangerous

Duration of Existing Attack Eight years

Other Facts or Remarks His trade has been gardening and bookhawking, on the former employment he had done nothing for eight years previous to admission till a few months before admission when he rose early and worked hard. Before admission he had threatened to assault his mother on several occasions, but his threats extended to no other person, he also performed grotesque actions such as carrying earth from his garden and placing it on the Public road. When admitted he seemed absorbed and preoccupied. On July 30th 1881 it is recorded that he was industrious, honest-

Facts of Medical Certificates

Incoherence in speaking, has threatened his mother. absent expression insane actions, excited manner gets up at all hours of the night has had frequent temporary fits of insanity. says he has kept the household for the last ten years.

good-natured well behaved and took his food with avidity. On Feb 6th 1882 it is recorded that choreic movements had almost entirely disappeared from his face that he was improving. 8th October 1883 an entry on that date shews him to have been steadily improving insomuch that an attempt to arrange for his board outside was made. this idea however was abandoned owing to the distance of his friends.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Shaw's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Robert McCulloch.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19.6.85		95.3		74.		This patient is often exalted; he becomes talkative and preaches and swears to himself when spoken to, he usually answers in scriptural phrase and commences to talk about scriptural events. He masturbates.
19-11-85						Although mildly exalted and tending to indulge in Biblical utterances he is now quiet and can answer questions in a natural manner. He works well outside, and is not restless at night. The choreaic symptoms appear to have undergone no improvement or increase for some months. They chiefly affect the forehead. There is no unsteadiness in pointing. Masturbation continues and very considerable anaemia is present.
18-1-86						This sanctimonious individual continues studying the Bible all his spare moments by day and masturbating freely at night. As much as possible he is kept in constant employment. At times he collects rubbish & stows it in his pockets.
7-8-86						He has refused to work as an upholsterer any longer but is "willing to fulfil the Divine will" by attending to the sewage.
Dec 27. 87.						R. M. is a quiet well behaved man now - he works on the farm. He shews, tho only 39 yrs, the arcus senilis clearly as premature degenerative changes have occurred in him. He dances the Highland Fling for the audience on Monday night & is vain about his performance. Evidently masturbates still & on Sundays has a severe look in his face & studies the Bible constantly. Is called the "Prophet Daniel"
30 March 1888						No change - he goes to the farm & works as before
22 June 1888						This man is much the same - a ~~mischievor~~ masturbating hymn-reading fellow.
1 Octr						No change.
20 Decr						At Kirkmichael.

NAME. Robert McCulloch

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
30 Apl 1889						This man is now back on the Horse - He is the same as before.
1 July						He now works in the Store instead of the Farm.
10 Septr -						Does well in the Store. His health is Good.
17 Novr						His mental state continues as before & his bodily health is Good. He mentally exalted.
15 Jan 1890.						This man works in the Store He is in a state of mental Exaltation & highly satisfied with himself.
10 June						Still in the Store.
21 August						He is exalted mentally & is a man whose conversation is full of religious subjects.
1 November						no change

February 5th 1900 - has sent a few days ago to Farm annexe.

To Farm annexe Case Book.

Died 27 March 1908
with P.M register.

603

NAME, William Johnstone No. 2480
Admitted, 3rd September 1881 Pr. Ad.
Sex, Male Age, 25 Marriage, Single Occupation, Railway
Education, Religion, Protestant Servant
Private or Pauper, Private Where from? Kirkpatrick Juxta

HISTORY.

Causation.
Disposition
Habits He is said to have masturbated
Previous Attacks—No. One or more Kind
Duration Where treated Morningside Edinburgh
Hered. History—Insanity A Sister temporarily insane
Other Disease
Predisposing
Exciting

Symptoms, First.
Mental Sleeplessness, restlessness, exaltation of ideas, [illegible]
Bodily

Recent.
Mental Restlessness, hallucinations and delusions, unfounded suspicions
Bodily

Insane Habits and Propensities
Suicidal no
Dangerous no
Duration of Existing Attack [nine months before admission] has been insane off and on for three years, present attack began
Other Facts or Remarks On admission was very wayward. often refused to take his food properly, he could not carry on any rational conversation, his thoughts having been jerky and disconnected. On 10th March 1882, he is recorded as doing a little work, but no improvement was noticed On April 14th 1883 it is stated that no return of intelligence or of self control had occurred, although he took his food fairly well and was industrious. On 8th October 1883, the report states that he had exposed himself in an indecent manner in the absence of the attendant, and was therefore sent to work on the farm, no improvement could then be recorded

Facts of Medical Certificates
Restless nervous appearance, always wandering about. has unfounded fears hallucinations, and delusions, is very obstreperate occasionally. and has exalted ideas about himself.

NAME *William Johnstone*

STATE ON ~~ADMISSION~~. *15th September 1885*

Mental.

Exaltation

Depression

Excitement

Enfeeblement *Cannot carry on an intelligent conversation; laughs meaninglessly when addressed.*

Memory *Cannot tell his age or length of residence &c*

Coherence *Incoherent - sometimes* Can answer questions? *Yes when simple*

Delusions

Other Abnormalities

Bodily.

Appearance *Stout; well built & well nourished*

Skin *Healthy* Hair *Black*

Eyes *Grey* Pupils *Normal*

Muscularity *Good* Fatness

Nervous System—*Motor* *Normal*

Sensory *Normal*

Reflex Action Special Senses *Normal*

Retina

Lungs *Healthy*

Heart *Normal*

Tongue *Coated in centre with slight fur* Bowels *Regular*

Other Organs, Abnormalities, Bruises, &c.

Appetite *Good*

Urine

Menstruation

Pulse *80 per minute* Temp. *98.5 F*

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition *Good*

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									/

605

NAME, William Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
10. 6. 85		98.2		74		This patient has not improved since last report. He frequently exposes his genital organs when he sees a female. He does not answer questions readily and the mental enfeeblement appears to be increasing.
1-1-86						His memory is ready & accurate. He answers questions with a fair amount of intelligence but laughs in a meaningless manner in doing so, as a rule however he is inclined to be reticent & suspicious. He works as a gardener & does not now expose his genitals.
5-5-86						Considerable physical improvement has come on him of late. His mind remains unchanged
27 Dec 1887						W. J. is quiet & demented – has no obscene practices at present – works fairly well.
30 March 1888						This man is unable to restrain himself in the presence of women. He was the other day just intercepted by me in the act of buggering a young female demented – needs watching.
22 June 1888						A sexual scoundrel needing watching.
30 March 1889						Occasionally has a fight but is rather cowardly. He is in the Infirmary Day Room
1 July						Still in the Infirmary. Bodily health good.
10 Septr						This man works as before. He is erotic, even sexual, still. Bodily health good.
17 Novr						He still continues in the Infirmary – In much the same
20th March 1890						Physical health good. Knee wrist and biceps jerks much exaggerated
10 June						Same state.
21 August						Still sexual & weak minded.

NAME. William Johnstone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 November 1890						He works, doing dirty work preparatory in the Infirmary rooms - Health Good.
February 5th 1900						Has sent a few days ago to Farm Annexe
March 29th 1913.						

607

NAME, Henry Wright — No. 2488

Admitted, 30th September 1881 — Pr. Ad.

Sex, Male — Age, 71 — Marriage, Single — Occupation, Hawker

Education, — Religion,

Private or Pauper, Pauper — Where from? West-Cumberdale Co Poorhouse

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; tendency to wander; irritableness

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Has used threatening language

Duration of Existing Attack 6 weeks

Other Facts or Remarks On admission he had many delusions eg. that he was being poisoned under which he became often much depressed. This depression has become less & less marked during his residence but he always says he is much too ill to get up & do any work owing to the effect the poisons have. He has suffered from double cataract more or less since admission otherwise his physical condition has always been good. Weight on admission 9 st. 6 lbs

Facts of Medical Certificates

Delusions; bursting into floods of tears & exhibiting poisons taken from his mouth &c. Says he receives poisons, sweet & bitter 3 or 6 times during the night which is untrue. Says the poisons irritate his tongue. Has attempted to injure one of the inmates of the Poorhouse with a stick.

NAME Henry Wright

STATE ON ~~ADMISSION~~ 7th February 1885

Mental.

Exaltation

Depression

Excitement Sometimes becomes slightly excited & then calls his "persecutors" by all sorts of names.

Enfeeblement

Memory Good

Coherence Is coherent — Can answer questions? Yes

Delusions Various things, usually poisons, are, he says, put into his mouth & eyes at night by various agents; considers himself physically seriously unwell.

Other Abnormalities

Bodily.

Appearance Nourishment good

Skin — Hair Grey; scanty.

Eyes Blue — Pupils Normal

Muscularity Impaired — Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action — Special Senses Suffers from Double Cataract

Retina

Lungs Slight sibilations heard anteriorly at right apex. No other abnormality

Heart's action weak otherwise normal

Tongue Flabby, fissured, slightly furred — Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has sustained fracture of left clavicle which has united badly. Left fourth finger has been amputated at its second joint.

Appetite Good

Urine

Menstruation

Pulse So Weak but regular — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition —

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Henry Wright.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
19.6.85		98.		78.		This patient has many delusions; he states that stuff, which causes a nasty taste in his mouth is constantly given him in his food. & that tobacco is the only thing, which puts the effects of this away.
19.9.85						Has shewn no change during the last three months He is strongly under the influence of his delusions which modify his conduct considerably. Thus he is one day up & of complaining of nothing; the next day he stays in bed, complains of being dosed with alum &c & is fretful & peevish. He is becoming very blind, & old age is beginning to tell.
17-11-85						His complaints about the maltreatment he receives from other patients continue. His blindness is attributed to ointment rubbed on his eyes overnight. Frequently he grumbles about headache & pain in the back & limbs & accuses some patient of threshing him. According to himself he spits up all his food. These hypochondriacal delusions do not however interfere with Henry being always up on tobacco days although they generally prevent him rising at other times. Owing to his debility he is allowed much latitude in the matter of staying in bed
18-1-86						Of late this patient has been kept out of bed during the day. He is very full of complaints of being variously injured by others and is alive to every opportunity of benefiting himself he is likely to get. He ~~[illegible]~~ [illegible] & recollects nearly everything that passes in his ward being fearful that any one should be better of than he is. His bodily health is fairly good considering his age.
7-5-86						He is now able to be out of doors in the sunshine. His delusions & dis-satisfaction are unchanged.
Oct 22 1887.						H.W. has had an attack of acute bronchitis & piles as well. The piles are intermediate. He grumbles & abuses everyone & is a surly ill conditioned mischievous tongued old fellow His delusions are as bad as ever. He likes his bed.
(Quite blind from double cataract)						
26 Nov 1887.						Died of Bronchitis & Senility

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

611

NAME, Thomas Watson No. 2496
Admitted, 11th November 1881 Pr. Ad. 1421
Sex, Male Age, 35 Marriage, Single Occupation, Calsmer
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Carselhorn Kirkcan

HISTORY.

Disposition

Habits

Previous Attacks—No. one known Kind Religious Mania
Duration eighteen months Where treated Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Mental

Bodily

Mental Delusions, he imagined he received revelations, his delusions partook of a religious character

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks Patient was under treatment here some years ago he was quiet and well behaved although having delusions. April 7th 1882 he was doing some work but was troubled with hallucinations and delusions, on October 9th 1882 it is stated that his delusions continued although not so prominent. On January 6th 1883 the report states that he attempted to escape, after which he became more subdued and altogether improved in condition although his delusions still continued. In October 1883 he is stated to be much in the same state as he was in Jan'y 1883.

Facts of Medical Certificates

Has delusions taking the form of imaginary messages revealed to him inciting him to various forms of violence and mischief.

NAME Thomas Watson

STATE ON ~~ADMISSION~~. 26th February 1885

Mental.

Exaltation

Depression

Excitement Has a certain amount of excitement when he is telling about his delusions

Enfeeblement There is but slight enfeeblement he can answer simple arithmetical questions, but seems to require an extraordinary effort to do so

Memory Is slightly impaired, but on the whole is good

Coherence he is coherent Can answer questions? yes, if he thinks some time

Delusions Has delusions thinks he is annoyed by imps. says that last night a person who has been dead came and beat him with fishes. etc.

Other Abnormalities He is sometimes dull on examination, and will not answer questions sometimes.

Bodily.

Appearance His appearance suggests mental weakness

Skin normal Hair deficient on the crown of his head and dark

Eyes blue, there is an opacity on left cornea Pupils equal, but sluggish. Left eye tinged with grey

Muscularity Impaired Fatness Impaired

Nervous System—*Motor* functions and co-ordination normal.

Sensory functions Tactile Sensation rather delayed and blunted

Reflex Action Plantar reflexes almost gone Special Senses with his left eye he can only see dimly, hearing in left ear much dulled

Retina

Lungs There is a retraction of chest in upper part on the left side with expansion rather impaired has no cough. Percussion note good

Heart Apex beat difficult to detect by palpation unless he exerts himself, no bruits

Tongue Small pointed, tobacco stained Bowels regular

Other Organs, Abnormalities, Bruises, &c. Teeth loose and irregular, his lower eyelids are abnormally open, showing the whites of his eyes. There is well marked clubbing of his finger nails.

Appetite good

Urine

Menstruation

Pulse 72, regular of moderate strength. Temp.

Height Weight

Disease *Sloc's Classification*

General Bodily Health and Condition Improved.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. Thomas Watson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
19.6.85		98.		76.		This patient labours under the delusion that people come and annoy him at night and would injure him if he were not constantly on the watch. He frequently speaks incoherently or swears to himself.
19.9.85						Has been regularly employed outside, since last report & makes himself very useful working steadily with occasional breaks for as steady swearing, threating & gesticulating at the fairies who come round his head & say bad things. This delusion is the predominating influence of his life & renders him irritable, unsociable & sometimes depressed.
18.11.85						He is subject to fits of excitement during which he is quite incoherent. At other times his coherence is extremely liable to break down. Of late the fairies do not seem to have been troubling him but 'a man' occupies his thoughts and seems to cause him much annoyance.
20-1-86						He labours under hallucination of hearing - voices order him to go away from the Asylum. Attacks of excitement occur at intervals of a month or so. One of his favourite delusions is that his eyes have been taken out and put in again.
7-5-86						His conversation is often incoherent & rambling. He has the habit of making sudden questions e.g. as to the arrangements for his liberation. There he forgets almost as soon as he has asked them.
1-6-86						He labours under hallucination of sight e.g. that he sees men flying through the air & of hearing. This patient is employed as a mason's labourer & although notice has been frequently given of the fact & Dr Rutherford informed of the circumstances he is constantly sent up the scaffoldings. The patient cannot distinguish men's faces at 3 yds.
27 Dec 87.						T. W. at times becomes frantically excited & gesticulates. He shakes from head to foot. Has hallucinations of hearing wh. make him dangerous to himself. has also hallucinations of sight tho' nearly blind. ~~Has at~~ These latter are about a man Gibson who he thinks swindled him out of a farm

NAME. Thomas Watson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 March 1888						T. W. is still troubled by hallucinations & becomes violent.
22 ~~Mar~~ June 1888						No change – works with the mason
1 Octr						This man is quieter than he used to be & his hallucinations are not so frequent
20 Decr						still noisy at times but is not very bad.
30 Mar. 1889						No change in this man He works in the smithy & is useful.
1 July						He still has hallucinations and gets excited & noisy.
10 Septr.						No change. he works with the mason.
17 November						This man is facile & partly demented – He is restless at times. His bodily health is good
15 Mar 1890						Works with the masons.
						After an attack of short duration of enteritis – acute & lasting two or 3 days, this man died. He had got it from a chill.

615

NAME, Alexander Ritchie Young No. 2506

Admitted, 21st December 1881 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Clerk

Education, Religion,

Private or Pauper, Private Where from? Port William

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Wishes to drown himself and to destroy his grandfather's portrait which he imagines he sees everywhere, lifted a chair and threatened violence

Bodily

Insane Habits and Propensities Destructiveness violence to bystanders and excitability

Suicidal He says he wishes to drown himself, but suicidal tendency is doubtful

Dangerous yes

Duration of Existing Attack Six days

Other Facts or Remarks Very much excited on admission excitement being epileptiform in character attempted to jump through a window thereby cut his finger and head severely, suffered from delusions of suspicion and under the impression that his food was poisoned, vomited repeatedly of it and therefore had to be fed with the stomach pump for some time. Later on he became still more violent and had some conjunctivitis of both eyes which was treated by a lotion of Silver nitrate (2 gr - ℥i) He was

Facts of Medical Certificates

So dangerous and violently excited attempts to break things and to injure attendants one of whom he has bitten. wanted to destroy himself. and thinks he sees everywhere his grandfather's portrait and constantly tries to smash it.

transferred to the Crichton Royal Institution on the 3rd July 1882

Readmitted from C R I on 31st January 1884. During the past year, he had had numerous Epileptic fits with quiet intervals during which he worked outside. his mental state shows no improvement he is still very irritable

NAME Alexander Ritchie Young

STATE ON ~~ADMISSION~~. 26th February 1885

Mental.

Exaltation

Depression

Excitement Has excitement before and after invasion of fits, he will then strike with provocation

Enfeeblement has enfeeblement, talks of things before people which he should not talk of.

Memory Impaired remembers recent events, specially impaired after his fits

Coherence No Coherence Can answer questions? yes

Delusions none

Other Abnormalities

Bodily.

Appearance Face manifests a lack of intelligence, cranium preternaturally large

Skin Normal Hair dark

Eyes Grey Pupils regular and contract normally

Muscularity good Fatness

Nervous System—*Motor* functions and co-ordination normal, he suffers from epileptic fits severe in character.

Sensory functions normal

Reflex Action normal Special Senses normal

Retina

Lungs Chest well shaped, a few sibilant rales heard above the middle of Sternum due to a cold he has complains lungs healthy

Heart First Sound almost inaudible when he exerts himself can impinge with Second.

Tongue Very slightly furred Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has a long linear cicatrix extending from the centre of left cheek to the chin running past the angle of mouth. on his right hand the forefinger is bent back and the middle finger forward.

Appetite Very good

Urine

Menstruation

Pulse 102 Regular, of moderate strength & Size Temp.

Height Weight

Disease Epileptic Mania *Skae's Classification*

General Bodily Health and Condition So very good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

617

NAME, Alexander Ritchie Young.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17·6·85		97·2		80.		Is irritable at present and often strikes other patients without any provocation. Is subject to severe epileptic fits before and after which he is cross and irritable.
19·7·85						Is becoming more enfeebled mentally. Cannot fix his attention on anything & is apathetic taking little interest in his surroundings. At present he is recovering from a severe storm of fits & is very heavy & stupid.
24-11-85						He is again attacked with a bout of epileptic fits.
8-2-86						This patient is rapidly becoming demented with severe attacks of grave fits which occur at intervals of 2 - 3 weeks & continue for 3 or 4 days. During the attack he is very stupid drowsy & apt to be violent. At new times he is quiet & tractable.
7-5-86						His memory is fairly good both for recent & remote events but he is very apathetic & stupid. Fits are of frequent occurrence
						Dead

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

619

NAME, David Mc Brayne Ambrose No. 1729

Admitted, 23rd December 1881 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, Clerk

Education, Religion,

Private or Pauper, Private Where from? Kirkintilloch

Victoria Establishment
32 Victoria Road
Upper Norwood
London

new address of friend 7/8/13.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Supposed to be Sunstroke

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks During his residence here he has become more & more demented. He is incapable of applying himself to anything useful - His bodily health has been good

Facts of Medical Certificates Has an imbecile look - Great laxity and peculiarity of manner - Loss of memory & unable to carry on a connected conversation. Cannot apply himself to any of the ordinary occupations of every day life

NAME David Ambrose

STATE ON ~~ADMISSION~~. 2nd Feb 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Is demented - Unable to speak coherently - Laughs without apparent cause. Cannot give his attention to anything for more than a moment or so

Memory Impaired. Shows no recognition of those he sees daily.

Coherence Impaired Can answer questions? No

Delusions

Other Abnormalities He is untidy and uncleanly

Bodily.

Appearance Well nourished. Vacant Expression of Countenance

Skin Healthy Hair Brown

Eyes Blue Pupils Small Equal

Muscularity Moderate Fatness Moderate

Nervous System—*Motor* Functions sluggish

Sensory Tactile sensibility somewhat dulled

Reflex Action Diminished Special Senses Apparently good

Retina

Lungs Chest well formed - Lungs healthy. Respirations 20 per. min.

Heart Healthy

Tongue Clean Bowels Variable

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Good

Urine s.g. 1022. acid. pale yellow. healthy.

Menstruation

Pulse 82 of good strength Regular Temp. 97. 9. 10. p. m

Height 5 ft. 4 in Weight 10 Stn

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, David McBrayne Ambrose.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85.		984		78	142	Is demented: his facial expression is vacant; when spoken to he does not reply but laughs aimlessly. He will not engage in any work & is of slovenly & uncleanly habits.
4.5.86						This case remains the same. He is very demented. Sits motionless in his chair; laughs or smiles when addressed but never speaks. He sometimes is wet and dirty.
19.6.86.						Went to Kirkmichael today.
1-7.86.						Mr Ambrose is still at Kirkmichael.
14.9.86.					122	Mr Ambrose continues in good health. no change
14/12/86					123	in his mental condition. He will not speak but
21/1/87.						only smiles when spoken to. Never reads or converses. Is at times obstinate. Occasionally wets his bed & clothes.
14/9/87					126	Mr. Ambrose is in good health, and is clean at present. He never speaks, but sits with a chronic idiotic smile on his face.
14/12/87					124	No change to report.
30/3/88					128	Continues in exactly the same condition. He is quite demented, perfectly idle, shews no interest in anything, and never speaks. He is not at all troublesome, and is keeping clean.
20/7/88					127	No change to report.
15/9/88					128	Remains in exactly the same condition.
21 Feb 89						No change.
23 April					128	No change
July 30th 1889.					128	Still the same - sits all day silent, with a smile on his face and quite uninterested in anything or person. In fairly good health. Cleanly now.
Sept. 30th 1889.					128.	Still the same. Walks daily with Mr Sinclair round the grounds.
16 November						He is now in the 2nd House & is much the same.
12 March 1890.						In Status Quo. Physical health good. Knee jerks exaggerated no ankle clonus. Triceps & wrist jerks well marked.
29 May 90.						Transferred to Low East Gallery 1st house.
10th Nov. 1890						No change.

NAME. David McBrayne Ambrose

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1·4·91						He never speaks, smiles in an idiotic manner when spoken to, and takes no interest in anything.
·9·91						No change. Sent to Kinmount
·10·91						Returned from Kinmount
·10·91						Sent to Hannahfield
·3·92						No change; still at Hannahfield.
·8·92						Has been at Kinmount all summer: Returned to Hannahfield to-day
2·11·92						No change.
5·5·93						No change Bodily health good. Happy & demented.
5·5·93						Smile is sweetly idiotic. No change
/4/95.						Out with the working party. Good appetite. Never speaks. Tongue clean. Pulse regular. 80 per minute.
/9/95.						Mentally unchanged. Has gone down to Hannahfield.
0/12/95.						Quite demented. Still at Hannahfield
1st March 97.						Quite Demented Good Appetite. Physical health good. Still at Hannahfield.
1st June 97.						Still at Hannahfield General health good. Mentally no change. Still in the same Condition.
5 Mar 97.						
1st June 98.						McAmbrose is at Hannahfield and now recovered from Influenza he had in March. Appetite good & Sleeps well & seems quite contented. Mentally demented no change.

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623

NAME, James MacDonald Sim No. 1731

Admitted, 3rd January 1882 Pr. Ad.

Sex, Male Age, 20 Marriage, Single Occupation, Clerk

Education, Religion,

Private or Pauper, Private Where from? Marisbank Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration 3 years Where treated Marisbank

Hered. History—*Insanity*

Other Disease

Predisposing

Exciting Masturbation

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal probably not

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks During his residence here he has made very little progress mentally. He has had many delusions. There has been great enfeblement of the intellectual & volitional powers. He is shy and reserved - occasionally becoming noisy & violent. His bodily health has been impaired from his habits of masturbation

Facts of Medical Certificates He has delusions that he is deprived of certain rights by his relatives & others. That he is King of the Irish &c He has suicidal tendencies and has shown dangerous violence —

624

NAME James McDonald Sim

STATE ON ~~ADMISSION~~. 8 Feb. 1885.

Mental.

Exaltation

Depression

Excitement At times becomes excited and violent-

Enfeeblement Cannot speak rationally - Gives absurd answers to questions such as "I am the Punch of Italy." when asked what he had for breakfast-

Memory Moderately good

Coherence Enfeebled Can answer questions? Not rationally

Delusions That he is King of the Irish and Emperor of the French

Other Abnormalities Has manner is hesitating & uttering. He smiles & laughs a good deal to himself but will not say what at.

Bodily.

Appearance Skin pale - Vacant Expression of face

Skin Pale. Slight eczema about the ears Hair Black

Eyes Brown Pupils Moderately large

Muscularity Moderate Fatness Diminished

Nervous System—*Motor* Functions Moderately good

Sensory Functions good

Reflex Action Moderately good Special Senses Average

Retina

Lungs Chest large - Breath sounds are regular at the apices Slight dulness over right apex. Respirations 20 per. Min.

Heart Apex impulse below 6th rib - Systolic bruit most audible at apex

Tongue Clean Bowels Confined

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderately good

Urine S.g. 1018. pale yellow. acid. No unusual constituents.

Menstruation

Pulse 72 weak - Regular Temp. 98. 6

Height 5 ft 4 in Weight 7 Stn 8 lbs

Disease Demented *Skae's Classification*

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	✓							Yes	Yes

625

NAME, James McDonald Sim

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85.		97.7		78	105	Is mentally enfeebled. His power of attention is diminished. His speech is incoherent and he has fleeting delusions of grandeur. i.g. that he is King of the Irish. He is sobbing his facial expression is vacant and he holds his head down & cannot be made to look anyone in the face. His bodily health is feeble and he is addicted to Masturbation
30.4.85						Discharged on Probation.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

627

NAME, Hugh Anderson Gemmell No. 1732

Admitted, 6th January 1882 Pr. Ad.

Sex, Male Age, 34 Marriage, Single Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? New Galloway

Sister. Mrs. S. R. Greenfields. Windygrains. Upper Keith. E. Lothian

10/11/10 HISTORY. Says she is the only near and interested relative.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration 2 years Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks During his residence here he has had hallucinations of hearing. He hears voices conversing with him and ~~the~~ Spirits Know all his thoughts. He is indolent and cannot be induced to exert himself though at one time he was interested in painting and made several pictures of animals - Oxen or sheep -

Facts of Medical Certificates Hears voices & noises which keep him awake at night - If sitting quiet he can repeat what he hears but he never sees the people - He says he is a member of the Secret police and leaves the house at all hours of the day and night partly clad - in pursuit of imaginary individuals & at others in answer to imaginary voices -

NAME Hugh Anderson Gemmell

STATE ON ~~ADMISSION~~. 8 Feb. 1865

Mental.

Exaltation

Depression

Excitement

Enfeeblement He takes little interest in anything. There is failure of volitional power to work

Memory Moderately good

Coherence Good Can answer questions? Yes

Delusions That spirits speak to him and that he is affected by galvanism

Other Abnormalities He is indolent and careless. Is disinclined to do anything

Bodily.

Appearance Medium height. Dark complexion. Well nourished

Skin Healthy Hair Black

Eyes Brown Pupils Small and Equal

Muscularity Good Fatness Good

Nervous System—*Motor* Functions normal

Sensory There is a feeling as if the skin were acted on by galvanism

Reflex Action Good Special Senses Hallucinations of hearing

Retina

Lungs Lung sounds healthy. Respirations 17 per. min.

Heart Healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy

Appetite Good

Urine S. g. 1018. acid. pale yellow No unusual constituents

Menstruation

Pulse 68 of good strength. Regular Temp. 98. 4. 7. p. m.

Height 5 ft. 8 in Weight 10 Stn

Disease Monomania of unseen agency Stage's Classification

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes.	Yes

629

NAME, Hugh Anderson Gemmell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9·3·85		98·3		75	142	This patient has hallucinations of hearing. He hears false voices speaking to him especially at night, which speak to him on various subjects. He also fancies that he receives electric shocks. He is indolent and careless & will not exert himself in any way. His bodily health is good.
4·5·86.						Mr Gemmell is very indolent. A game at Cricket seems to be the only thing at which he will exert himself in the least. Even at that he plays in a half hearted way. He is careless and untidy in his dress.
1·7·86.						Mr. Gemmell went to Kirkmichael on 19th May and was brought back on 11th June as he was rather discontented and it was feared he would make his escape.
10/8/87.						Quiet & reserved. Occasionally complains of being Chloroformed during the night & also of being acted on by electricity. He is in good physical health & likes his food well.
31/8/87						Mr Gemmell continues in the same bodily and mental condition. He is quiet, and constantly sits by himself. He has many delusions, Eg. he states that he was brought here on a charge of murder, and that before admission he was hunted about by people who administered morphia to him.
14/9/87					142.	
14/12/87					152	Mr. Gemmell remains morose, idle, and self-absorbed, taking no interest in anything. He is sent to the dances and card parties, but sits by himself, taking no part in the entertainment, and
30/3/88					143	speaking to no one except when addressed. His delusions continue.
22/6/88						Mr G. is now in the 2nd House - he says he cannot get on as there are too many black horse Guards about the place - he refused to work but has been made to take his barrow with the rest.
20/7/88					142	Has returned to the first House - The work has done him no good. He is as idle, stubborn, and suspicious as ever.
15/9/88					138	

NAME. Hugh Anderson Gemmell.

DATE. 1889	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
Feb.						Wm Gemmell is still very stubborn suspicious. Keeps out with the working party. He is in good health.
April					132	No change.
July 30th 1889.					129.	This man is still, stubborn, suspicious and self-absorbed. Is careless and will never exert himself at all unless almost forced to do so.
Sept. 30th 1889.					129.	Still the same. Is much troubled by hallucinations of hearing at night time. In good health physically. Went to Kinmount on 4th Sept. and returned on 19th Sept.
June 17th 1890.						Sent to Kinmount to day. No change.
July 7th 1890.						Returned from Kinmount to 1st House — Four months High West Gallery — Bodily health good. Mental condition unchanged.
4.7.91						Returned from Kinmount to-day when he has been for over a month. He is in good bodily health. No change mentally.
4.3.92						When indoors he spends most of his time in drawing heads of sheep and cattle on books, scraps of paper, and even of the soles of his slippers. He has hallucinations of hearing, is suspicious, and imagines that people throw spells at him.
2.5.93.						Come to Kinmount. No change mentally.
2.11.93						No change.
8.5.93						Has special fixed delusions about some people e.g. Dr. Rutherford. He thinks that he would be justified in killing him.
5.10.93						No change.
5.5.95.						Is "poisoned". "Can't complain of his health" but just of the "Serious detention". Will not permit an examination of his physical condition but appears well.
1.9.95.						Sits on the Sofa in the high west drawing closet. The whole day long. Cannot be induced to converse with anyone.
11.2.96.						Practically unaltered

carried to page 878.

631

NAME, John Brown No. 2531

Admitted, 11th February 1882 Pr. Ad.

Sex, Male Age, 33 Marriage, Single Occupation, Harness-maker

Education, Religion, Protestant

Private or Pauper, Private Where from? Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Irritability; incoherence; suspiciousness; delusions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack About two years

Other Facts or Remarks During the two years & ten months he has been here he has made no improvement mentally. Having remained depressed, taciturn & unsociable sometimes inclined to be abusive: occasionally refusing his food as poisoned and altogether a case in which little improvement could be expected considering his general health which, never good, has become gradually worse & is now in a very unsatisfactory condition.

Facts of Medical Certificates I. 1. His insane appearance and actions. incoherency of speech. incorrect and contradictory statements. 2. His father informs me that during the last two years owing to his mental condition he has been unable to work. Lately he has occasionally been violent. striking his mother & being otherwise unmanageable.

II. 1. His whole appearance indicates mental weakness. He has delusions regarding his food which he wont take at all, thinking it is poisoned. 2. His father informs me that he has been lately dangerous to his mother, having struck her on several occasions and been unmanageable.

NAME John Brown

STATE ON ~~ADMISSION~~. 3rd January 1885

Mental.

Exaltation

Depression Much depressed under the influence of his delusions; takes no interest in anything

Excitement

Enfeeblement

Memory Good

Coherence Coherent — Can answer questions? Yes

Delusions That his food is poisoned; that the Doctors injure him in various ways

Other Abnormalities

Bodily.

Appearance Thin & pinched

Skin Sallow — Hair

Eyes — Pupils Normal

Muscularity Poor — Fatness

Nervous System—*Motor* Generally weak

Sensory Normal

Reflex Action — Special Senses Normal

Retina

Lungs Has a severe dry cough; marked dulness on upper lobe of right lung & râles heard all on right lung. Left lung dull.

Heart Normal except Pulmonary second sound is accentuated

Tongue Clean but tremulous — Bowels Loose

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 74 per minute — Temp. 98·8°F

Height — Weight

Disease Melancholia — *Skae's Classification*

General Bodily Health and Condition Much impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

633

NAME. John Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3-1-85						For some time past this patient has been showing symptoms of active lung disease but it was extreme difficult to come to any definite diagnosis as he asserted that he was as well as he had ever been & if further questioned became quite excited & used very abusive language declaring that no one has any right to interfere with him & absolutely refuses to stay in bed. His mental state shows no improvement and his delusions are as well marked as before.
6-1-85						Has become so much worse that he has been made to stay in bed & not so reluctantly as was first supposed as the bodily weakness is becoming apparent even to himself. It is with the greatest difficulty he can be induced to take any medicine; he says he does not wish to be poisoned anymore but only to be allowed to die in peace.
11-1-85						Has become rapidly worse since yesterday morning when there was sudden marked dyspnoea probably due to entrance of air into the pleural cavity. He became gradually weaker and at this date. Died

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

635

NAME, William Thomas Crumpton No. 1746

Admitted, 2nd April 1892

Sex, Male Age, 22 Marriage, married Occupation, gentleman

Education, Religion, Pr. Ad.

Private or Pauper, Private Where from? Barbados West Indies

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Not first Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Intemperance

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks This patient suffers from alternating insanity both delusions - He is maniacal and then depressed He has enjoyed fairly good bodily health.

Facts of Medical Certificates Running about the streets in an excited state with crowds of children following him. Suspicious of being robbed and that people were going to kill him - Supposes that he is M.P. for the county of that he will get thousands of pounds of damages for having been put in the police cell -

NAME William Thomas Crumpton

STATE ON ~~ADMISSION~~ 28th Oct. 1884

Exaltation He is morbidly exalted at times being restless & talkative & imagines himself to be the Son of Prince Bismarck

Depression After the Stage of exaltation there is a period of depression with Silence inattention to External objects & Stupidity

Excitement

Enfeeblement

Mental.

Memory Moderately good

Coherence Impaired at times Can answer questions? Yes

Delusions That he is the brother of an Angel whom he calls "Hapler Uriel" & thinks that several persons here were his School Companions in Barbadoes

Other Abnormalities

Appearance Slight - Pale Complexion

Skin Healthy Hair Brown Streaked with Grey

Eyes Blue Pupils Large

Muscularity Moderated Good Fatness Diminished

Nervous System—*Motor* Functions Normal

Sensory Functions moderately good

Bodily.

Reflex Action Average Special Senses Hallucinations of Sight

Retina

Lungs Chest Narrow. Lung Sounds feeble. Respirations 20 per. min.

Heart Cardiac action weak but no organic lesion

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy

Appetite Moderately Good

Urine S.G. 1022 acid? Contains no abnormal Constituents.

Menstruation

Pulse 76 weak - regular - Temp. 98. 7. 3 p.m.

Height 5 ft. 8 in Weight 115 lbs

Disease Alternating Insanity *Skae's Classification*

General Bodily Health and Condition Moderately Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B ~~Simple~~ Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes	Yes						Yes	

637

NAME. William Thomas Crumpton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85						Is at present staying at Kirkmichael where he is recovering from the depressed stage of his mental disorder.
23·4·85						Returned from Kirkmichael.
13·5·85						Mr Crumpton is now very well. His mind shows evidences of weakness more markedly. He is now very agreeable attends all amusements.
1·2·86						For the past week Mr Crumpton has been slightly excited, very restless, anxious for parole &c. He has been allowed out with another patient and they on one or two occasions partook of drink but not to excess. The parole has been stopped and it is hoped the excitement may pass off.
20·2·86						The attack has developed into one of excitement. He reads aloud a great deal, generally the bible. Writes out chapter after chapter. Smokes constantly while the material lasts. Tears his books. Dresses extravagantly. Such as a cricketing suit in February. Changes his dress over & over again. Sings psalms in his bedroom and in the balcony. Removed today to Lons East Gallery from High East.
21·2·86						Smashed two panes of glass and a Chamber utensil last night.
14·3·86						The attack is passing gradually away.
4·6·86						Mr Crumpton is still labouring under excitement of a religious character. Says there is a terrible row going on in Heaven. Produces his bible on all occasions, such as when at Cricket.
5·7·86						Mr Crumpton is now quite free from excitement. He is quiet and gentlemanly and joins in all amusements & makes himself very agreeable.
14/9/86					123	
14/12/86					126	

NAME. William Thomas Crumpton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4/12/86						Mr Crumpton was in the Mid East gallery for about 2 months during a period of excitement with occasional outbursts of excitement. He had practically recovered from this by the end of November & was then removed to High West gallery & for the last fortnight has attended Table d'Hôte. He is now quiet, gentlemanly, unobtrusive & a very agreeable companion indeed. Attends the dances & evening parties. reads a good deal & plays billiards. He has parole on the grounds. He has a noticable want of spontaneity & usually waits for his neighbour to start a conversation.
887. Feb 1st						Today Mr Crumpton sought an interview with the assistant physician & explained to him his mental state. He says he feels very miserable at present as if he had committed some crime. At meal times he often feels very irritable as if he could strike or otherwise injure those about him. but says this feeling rapidly disappears after the meal is over. He complains of the want of employment & willingly began work with the garden party when it was suggested to him. His behaviour is quiet & orderly. He reads much. He has complained once or twice of a sudden feeling of tremulousness & giddiness coming over him, but he is otherwise in excellent health.
Feb 4th						The symptoms described above have proved to be the prodromata of an attack of excitement. Mr Crumpton is to day. excited talkative says he feels as if he was drunk. has begun smoking & asks for beer. & is constantly ~~drunkene~~ reading the bible. Did not sleep at all last night. Given Paraldehyde 3½ at night & Pot. Bromid grs 30. ter die.
Feb 7th						Mr Crumpton is to day much quieter & has slept well for the last 2 nights
Feb 10th May 31st						Is in his usual condition. Since last entry Mr Crumpton has had three attacks of excitement. all preceded by the peculiar symptoms above described. All accompanied by religious enthusiasm. eagerness to work. & desire for tobacco & beer but no marked erotic ism.

(Continued on pages 785 & 790)

Continued P. 785. 790: 806.

639

NAME, Thomas Wilson — No. 2581

Admitted, 27th November 1882 — Pr. Ad.

Sex, Male — Age, 63 — Marriage, married — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; incoherence; depression of spirits; loss of memory;

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack A few days

Other Facts or Remarks Previous to admission he was treated for an attack of paralysis from which he had so far recovered that paralysis of the tongue to the left side & tremulousness of that organ were the only symptoms remaining on his admission. He was much depressed mentally as well as enfeebled. This enfeblement has become gradually more marked with advancing age only occasionally relieved by periods of excitement which are gradually become less acute & occurring at longer intervals

Facts of Medical Certificates I. 1. Talks incoherently. Declares that he should not be here, and wants to be sent away from the world &c. 2. The house surgeon and attendants state that he roams about all night & will not be restrained &c.

II. 1. Incoherent conversation, loss of memory, and general appearance.

2. Told by the House Surgeon and Surgical Nurse that he is restless; and gets out of bed and wanders about the house in an aimless manner.

640.

NAME Thomas Wilson.

STATE ON ~~ADMISSION~~ 23 · 6 · 85

Mental.

Exaltation

Depression

Excitement

Enfeeblement Considerably; cannot carry on an intelligent conversation. Does not comprehend the meaning of simple questions & therefore corrects himself often

Memory Much impaired; does not know his age &c

Coherence Can answer questions? Yes simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Stout & fairly well nourished

Skin Healthy. Hair white

Eyes brown. Pupils small, equal.

Muscularity moderately good. Fatness moderately good.

Nervous System—*Motor* There is tremulousness of the tongue and of the upper lip.

Sensory Tactile Sensibility good.

Reflex Action Good. Special Senses Eyesight impaired; needs spectacles.

Retina

Lungs Respirations 16 per min. Cough and dyspnoea, increased on exertion. percussion note hyperresonant. Cardiac and Liver dulness diminished by the overlapping lung. Inspiration prolonged. Dry rhonchi audible

Heart's action feeble, and cardiac sounds not easily heard.

Tongue furred, moist & tremulous Bowels regular.

Other Organs, Abnormalities, Bruises, &c. Teeth few in number. There is an old fracture with much deformity of the left clavicle, and an old unreduced dislocation of the left radius. There is a small atheromatous cyst on the back of the left shoulder.

Appetite good.

Urine straw yellow. s.g. 1014 acid. No albumen

Menstruation

Pulse 80 feeble, compressible. Temp. 96·2. 12 pm.

Height 5ft. 6 3/4 Weight 124 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

641

NAME, Thomas Wilson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13·6·85		97·8		70	124	This patient is at present free from excitement his mental faculties are becoming enfeebled. he is not so acute in perceiving things as he was, his memory is weak, and he takes a diminished interest in life. His bodily health is fairly good.
19·9·85						There has been no change to note in this case since last report. He is quiet & useful in his gallery as he able to look after some of the feeble patients. He is occasionally allowed to go up town by himself & lately has not abused this liberty. His wife is in the Institution but he evinces little interest in her movements although he sometimes asks to see her. His health has been moderately good.
7-5-87						He is still usefully employed in the Sick Room but is apt to neglect his work unless often reminded of it. The great object of his life is his weekly visit to Dunipace. His conduct he never abuses. His mental faculties are much enfeebled, perception is very slow, ideation is poor, the emotions are not acute although anger is sometimes readily excited & judgment is indifferent. His bodily health considering his age is fair.
27 Dec 1887.						Seems now bright & helpful in the Division. Is a quiet old man with large bright eyes. Rather feeble but better than he was. He is to be excitable at short notice with little cause.
30 March 1888						a quiet old fellow – no trouble – makes himself useful.
22 Mar 1888						Weak & asthmatic – unfit for any kind of exertion.
18 June						Is still in weak Physical health.
1 October						This man has apparently some delusion that his sister-in-law has 50,000 £ & is very wealthy – apparently by a delusion –
~~20 Dec~~						~~Remains~~
18 December 1888						Discharged Recovered.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

643

H. Little (Brother)
Plenkens
16 Alyth Gardens
Golders Green
N.W.

1/10/14

NAME, Archibald Little No. 2585

Admitted, 18th December 1882 ~~Pr. Ad.~~

Sex, Male Age, 32 Marriage, Single Occupation, Painter

Education, Religion, Protestant

Private or Pauper, Pauper Where from? New Galloway

HISTORY.

Causation.

Disposition Jovial, convivial

Habits Unsatisfactory

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks During the first year of his residence he suffered from a mass of delusions & hallucinations & did not improve in the least. The Galvanic current was then tried through the brain with marked temporary benefit but it soon lost its power & the patient relapsed into a worse state than before.

Facts of Medical Certificates I. 1. States that he hears voices which accuse him of murdering his father, and saying that he will be shot. The voices confuse and frighten him, ordering him to do certain things; at times he says he does not know what he is doing. 2. James McGill, Cattle dealer, Newgalloway, informs me that Archibald Little told him a piece of his skull had been cut out by certain persons, and asked him to come and help him to find it. II. 1. He has a semi-vacant expression and talks in a rambling manner, says he hears voices, and sees lights at his window, and that the Doctor has removed his intestines. 2. Constable McBain says he is restless, especially at night, moves about from place to place and cant sleep. Says he hears voices accusing him of being a thief and murdering his father.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

645

NAME, Archibald Little.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17·6·85		98·2		74		This patient has not improved since last entry. He is suspicious, and irritable states that he receives poison in his food and swears and threatens violence to the people, who, he thinks, do it.
7-5-86						He is very unsociable + takes every possible opportunity of avoiding the officials and other patients. Besides being suspicious and taciturn he is extremely haughty and labours under the delusion that his position here is not that of a patient. He endeavours to throw out obscure hints that he is some one of great importance and assumes that it is impertinence for ignorant of who + what he is. His irritability is increasing. He is employed as a painter and works fairly well.
10-6-86						When alone he swears terrible profane language with a loud voice. He labours under hallucinations of hearing + apparently answers questions + mutters from these voices
Oct 22 1887,						N. L. is as bad as he was at last entry but even less sociable. He walks along the road swearing & using fierce language evidently he has hallucinations but it is useless to question him on the subject. He paces the part of the road at the corner of these new buildings for hours every night & has also other haunts. He is often silent but more often swears desperately. He answers a "good night" & smiles & answers an ordinary question when I speak to him. He paints in the new buildings & does his work splendidly but will not be interfered with. He is a sour unsociable fierce violent fellow & shews no real improvement

NAME. Archibald Little

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3 Jan	1888					A great improvement in this man during the year. He is however sour unsociable & dangerous if meddled with. His hallucinations continue
30 Mar. 1888						No change.
22 June 1888						This man is milder than he was He has his stopping places at the outside Kitchen door, the hall door, the Dining-hall door, & several other places wh. he will not pass for some time each day.
1 Octr						No change.
20 Decr						This man is not out so long at night now he does not pace about for more than half an hour at night.
30 Mar. 1889						He is still full of hallucinations of hearing & shews no improvement.
1 July						He now works at the barrows at which he is very ill pleased.
10 Septr.						This man is quieter than he used to be. His bodily health is good.
17 Novr						Remains much the same. He is still at the barrows.
15 Mar. 1890						This man is much more tractable than he was & does not walk about at night.
10 June						No change.
21 August						Wanders about still after meals.
1 November						Has taken to walking into the Female side of the 1st House Very dour. still.
Feby 7th 1900:-						Very stout and in good health: Mentally still very delusional think some of his food poisoned: this does not prevent him however eating one dinner in 1st Ho & then going to 2nd Ho for another: Still very blasphemous profane in language as he walks round grounds. Has many obsessions. Will go to several points each day before he starts work again: Has parole & frequently breaks it — Outer whole a disagreeable illnatured person

888

647

NAME, John Stevenson — No. 2586

Admitted, 20th December 1882 — Pr. Ad.

Sex, Male — Age, 25 — Marriage, Single — Occupation, Servant

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Cross michael

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Depression of Spirits; homicidal tendencies & illusions of sight

Bodily

Recent.

Mental Restlessness; excitability; Hallucinations & illusions of sight

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack About one year

Other Facts or Remarks During his two years residence he has made no improvement. He has always been morose & taciturn with a peculiar sinister expression. & his delusions have always had a melancholic tendency ie that his friends are dead & come up out of the ground to visit him. He has become addicted to masturbation & is slovenly and dirty in his habits & altogether shows increasing mental disestablishment

Facts of Medical Certificates. I. He is melancholy, given to solitary wandering wandering. Suffers occasionally from illusions. 2. His sister Mrs Niobet states he has now twice attempted her life by assaulting her with a stick.

II. 1. For twelve months he has suffered from melancholia more or less, this is gradually giving place to excitement. He says he tried to strike his sister, believing her to be dead wishes to have her buried. Imaginary figures float before his eyes; wanders alone by day & sometimes at night. Refuses to answer questions rationally. 2. Twice he has attempted to kill sister Niobet his sister, but finds she sinks into the earth out of his reach, sings hymns at the pitch of his voice. Wishes to marry little girls &c. By Mr Niobet, Mrs Niobet and their eldest daughter.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease See Dementia — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

649

NAME, John Stevenson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10.6.85.		97.2		78.		This patient shows increasing mental enfeeblement, he laughs purposely when spoken to and is at times quite incoherent: his habits are at times dirty and he is addicted to masterbation.
8-2-86						He is perfectly conscious with his surroundings and is much demented. Various delusions of identity are imposed e.g. that his real name is Bruce – He is harmless and works regularly with the Sewage Spread.
19/3/87.						Today patient is found to have strained some tendons in the neighbourhood of the knee joint. Rubbed bled. Hot fomentations.
23/3/87.						Quite better & dressing up. Does some work in two days –
Oct 22. 1887.						J. S. has had acute articular rheumatism – he was very bad for a time but has now recovered so far his heart is not affected. He was in the Infirmary. but now works in the 3rd Division. He looks much stronger & better & is on Citrate of Iron & Quinine & Iron. His hearing not good before is now much worse.
3 Jan 1888						Seems stronger & better but is partly deaf. Has become much stouter. He works with the coal.
30 March 888						Still quiet – often too quiet – is at times depressed. His health is weak.
22 June 1888						No change –
10 October						He is deaf still & is very stupid & at times has severe headache.
20 December						This man's hearing has greatly improved & he is not so dull – his headaches are not so bad – He works in the Coal Store.
30 mar. 1889						No change.

NAME. John Stevenson

DATE.	Temperat. Morn. Even.	Pulse. Morn. Even.	Weight, lbs.	PROGRESS OF CASE.
2 July 1889				No change. His bodily health is pretty good except that he at times complains of headaches. He is mentally the same.
10 Septr				Was cut on the forehead by another patient with a spade.
17 Novr				Not any the worse. He is weakminded - in good bodily health.
15 Mar. 1890				Much the same.
10 June				Same state. He is still very deaf and rather stupid.
20 August				No return of rheumatism.
1 November				At times this man is noisy & yells "police" & "murder" at the pitch of his voice.
February 7th 1901				In good health: a quiet active and pleasant dement who works in the "Cool man's" squad: He rarely speaks and is considerably enfeebled: Gives no trouble: Sleeps & eats well
July 28th 1900				No change: quiet and active dement
January 19th 1901				In good health: Sleeps & eats well. Still works actively: If he sees blood anywhere he faints at once & is very bad for a short time recently cut his finger & was about 2 hours before he was able to go actively about again: Mentally quiet pleasant silent dement.
Jany 16th 1902				No change in any way.
1903 July 10th				No change. demented & works with swap squad. In fair health.
1904 March 1st				In fair health. Irritable & subject to hallucinations of hearing

SEE CHRONIC CASE BOOK

651

NAME, Robert Hair — No. 2603

Admitted, 7th April 1883 — Pr. Ad.

Sex, Male — Age, 42 — Marriage, Married — Occupation, Tailor

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Incoherence of speech; delusions.

Bodily Loss of power over his ophimeters

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks On admission he had many of the symptoms of the second stage of General paralysis of the insane viz. delusions as to his extreme wealth & great physical powers, tremulousness of tongue, unequal dilatation of the pupils, diminution of muscular sense & general diminution of muscular power. For some time he improved slightly & the disease appeared to be temporarily arrested. He became stronger & was able to work outside. His delusions were not so prominent. During the last three months the disease has again become active. He is advancing gradually.

Facts of Medical Certificates I. 1. Talks incoherently. Has wild ideas about his travellings. States that he walked by the high road to Belfast. cannot rest, &c. 2. The House Surgeon states that the patient told him that his friends were formerly wealthy and that he had bequeathed him £3,000,000. II. 1. Has a vacant, silly expression. Talks in a rambling, incoherent manner. Has delusions, has lost control of his spheincters. His state approaching that of general paralysis of insane. 2. The house surgeon and nurse say he is quite silly, and that he does everything in bed.

NAME Robert Hair

STATE ON ~~ADMISSION~~ 1st March 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot carry on an intelligent conversation. Has lost all perceptive power. He is in a state of quiet contentedness

Memory Impaired. Does not know his age &c

Coherence Incoherent generally Can answer questions? Only simple ones

Delusions That he is worth millions of pounds; That he could walk any man in the kingdom

Other Abnormalities

Bodily.

Appearance Thin & weak

Skin Fair, ruddy complexion Hair Red

Eyes Blue Pupils Unequal Left larger than right

Muscularity Very poor Fatness

Nervous System—*Motor* Much impaired

Sensory Diminished

Reflex Action Patellar reflexes lost Special Senses

Retina

Lungs Normal

Heart's action weak & rapid Murmurs normal

Tongue Clean, tremulous Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine

Menstruation

Pulse 102 per minute weak & soft Temp.

Height Weight

Disease General paralysis. *Skae's Classification* General paralysis with insanity.

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes.	Yes

653

NAME, Robert Hair

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
4·4·85						For a considerable time he has been so weak as to necessitate his being kept in bed; from no definite cause but simply general paresis & weakness. The symptoms of General paralysis are well marked. His delusions are still prominent and render him remarkably hopeful. He always states he is "fine" & seems quite happy & contented. Since being confined to bed he seems to have become a little stronger but the disease is progressing gradually.
3·5·85		98·3		78		Is still confined to bed. He is weak and helpless and wet and dirty. His appetite remains good.
19·5·85		99·		84.		Is becoming weaker and more helpless. He has had several attacks of diarrhoea with light yellow stools during the past week. The diarrhoea has been checked by Pulv. Ipecac: 60. He is with great difficulty kept clean, and bedsores threaten over the sacrum and trochanters. Air bed ordered.
30·5·85	101·2	98·7	130	80.		Had a congestive attack this morning the temperature being raised and the pulse frequent and weak: the skin generally was flushed and hot. He was in his usual condition in the evening. and took his food. In spite of all precautions bedsores have formed on the trochanters and over the sacrum; he is very dirty, and resists to his utmost being washed. Zinc ointment is applied to the sores.
3·6·85		102		130		Had a congestive attack this evening and was very much flushed; the pupils were markedly unequal and tremulousness was general.
6·6·85		99·3		90.		To-day was noticed coughing slightly and the breath sounds at the base of the lungs are increased in intensity. appetite was poor. Respirations 30 per. min.
9·6·85	102.	101·3	106.			Became worse during the night, the breathing became frequent & panting and he grew gradually weaker and expired at 6 a.m.

Died.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

655

NAME, James Steers No. 1801

Admitted, 19th April 1883 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, Medical Student

Education, Religion,

Private or Pauper, Private Where from? Elgin

HISTORY.

Disposition Quiet

Habits Slovenly and sometimes intemperate & profligate

Previous Attacks—No. Not first —Kind

Duration Where treated Melrose Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Intemperance & Sexual Excess

Causation.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 7 years & 10 months

Other Facts or Remarks Since admission he has been in a state of mental lethargy - His habits have been indolent and he has made no mental nor bodily exertion except under considerable persuasion. In July 1884 he made his escape & went to a friends house in Edinburgh - He was easily brought back. In Oct. 1883 he had an attack of Enteric fever from which he made a good recovery.

Facts of Medical Certificates He is absent minded & stupid looking - Talks in a silly unconnected way repeating the same remarks over and over again - Takes no interest in anything going on around him. Thinks he cannot go back to College having been away for Six years & is very unwilling to say where he has been or what doing. That he has already been in an Asylum for medical treatment

NAME James Steers

STATE ON ~~ADMISSION~~ 2nd Feb. 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Takes no interest in his surroundings - The reasoning & judging faculties are diminished He wishes to go away but says that he has no intention of working when he gets home

Memory Dulled

Coherence Can answer questions?

Delusions

Other Abnormalities There is a lack of energy in all he does He is slow in speech and movements

Bodily.

Appearance Thin - flabby - Vacant - Expression of face

Skin Healthy Hair Brown

Eyes Brown Pupils Small Equal

Muscularity Diminished Fatness Moderate

Nervous System—*Motor* There is a general motor sluggishness

Sensory Tactile sensibility - dulled -

Reflex Action Slow Special Senses Moderately acute

Retina

Lungs Healthy. Respirations 20 per. min.

Heart Healthy

Tongue Clean Bowels Sluggish

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Moderately Good

Urine 3.9. 1018 acid bright yellow. healthy

Menstruation

Pulse 76 per min. Regular Temp. 98° 10 p.m

Height 5 ft 5 in Weight 9 Stn 8 lbs

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Moderately Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

657

NAME, James Steers

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15·2·85		98½		74	132.	This afternoon Mr Steers, who thought that his hair should not be cut, when it required cutting, escaped from his gallery and ran downstairs. He was followed by attendant Allen, Mr Steers in running tried to push the swinging door of the New Wing in the lower Corridor. In doing so he broke the window and cut his left little and ring finger severely. They were sewed up.
25·2·86.						The wounded little finger showed a tendency to slough during the last few days but is now healing up by granulation. The wound on the ring finger has healed well.
13·5·85.						The hand is now quite well, and Mr Steers continues as formerly. He is the laziest patient in the Gallery. He is fond of going to amusements in town, such as circus & theatre and in order to make him work a little a task is set for him to be completed before he goes to the amusement
31·10·85.						Discharged on probation.
16·12·85.		98.		84	158.	Returned from probation. Looks well, has gained in weight.
4·5·86.						Mr Steers is indolent and untidy in dress. He takes no interest in anything except the prospect of occasionally going to the theatre in Dumpries. He has been tried with the working party but the experiment did not succeed. Mr Steers stood looking on with his hands in his pockets but would not work.
5·7·86.						There is no change in this case. He is idle
14/9/86					134	and discontented. occasionally he asks to go
14/12/86					139.	to the theatre.
14/9/87					138.	No change in Mr. Steers.
8/10/87						He was visited by his brother yesterday, and seemed glad to see him.

NAME, James Steers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1/12/87					135	Mr. Steers is in fairly good health: he continues hopelessly indolent, and devoid of interest in anything. He avoids being spoken to, and rarely answers a question.
0/3/88					138	No change to report.
5/9/88					131	He is becoming more deeply demented. He is sent out with the working party, but cannot be roused to interest in anything.
Feb. 89						Much the same.
April					132	No change
July 30th 1889.					130	There has been nothing worth noting in the way of change in this patient's state lately.
Sept. 30th 1889.					130.	Goes out with the working party but takes care to do as little work as possible. Is quite uninterested in any person or thing. Seems cheered up however by a visit from friends.
July 1890.						Lazy, demented - idle - occasionally polishes H. W. Gallery floor in a halfhearted manner.
Dec. 1890						No change.
1.6.91						Goes out with the working party; seldom speaks to any one: is demented.
-3.92						His bodily health continues good. No change mentally.
2.11.92						Demented and lazy.
2.5.93						No change Bodily health good.
-10.93						Can answer quite intelligently when he likes - Lazy - Facile - Penchant for bathroom brasses
4/5/95	99°	101°	106.	112		This patient is entirely confined to bed. He has almost completely lost his appetite & has been losing flesh. Excessive perspirations. Has at times a slight cough unaccompanied, (he says) by expectoration. The bases of both lungs behind are dull or rather impaired especially the right, over which the respiratory murmur is tubular & inspiration is attended by a series of minute muco-crepitant râles. Vocal fremitus & resonance both increased & there is distinct pectoriloquy over the right base behind. Left lung only slightly impaired. Pulse dicrotous & 112 per minute. Masturbation indulged in. Put on 2 yr doses of quinine & 5 minims acid hydrochlor dil and tonic & appetiser.

863.

659

NAME, James Jackson No. 2608
Admitted, 24th April 1883 Pr. Ad. 1753
Sex, Male Age, 46 Marriage, Single Occupation, Grocer
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Edinburgh

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind Maniacal
Duration 27 Jan/73 – 27 Oct/80 Where treated Southern Counties Asylum
Hered. History—*Insanity*
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Excitability; incoherence of speech; hallucinations of sight.
Bodily

Insane Habits and Propensities
Suicidal
Dangerous Yes
Duration of Existing Attack Three days
Other Facts or Remarks This is a case of recurrent Mania. He made a good recovery from the first attack but since his admission in April 83 he has had two or three maniacal attacks which are increasing in duration though diminishing in force during the intervals he is quiet, industrious, coherent in speech & comparatively free from hallucinations. During the excited periods he is restless, excitable & often violent; tears his clothes & loses much of his sense of personal decency & self control.

Facts of Medical Certificates I. 1. Incoherence of speech, fancies he sees things floating before him. 2. (By James Craig) Struck James Craig and confessed he did not know what he was doing.
II. 1. Delusions. 2. Offering violence to others. Told me by James Craig, Robert Martin and others.

NAME James Jackson

STATE ON ~~ADMISSION~~ 3d January 1885

Mental.

Exaltation Sometimes very excitable, restless, talks to himself & tears his clothes
Loses his sense of personal decency & is incoherent in speech

Depression

Excitement

Enfeeblement Diminished power of self control

Memory Good

Coherence Coherent usually Can answer questions? Yes

Delusions That he receives Divine visitations during sleep usually but
sometimes during the day

Other Abnormalities Has hallucinations of sight & probably hearing.

Bodily.

Appearance Stout & well nourished Complexion florid

Skin Hair Brown

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There are varicose veins of both legs & there are
numerous small cicatrices of crucial incisions on the back

Appetite Good

Urine

Menstruation

Pulse 78 per minute Temp.

Height Weight

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choréic movements.	I Hallucinations.	J Enfeeblement.

NAME, James Jackson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3-4-85						For some time he has been in an excited state, restless & talkative, imagining that he is suffering from all sorts of illnesses & asking to be treated. He cannot be induced to take an interest in any kind of work whatever & spends much of his time wandering about muttering to himself. He has rather a dilapidated look as he will not leave a single button on any article of his attire for any length of time. He still has "visitations" & this morning told the writer to beware for he had been told during the night that something was to happen to the house during the day. His appetite is very good & he sleeps moderately well.
25-8-85						Since last report he has been in a continual state of wild restlessness with periods of great excitement which necessitate his confinement for variable periods in a close room as he is violent and dangerous to the other patients, striking & biting them on the slightest provocation or even without any. He tears his clothes to bits & when allowed out of sight at once exposes his person & would run about naked. He masturbates & this has assisted in reducing his physical condition which is weaker than it was four months ago even though his appetite is excessive.
6-2-86						In conversation he exhibits unusual intellectual power, rapid perception, lively imagination and an accurate & extraordinary memory. His judgment on most matters is very excellent. Yet he is in a perpetual turmoil of restlessness, moving to & fro continually, tearing fire or six sents a day to pieces, grasping at his privates, striking and spitting at other patients and resembling in much of his conduct bestial peculiarities. Bromide of potassium has been largely exhibited without any effect on his restlessness. He cannot be employed outside or given walking exercise because of a tendency to the formation of a chronic ulcer on his leg and he cannot be kept for three seconds with a brush in his hand or at consecutive employment of any useful kind.
7-5-86						At night he rests quietly in bed but it is impossible to keep him quiet during the day without restraint and that is not resorted to. Sedatives in ordinary doses have no effect on him & his bodily strength is not so good as to justify extraordinary

NAME. James Jackson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						and prolonged chemical restraint. If his clothes are kept on him he makes down in tears. His promises to amend his ways are innumerable & one when promising he is doing that which he is promising not to do.
4/12/86						No change in Jackson's condition. He still goes about in a half naked condition continually holding on to his genitals. His conversation is lively & amusing & teems with anecdotes & stories with a good point in them. His powers of observation & rapid perception are extraordinary & he enjoys a joke immensely. He is restless & always on the move during the day & is usually to be found in the p water closed attempting to micturate & spitting in every direction. He does not now exhibit any violence to those around him but is kindly & friendly in his relations with his fellow patients. But he has a curious habit of spitting in all directions & frequently in so doing spits upon his fellow patients. When unobserved he talks to himself & gesticulates
14th Sept 1887.						Jackson walks about with his laces untied, boots half off, clothes torn; spits in the faces of patients - laughs foolishly & immoderately. He is always anxious to be taken notice of & ready for conversation. There is no change in his bodily condition & his habits are as before.
3 Jan 1888						Still tears his clothes but helps in the Division a great deal. His memory is wonderfully good.
30 March 1888						Still tearing his clothes - no improvement.
22 June 1888						Dines in the Hall now - a little better
1 Octr -						No change.
20 December						This man is still as depraved as ever & tears his clothes, never has any buttons, spits in other patients' faces & masturbates.
30 Mar 1889						He is still untidy & hold his trousers & shirt on all day.

see p 814

663

NAME, Alexander Christie Thomson No. 1807

Admitted, 25th June 1883 Pr. Ad.

Sex, Male Age, 27 Marriage, Single Occupation, None

Education, Religion,

Private or Pauper, Private Where from? Morisbank Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Morisbank Asylum

Hered. History—Insanity One brother has been an imbecile from birth

Other Diseases

Predisposing

Exciting Supposed to be propinquity of relationship of father & mother who were first cousins.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 17 years

Other Facts or Remarks Since admission little change mental or bodily has occurred in this case. He has been weak-minded quiet & inoffensive. His articulation has been different

Facts of Medical Certificates He is imbecile but quiet inoffensive & cheerful

NAME Alexander Christie Thomson

STATE ON ~~ADMISSION~~ 2nd Feb 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement There is general mental enfeeblement. Conversation childish & absurd. Says he is 1260 years old. Incapable of looking after himself

Memory Poor. Cannot remember the day of the week

Coherence Impaired Can answer questions? With difficulty.

Delusions

Other Abnormalities

Bodily.

Appearance Thin. Ill nourished. Vacant. Expression of face & eyes.

Skin Cold Hair Brown

Eyes Brown. Slight Conjunctivitis of both eyes Pupils Of moderate size. Equal

Muscularity Poor Fatness Diminished

Nervous System—*Motor* There is difficulty in articulation. The gait is heavy and shuffling

Sensory Sensibility to touch & pain diminished

Reflex Action Diminished Special Senses Moderately good

Retina

Lungs Healthy. Respirations 17 per min.

Heart Healthy but Cardiac action feeble

Tongue Clean Bowels Variable

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Moderately good

Urine Sp. 1020 acid. Pale yellow. No abnormal constituents.

Menstruation

Pulse 74 per min. feeble. Regular Temp. 98·6. 8 p.m.

Height 5ft 4 in Weight 9 St 12 lbs

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remitteney, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

NAME, Alexander Christie Thomson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9.3.85		98.9		78	128	An imbecile: has difficulty in speaking and often makes four or five imperfect articulations before he manages to utter the word he intends to use. His muscular movements are badly coordinated.
5.5.86.						This patient has improved a little in bodily health. He formerly suffered from chronic diarrhoea, but this does not trouble him now. Mentally he remains the same. He is inclined to be wet and dirty. He is quite happy.
5.7.86.						This patient remains as above. His bodily health is perhaps a little stronger.
14.9.86				5	133.	No change in Mr Thomson's condition. He is
24/2/86					137	at times dirty in his habits & frequently tears
/						his clothes. His bodily health is fairly good.
14/9/87					131	No change in Mr. Thomson's condition.
14/12/87					133	The patient's circulation is feeble, and he suffers much from chilblains: otherwise he is in good health.
30/3/88					141	Harmless, inoffensive imbecile. He is apt to be dirty, and occasionally sickens himself by overeating. Health pretty good.
20/7/88					136	No change.
15/9/88					133	
9th Feb 89						He is getting rather weaker in bodily health
23 April					135	& losing
July 30th 1889.					129.	There has been no change in this patient's state lately. He is dirty in his habits at times and troublesome.
Sept. 30th 1889.					129.	Still the same. In fairly good health.
June 17. 1890.						Sent to Kinmount today.
July 7. 1890.						Returned from Kinmount to day. In fair health. Mental condition unchanged.
14.12.90						No change mentally: general health weak.
12.4.91						He is suffering from an enlargement of the glands in the left side of his neck: one has broken down, formed an abscess & burst. No change mentally.
6.7.91						Glands still enlarged with slight discharge from one.
						Sent to Kinmount to-day
9.7.91						Returned from -

NAME. Alexander Christie Thomson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11.91						He is a quiet, harmless imbecile; gait very feeble; gland in left side of neck still enlarged.
3.92						In the Infirmary. No change.
8.92.						Glands at angle of jaw on both sides enlarged. The glands retain their lobulation but are matted together. The skin covering them is discoloured & shows scars & some still discharging points. Glands on left side most enlarged. In the most prominent part hard, but in places evidently breaking down. Has been ordered Mistura Ferri & cod-liver oil.
12.11.92						No change.
6.4.93		101		96		Temperature has gone up. Confined to bed. Pneumonia suspected.
14.4.93		101.5				Getting on wonderfully well temperature never higher than 103
20.4.93						Pleurisy has developed on right side. Large amount of effusion.
9.5.93						Effusion unabsorbed. Getting gradually weaker.
1.93						Died. Phthisis Pulmonalis.

667

NAME, Thomas Corson — No. 2626

Admitted, 7th July 1883 — Pr. Ad. 1160

Sex, Male — Age, 65 — Marriage, Single — Occupation, Pauper

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Alton Durrisdeer

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One at least — Kind Maniacal

Duration 25th Nov 1855 – 29 March 58 — Where treated Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing Congenital.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Incoherence; talkativeness; delusions; suspicions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes sometimes

Duration of Existing Attack

Other Facts or Remarks On admission he was in a state of great weakmindedness there being evidently much congenital imbecility in his case. With increasing age he has become markedly weaker mentally. His habits becoming filthy & personal tidiness almost lost. His general health was impaired generally when admitted and has not shown any improvement since although he has had no definite illness

Facts of Medical Certificates Insane appearance: loss of memory, incoherent & rambling statements: irrelevant answers to questions and delusions that his gums are suppurating & will require cutting.

NAME Thomas Corson

STATE ON ~~ADMISSION~~ 23 May. 1885.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Is unable to talk rationally or coherently upon any subject and cannot direct his attention to anything for more than a moment or two.

Memory Impaired. Cannot tell the day of the week.

Coherence Impaired Can answer questions? Not well.

Delusions States that Balmeny Castle belongs to him

Other Abnormalities Is occasionally wet and dirty in his habits.

Bodily.

Appearance Thin-ill nourished: lips livid

Skin healthy. Hair ~~white~~ grey.

Eyes blue. Pupils small and equal.

Muscularity diminished Fatness diminished.

Nervous System—*Motor* functions feebly performed.

Sensory Tactile Sensibility impaired

Reflex Action diminished Special Senses He is deaf; vision is weak.

Retina

Lungs Breathing 18 per. min. Chest narrow above, expanded below Lung sounds healthy.

Heart Apex beat feeble: heart sounds weak, and an intermission every fourth beat.

Tongue Covered with a dirty fur. Bowels sluggish

Other Organs, Abnormalities, Bruises, &c. There is slight oedema of the ankles

Appetite Moderately good

Urine Amber coloured, acid. s.g. 1020. Contains a small amount of Bile

Menstruation

Pulse 60. feeble intermittent Temp. 97·8 para

Height 5ft. 5in. Weight 142 lbs.

Disease Congenital Imbecility *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

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NAME, Thomas Corson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-6-85		98		70.		There has been no change in the condition of this patient since last report. He cannot converse rationally; his memory is much impaired and he pays little attention to the calls of nature.
13-11-85						He is restless, dirty and ~~bedridden~~. Physically he is very feeble
17-1-86						At six a.m. the patient was found in a condition of cardiac syncope. Restoratives – warmth, counter-irritation on precordia, alcohol &c – were at once exhibited and continued throughout the day. Notwithstanding these the patient never rallied to any great extent and sank gently until 5:30 pm when he died. A post-mortem was refused – Cause of death Cardiac Syncope. Death certified – Dead –

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

671

NAME, Hugh Darling Gibb No. 1812

Admitted, 25th July 1883 Pr. Ad.

Sex, Male Age, 37 Marriage, Single Occupation, Draper

Education, Religion,

Private or Pauper, Private Where from? Nebraska U.S.A.

HISTORY.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Mental

Bodily

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Possibly

Duration of Existing Attack 6 months prior to admission

Other Facts or Remarks Since admission he is becoming more & more demented - He is a typical case of Genral paralysis of the insane - He is a Masturbator & is noisy at nights tears his bedding to shreds - Has to sleep in a Camisole tears with his teeth - His bodily strength is gradually failing

Facts of Medical Certificates Insane appearance & restless manner - Talks incessantly about himself and one "Maggie" States that he is possessed of Millions of money & is owner of untold property - Says that he is going to build Colleges all over the world & that he is a Rock-dawger - Soldier - &c - but he does not know Languages of which he is to learn six in a day

NAME Hugh Darling Gibb

STATE ON ~~ADMISSION~~ 5th Feb: 1885

Mental.

Exaltation Suffers from Gen: Paralysis. Is morbidly exalted in feelings - Believes that all the money in the world belongs to him

Depression

Excitement Restlessness - talkativeness - frequently shouting & singing at night

Enfeeblement Is incapable of speaking rationally & connectedly - Has no idea of the passage of time.

Memory Enfeebled. Cannot remember how long he has been here

Coherence Impaired Can answer questions? No

Delusions That he is "King of the World". "George Washington" "A spirit of the Lower World" -

Other Abnormalities Is irritable & suspicious at times.

Bodily.

Appearance Large framed - poorly nourished

Skin Healthy Hair Black streaked with grey

Eyes Blue Pupils Irregular

Muscularity Moderate Fatness Moderate

Nervous System—*Motor* There is tremor of the tongue when protruded & of upper lip. There is difficulty in obtaining & holding any thing - Lets fall anything he is holding. E.S. his pipe

Sensory Functions increased in intensity -

Reflex Action Increased Special Senses Taste & smell somewhat dulled

Retina

Lungs Chest large. Lungs healthy. Respirations 18 per. min.

Heart Apex displaced 1½ in downwards. The first sound at the apex is weak

Tongue Clean. Tremulous Bowels Confined

Other Organs, Abnormalities, Bruises, &c. There is swelling of the right foot from the patient hitting his foot against the door.

Appetite Good

Urine sp. 1018. acid. healthy.

Menstruation

Pulse 80 feeble. Regular Temp. 98. 4. 8. p. m.

Height 6 ft Weight 12 St 8 lbs

Disease General Paralysis of the Insane *Classification*

General Bodily Health and Condition Enfeebled

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	Yes

673

NAME, Hugh Darling Gibb.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19·2·85.		98·4		78	176	To-day his right foot and ankle are tense and swollen. No pain has been complained of. As far as possible he is to keep the foot at rest and cold applications are to be applied.
26·2·85.		98·4		77		The right leg looks in two places as if gangrenous sores were to form. The restlessness of this patient has necessitated a special attendant to be constantly by his side to prevent him from tearing off the dressings.
6·3·85.		98·2		80	170.	The unfavourable appearances of this patient's leg have passed away and it is now looking well.
13·4·85.		97·9		80		A Haematoma has appeared in each of this patient's ears during the last two days. Liq. Epispasticus has been painted on the inner surface of the External Ear.
18·4·85.		98·7		84		The Ears were again blistered, one of them has been considerably reduced in size since the blistering.
21·4·85.		98·6		82		The Haematomata not having lessened, the blistering fluid was again applied to the ears
7·5·85.						Today at 2 p.m. the Assistant Physician was informed by the attendant in charge of Low West Gallery that Mr Gibb had a bruised shoulder. On examination a fracture in the middle of the right clavicle is found with extensive bruising of the chest & shoulder. The attendants can give no explanation of how it was caused & suppose it occurred at night. They are certain he was quite well on the 4th inst. as he had a bath then. Report that he has not been stripped by them. He wears his shirt & drawers at night. It is supposed that he received the injury at night by climbing up the shutter of his

NAME, Hugh Darling Gibb.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						window, standing on the ledge & holding on by his fingers through the ventilation holes. If he fell from this it might cause the accident. The fracture was put up in the ordinary way. During the day he is to have a special attendant, & at night a strong dress is to be worn over the dressings.-
5.85.						Passed a good quiet night The bandages found all right in the morning.
5.85						Progressing very favourably.
5.85.						He is wonderfully quiet especially during the day and does not often try to remove the bandages. The fracture is doing well.
11.85.						Since last report this patient has improved. He is seldom noisy or violent. Rests better at night. His fracture is now quite healed. He takes plenty of exercise and his bodily health is good.
5.86						Mr Gibb remains wonderfully well. He is quiet and sleeps better than he has done for long. He walks out twice daily and often has a drive. He sometimes takes a tearing humour, when his blankets and mattress are torn to strips but this is a very exceptional occurrence.
7.86.						Mr Gibb is very quiet and tractable. He requires a great deal of attention to keep him clean and to prevent the destruction of his clothes.
4.9.86					154.	
11/86.						During the last 3 weeks Mr Gibb's health has been less satisfactory. Sores of a somewhat carbuncular appearance & penetrating very deeply & between the buttocks on on the right knee. These were treated by charcoal poultices & now red wash is applied. They are healing well. More recently another similar carbuncular sore has appeared on the sacrum. It is now cleaning up under poulticing. Mr Gibb lies most of the day on a couch, he is very

(see page 781)

675 See. Vol. II. p. 191

NAME, John Russell No. 1817
Admitted, 20th August 1883 Pr. Ad.
Sex, Male Age, 54 Marriage, Single Occupation, Tenant (Farmer
Education, Religion,
Private or Pauper, Private Where from? Loughton Hill Mains, Edinburgh

HISTORY.

Disposition
Habits
Previous Attacks—No. First- Kind
Duration About 4 years Where treated Coton hill. Stafford
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Heartless & cruel treatment by owner of farm

Causation.

Mental
Bodily

Symptoms. First.

Mental
Bodily

Recd.

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack Since 1879
Other Facts or Remarks Since admission this patient has been in a condition of mild Dementia with delusions chiefly that he should have been very wealthy but has been kept out of his money. He occasionally becomes excited & talks with others on the subject of his delusion. His bodily health has been good.

Facts of Medical Certificates He has a vacant appearance of countenance and the incoherent manner in which he talks of certain love affairs and the influence of these on the condition of his body.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

677

NAME, James Brown — No. 1821

Admitted, 27th August 1883

Sex, Male — Age, 37 — Marriage, Single — Pr. Ad. Occupation, Commercial (Clerk

Education, — Religion,

Private or Pauper, Private — Where from? Glasgow Royal Asylum

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Two — Kind Mental Depression

Duration — Where treated Glasgow Royal Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting "Brooding over religious subjects"

Symptoms, Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities.

Suicidal Possibly

Dangerous Has do

Duration of Existing Attack

Other Facts or Remarks Since admission this patient has been in a state of religious Melancholia. He never speaks except when his friends come to see him & then he converses freely. He spends most of his time with the Bible & other religious books in his hand. His bodily health has been moderately good

Facts of Medical Certificates He deems himself the victim of oppression & injustice for righteousness sake & is undoubtedly of unsound mind. He is obstinately taciturn. will not utter a word but stares fixedly when addressed This silence is apparently due to Divine Command. for when sent to the Asylum he declared himself to be "The Commissioner of the Most High"

NAME James Brown

STATE ON ~~ADMISSION~~ 8 Feb. 1885.

Mental.

Exaltation

Depression Complete reticence. Reads his Bible & other religious books almost continually and never speaks except to rebuke what he considers sinful in others.

Enfeeblement

Memory

Coherence Can answer questions?

Delusions Is evidently under the delusion that he should speak to no one in the Institution

Other Abnormalities

Bodily.

Appearance Moderately well nourished

Skin Healthy Hair Black

Eyes Dark Blue Pupils Equal & regular

Muscularity Moderate Fatness Moderate

Nervous System—*Motor* Functions normal

Sensory Functions apparently good

Reflex Action Good Special Senses Moderately acute

Retina

Lungs Healthy. Respirations 18 per. min.

Heart Healthy. Cardiac sounds good

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Moderately good

Urine S.G 1018 acid. pale yellow. No abnormal constituents.

Menstruation

Pulse 76 regular. of Mod. Strength Temp. 97. 9. 8. p. m

Height 5 ft. 5 in Weight 9st 4lbs

Disease Religious Melancholia Skae's Classification

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes						Yes	

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NAME. James Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85		98½		78	131.	Is resolutely taciturn. Spends much of his time in reading the Bible and other religious books. Is in fairly good bodily health
5.5.86						Mr James Brown is still a silent member. The reporter has only heard him speak on two occasions and ~~on~~ then it was in rebuking a fellow patient for swearing. He refuses to answer questions. When visited by his friends he converses freely. He writes long letters full of solemn counsel and warning to all his friends and acquaintances especially to lady friends, even to his late employers wife and daughters. In these documents Mr Brown's delusions are made apparent. He calls himself the messenger of God, states that his coming has been foretold in Scripture, that he has been set apart by God as a chosen vessel to show the way of Salvation to his friends.
5.7.86.					122.	Mr James Brown is at Kirkmichael where he has been since 19th May. His condition remains the same.
14/9/86					122.	
24/12/86					125	Little or no change in Mr Brown's condition. He will not answer questions but sits as a rule with a bible or notebook writing out sermons. He was visited a fortnight ago by an old friend Mr Meeuchon & was very happy to see him & chatted freely with him asked for all his former acquaintances
14/9/87					118	Mr. Brown still persists in absolute silence, and spends all his time with his bible and notebook while indoors. He has parole in the grounds, and keeps entirely by himself, apparently absorbed in deep meditation. His health is good.
14/12/87					116	No change to report.

NAME, James Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feb 15. 1888						Jas. Brown removed to S. C. A. Here his habits are identical with those he has in the 1st House.
22 June 1888						In the same condition.
30 June 1888						Discharged.

681

NAME, Joshua Hodgson No. 1829
Admitted, 27th September 1883 Pr. Ad.
Sex, Male Age, 40 Marriage, married Occupation, gentleman
Education, Religion,
Private or Pauper, Private Where from? Carlisle

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Not first Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Intemperance

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack
Other Facts or Remarks On admission was in a State of mental depression evidenced by alcoholic indulgence. He was at times terrified about religious subjects, especially at nights. Since then he has been reserved and taciturn holding little communication with anyone. Occasionally he will speak freely on the subject of his fathers will, & the legal proceedings he shall take to obtain his rights under it
Facts of Medical Certificates Stupid insane appearance. Rambling incoherent speech. He becomes very violent at times & is almost unmanageable

NAME Joshua Hodgson

STATE ON ~~ADMISSION~~ 8th Feb. 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Good

Coherence Good Can answer questions? Will not as a rule

Delusions That he was very wealthy and has been falsely deprived of his money. Under this impression he wrote letters to Judges in England demanding justice

Other Abnormalities Is taciturn & refuses to speak. His manner is abrupt and distant & his face expresses distrust & suspicion

Bodily.

Appearance Stout and muscular – Florid Complexion

Skin Healthy Hair Black

Eyes Brownish Grey Pupils Small & Equal

Muscularity Good Fatness Considerable

Nervous System—*Motor* Functions normal

Sensory Functions moderately good

Reflex Action Good Special Senses Mod. good

Retina

Lungs Chest large. Respirations 18 per min.

Heart Normal. Cardiac sounds healthy

Tongue Clean Bowels Sluggish

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Good

Urine s.g. 1028 acid. contains excess of Urates. No albumin.

Menstruation

Pulse 76 of good strength – Regular Temp. 98.6. G. p. m.

Height 5 ft 10 in Weight 15 Stn

Disease Delusion & Suspicion *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	

683

NAME, Joshua Hodgson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85.		97·1		80	241	This patient is taciturn & reserved & frequently when spoken to returns no answer & looks as if the speaker had insulted him. He keeps himself to himself & holds communication with very few.
14·5·85.						He converses freely and pleasantly with the Assistant Physician in the ordinary medical visit, but except at that time if addressed even in salutation he does not answer & looks offended.
14·3·86.						Mr Hodgson now mixes more freely with his neighbours. Comes to all the amusements, and even dances - Plays billiards with Mr Grubbe. He writes many letters to the S. B. L. and to the Lord Chancellor. He is most particular and difficult to please in the matter of dress, especially as to the material and breadth of his evening dress tie. He has the delusion that a broad tie has some significance and denotes some special rank in the wearer. He fears advantage may be taken of his ignorance of such matters to cause him to wear a tie denoting lower rank to the than that which he is entitled.
5·5·86						Mr Hodgson still attends the amusements and mixes with his neighbours. He has forsaken Mr Grubbe however as many before him have done.
6·7·86						Mr. Hodgson mixes with his fellow patients a good deal. - Dances a polka now and then. He wishes a tennis racket and a flannel suit. He seemed in doubt at the Commissioners in Lunacy's visit as to whether his brother is or is not dead.
17/9/86					223	At request of the Board this has been

NAME, Joshua Hodgson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						made clear of Mr Hodgson by a letter from
17/12/86					220	his obligant Mr James Reddick of Carlisle.
14/9/87					211	Of late Mr. Hodgson has been keeping entirely by himself, his reason being that to share in the amusements might be interpreted to mean that he is content to remain in the Institution. He believes that Dr Rutherford discharged him, and is detaining him illegally.
8/10/87						However he has been persuaded that no such interpretation will be put upon his conduct, and has consequently reappeared in the billiard-room, and came to the first dance the other night. He is desirous of learning to play golf, and is busily studying a book on the subject. His health is Excellent.
14/12/87					207	Mr. Hodgson is pleasant enough when visited, but takes no notice when saluted in the grounds. He does not mix much with the other patients, but attends the dances. He believes himself to be "a Melchizedek", who ought to keep himself separate from sinners. He has numerous small complaints to make about the opening and shutting of doors by attendants, &c., and other trivial matters in
30/3/88					207	which he considers his dignity to be overlooked. He is in good health.
20/7/88						No change. He is in capital health —
15/9/88					199	
3 Feb 89						No change. Keeps himself a great deal, but is pleasant when visited.
3 April					185	No change.
July 30th 1889.					157.	Has decreased somewhat in weight lately, but is generally in good health. Still as "down" and sullen as ever. At times seems amused and smiles when at the dances.
Sept. 30th 89					157	He refused to see his wife who called the other day, also to receive anything from her. Never speaks to anyone except an occasional "good morning".
July 1890.						Is dirty, lazy & feeble — begs drugs, tasks for tobacco, blasphemes, or uses foul language — Occasional diarrhoea, stopped at present
Sept. 19th						Still very taciturn: always keeps aloof from other patients "Melchisedeck".

per p. 537

685

NAME, James Cowan — No. 2650
Admitted, 7th October 1883 — Pr. Ad. 2578-254.
Sex, Male — Age, 47 — Marriage, Single — Occupation, Clerk
Education, — Religion, Roman Catholic
Private or Pauper, Private Pauper — Where from? Dumfries

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Five — Kind Folie circulaire
- Duration — Where treated Southern Counties Asylum.
- Hered. History—Insanity
- Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Symptoms. Recent.
- Mental Depression of Spirits; incoherence; restlessness; Loss of memory
- Bodily

Insane Habits and Propensities
Suicidal Yes
Dangerous
Duration of Existing Attack A week
Other Facts or Remarks This case has previously been treated as Acute Melancholia but is now fully developed as Folie circulaire. The cause of the occurrence seems to have been want of work & therefore good aggravated by religious enthusiasm. Since his readmission he has shewn alternate cycles of depression & excitement with varying periods between during which there are no definite symptoms of insanity except a peculiar suavity of manner & speech which is unnatural to a person of sound mind

Facts of Medical Certificates I. 1. He is dull, depressed in Spirits, Melancholy. Talking incoherently. Does not know where he is. 2. Police Sergeant took him out of the Chapel this morning, when he was disturbing the congregation by his eccentricities.
II. 1. Insane appearance, muttering, incoherent speech, & inability to converse or answer questions. 2. Police Sergeant Gibson, informs me that he had to be removed from the chapel yesterday, owing to the way he was conducting himself & disturbing the congregation.

NAME James Carew

STATE ON ~~ADMISSION~~ 1st January 1885

Mental.

Exaltation

Depression Has periods of depression, alternating with the following, during which he complains much of his confinement which he says is illegal

Excitement Has regularly recurring periods of excitement during which he threatens all for detaining him & makes all sorts of accusations against the officials.

Enfeeblement

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Thin & anaemic

Skin Sallow Hair Black turning grey & thin

Eyes Pupils Normal

Muscularity Poor Fatness

Nervous System—*Motor* Impaired

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Expiration is prolonged & the percussion note impaired on the apex of the right lung

Heart's action weak & frequent: No bruit can be heard

Tongue Coated with a white fur Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There is a right lateral curvature of the spine in the dorsal region with a compensatory curve below. Has a double reducible Inguinal Hernia. The cervical glands show signs of strumous affection.

Appetite Moderate

Urine

Menstruation

Pulse 80 per minute & weak Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

687

NAME, James Caven

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4-4-85						He is at present in a quiet state, making no complaints as to treatment or detention here but pleasant and agreeable. A short time after this he may be very despondent and then again excited. He is extremely fond when excited of writing to the Commissioners and Board of Management complaining of treatment & of the want of definite reasons for his detention here. Thus on the 29th of September 1884 he wrote to the Commissioners complaining of being illegally detained, not being allowed to go to church & that on his return from probation on the 12th April /84 he had not seen any medical man for some days. The General Board of Lunacy asked for an explanation of the last mentioned complaint & also a report as to his mental condition. The following was sent "There is no truth as to the statement of James Caven that he saw no medical man. He suffers from folie circulaire and is at present in the excited stage and will soon be in a state of depression during the excited periods he has ideas as to his being illegally detained. In his depressed periods he thinks he has committed some sin for which he will never be forgiven & then he becomes melancholic & suicidal. He has, when well enough, been allowed to go to church in Dumfries and on Sunday the 21st September he went to the police office, & annoyed the authorities there by insisting on knowing why he was detained in an Asylum. Since then he has been writting numerous letters complaining of his detention & treatment here" 6th October 1884. Thus give a good idea of his conduct when excited. He keeps a daily memorandum of all he sees & hears & can thus refer to the date of various incidents at pleasure.
24-8-85						There is little change in the mental condition of this patient he is at present quiet but passing into a depressed state as shewn by the excess of religious feeling; the prayers he offers even publicly for those towards whom he, for the time, is drawn. This feeling is sometimes carried further towards those of the opposite sex & has more than once resulted in ludicrous exhibitions of affection towards them. He still writes frequently to the Commissioners &c Physically he is no worse. The phthisis seems at present to be in a stationary condition.

NAME, James Caven

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
0-11-85						He is misy at the office. His general behaviour and demeanour is that of Uriah Heep. He is constantly fawning and cringing and as it is called 'sneaking'. Behind one's back he endeavours to get as much for his own advantage as possible. His complaints about unfair & ungenerous treatment are very numerous.
-4-86						An attack of acute depression has set in. He is weeping, moaning, wringing his hands and fearful of impending evil. There is a strongly marked suicidal tendency. As his general health is low large doses of Strychnia with counterirritants to the nape of the neck are being employed.
-4-86						The patient is now convalescent & regaining his usual tranquil manner. He speaks cheerfully of returning to work.
5-86						He is once more in his customary state of health & has returned to the office.
3/11/86						James Caven is in good bodily health. No signs of advance of the disease at the apex of the right lung can be found. He is working cheerfully & seems contented & happy.
27. 12. 87.						Physically J. C. is well enough at present but 2ce in the last 4 months he has got into a wretched state of excitement & acute misery. Cannot make up his mind to anything, is very suicidal - full of delusions - loses his memory of what is said to him an hour previously. Thinks his Church is being ruined by designing men. Has delusions of persecution by the attendants & of increasing danger of the situation & evidently has sense enough to feel a dread of never regaining his sanity - a not unlikely thing as he is now bodily & mentally enfeebled.
30 March 1888						At present quite well as regards his depression -
22 June 1888						When ill this man makes all sorts of complaints - He is now fairly well.
1 Octr						This man is miserable & dull, twisting his fingers about & full of delusions a miserable creature.

See page 798

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NAME, William Mc Kinnell No. 2651

Admitted, 9th October 1883 Pr. Ad.

Sex, Male Age, 73 Marriage, Single Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Perthing

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Sleeplessness; restlessness

Bodily

Recent.

Mental Excitement sometimes going on to violence

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Four months

Other Facts or Remarks

On admission he had a depressed & melancholic appearance but had evidently recently been very violent as his arms were tied & he had numerous bruises on various parts of his body. Shortly after admission he was in a state of unhappiness and terror dreading the wrath of the Deity frequently groaning to himself. His general health was much impaired since then he has never been violent but always more or less melancholic.

Facts of Medical Certificates

Talks incoherently; says that the public Police relations have conspired to kill him; that his nephew has killed a man; that he is lost. Has spoken of females & strange members of his family.

NAME William McKinnell

STATE ON ~~ADMISSION~~ 1st January 1885

Mental.

Exaltation

Depression Always present & well pronounced

Excitement

Enfeeblement

Memory Good

Coherence Is coherent Can answer questions? Yes

Delusions Says his friends wish to injure him; that he will soon die; that he is "lost in the life to come".

Other Abnormalities

Bodily.

Appearance Emaciated & anaemic

Skin Pale Hair White & scanty

Eyes Deep blue Pupils Normal

Muscularity Poor Fatness

Nervous System—*Motor* Impaired from general weakness

Sensory functions normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Cracked & dry Bowels Constipated requires enemata at present

Other Organs, Abnormalities, Bruises, &c. At present suffers from acute congestion of the kidney with enlarged prostate which has caused & is causing retention of urine

Appetite Moderately good.

7.1.85 Urine Sp. Gr. 1020 Acid. Yellow. Smoky. Odour of decomposition. Contains Blood, Pus. Excess of urates & phosphates but there are no tube casts.

Menstruation

Pulse 100. Thin & weak Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition Much impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

691

NAME, William McKinnell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25·12·84			90			Complained of pain in making water; passed a little blood in his urine; complained of pain on pressure over the left kidney. Pulse strong & regular but quick. Tongue coated with a white fur. Kept on bed & ordered demulcent drinks.
26·12·84						Passed a quiet night but this morning had acute pain over lower part of abdomen. Bladder found very much distended & painful to touch & there was total inability to make water. The Catheter was passed with extreme difficulty owing to the great enlargement of the prostate & the circumstance that the urethra was found, intricately filled with soft clot which closed the Catheter 2½ pints of urine mixed with blood were drawn off giving instant relief. The catheter was tied in & the bottle placed at the foot side of the patient who complained much of cold. During the afternoon he slept soundly much bloody urine escaped. ordered demulcent warm drinks & milk diet.
28·12·84		99		96		12·30 P.M. quiet, warm, Catheter giving no uneasiness. Catheter removed. Urine still bloody & prostate much enlarged. No improvement. State requires passage of Catheter regularly owing to the great difficulty & pain (which causes spasm) Chloroform is now used. The catheter sometimes passes very easily at other times requiring much manoeuvring causing one to suspect the formation of false passages. A coudé catheter is used since last report. Chloroform has been given 3 & sometimes 4 times daily. At first the urine was large in amount now reduced to 2 pints in 24 hours but still containing blood in small amount of pus which is increasing but the amount of blood is diminishing probably owing to repeated injections of Ergot on the Sacrum. Pulse remains strong & regular. Appetite good as besides his ordinary diet he takes 3 pints of milk in the 24 hours. He has at various times complained of pain over left kidney but this is intermittent being absent for days & then coming on again. ordered Acetate of Potash & to have ~~warm~~ flannels soaked in warm water placed occasionally round the loins and lower part of the abdomen.
1·1·85						
6·1·85						

NAME. William McKinnell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3-1-85						considerably weaker. Chloroform not used now. Urine still bloody & the amount of pus has increased so much that the last tablespoonful of urine drawn off is quite milky
5-1-85						Passed his urine voluntarily but with great pain
7-2-85						This morning complained of great pain in lower part of the abdomen. Bladder found much distended Catheter passed without much difficulty & 2 pints of urine drawn off: Contains much blood & pus; having an extremely foetid odour & of a brown colour.
8-2-85						Improvement; becoming gradually weaker but takes his food & sleeps well.
9-2-85						Removed to Potting by his nephew. Discharged Not recovered -

693

NAME, Andrew Black No. 1839

Admitted, 14th November 1883 Pr. Ad.

Sex, Male Age, 48 Marriage, Single Occupation, Minister

Education, Religion,

Private or Pauper, Private Where from? Cambridge

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated Fulbourn Asylum Cambridge

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Overwork

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack About 8 months

Other Facts or Remarks Since admission has been under the influence of several delusions E. G. That he is married to the "Princess Beatrice" and has delusions of other persons identity - His language is frequently abusive and obscene

Facts of Medical Certificates He speaks incoherently seems morose & determined not to answer questions - He suspects those about him and has delusions such as - That he is travelling under the authority of the Queen to whom he is related as the husband of Princess Beatrice - Otherwise that he is on very intimate terms with her Majesty & that he is engaged to Princess B. who taught a class in his Sunday School.

NAME Andrew Black

STATE ON ~~ADMISSION~~ 7th Feb 1885

Mental

Exaltation

Depression

Excitement

Enfeeblement

Memory Good

Coherence Good Can answer questions? Yes

Delusions That he is married to the Princess Beatrice & that the Queen has put him here to prevent him living with her daughter

Other Abnormalities He is morbidly suspicious of the officials & will not speak to them. His language is often obscene & abusive

Bodily

Appearance Stout and well nourished

Skin Healthy Hair Black

Eyes Blue Pupils Equal & regular

Muscularity Moderate Fatness Increased - Abdomen protuberant

Nervous System—*Motor* Functions normal

Sensory Functions normal

Reflex Action Good Special Senses

Retina

Lungs Healthy. Respirations 18 per. min.

Heart Healthy

Tongue Whitish - furred Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy

Appetite Much increased

Urine s. g. 1020. acid Contains excess of urates

Menstruation

Pulse 78 Regular & good strength Temp. 98.4. 9.40 p.m.

Height 5 ft. 5 in. Weight 13 8 lbs

Disease Monomania of Suspicion *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	

695

NAME, Andrew Black.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9. 3. 85.		98.6		80	228	This patient labours under delusions of other persons identity. He says that he is often visited by Princess Beatrice and that he frequently sees illustrious persons such as Mr Gladstone in the grounds. His language is frequently filthy and obscene. He has an enormous appetite & yet is constantly complaining that he can never get enough to eat.
5. 5. 86.						Mr Black has not been heard so much of late. He indulges in a quiet swear now and then when the Queens name is spoken of in his presence, but as a rule he is quiet. This probably is because he cannot find words sufficiently strong in which to frame his indignation. He has many hallucinations and delusions of identity. The Prime Ministers of England is shut up in the pauper house according to Mr Black who often sees him between the handles of a barrow. A patient who left here some time ago appears to Mr Black frequently and gives him wonderful information about what goes on in the world.
5. 7. 86.						Mr Black still has extraordinary delusions
14/9/86					196	of identity - He sees Kings & Queens of
14/12/86					192	England walking about the grounds.
						Cardinal Wolsey with a wheelbarrow
						Mr Gladstone cleaning windows &c.
June 10th						Mr Black is at present in a state of considerable excitement. His delusions are stronger than they have been during the last six months. He has once or twice attacked fellow patients under the impression that they were poisoning him. He accuses all the Medicals of being bribed & giving him poison. He has delusions of identity & sees in the people round him

NAME, Andrew Black.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						such persons as Her Majesty & other members of the royal family. Robespierre Wellington. & other celebrities. He is in good health physically & has a good appetite.
ug 31st						Yesterday Mr. Black managed to escape by the door at the laundry, and was found in Dumfries: he came back quietly. He says he will bring an action against the attendants who captured him, that he has a legal right to be free, and will take every opportunity to escape. His bodily health is excellent. He has a voracious appetite, but declares his stomach is weak. He demands medicine, and when he gets any declares that it is poisoned, and is killing him.
pt. 14					184	He has still his old delusions. His language is full of oaths.
pt. 17th						Mr. Black is at present very anxious about the state of his health, and takes medicine quite meekly. He thinks the poisoned food is going to do for him at last. His language is less abusive in the meantime. Last night he says he had an attack of "heavy breathing and fluttering at the heart". He became so alarmed about his condition that he summoned the night attendant. He has been ordered to smoke less, as he has been smoking more heavily of late, and is rather shaky.
Oct. 14th					186	Mr. Black is still full of the suspicion of poisoning, and is never contented unless he gets medicine to counteract it. He eats well, but complains that he is starved. He has also delusions of identity, confusing those about him with friends of his youth, and with all manner of celebrities. He believes that he is persecuted by the order of the Queen, whom he abuses in no measured terms.
0/3/88					187	No change to report. He is in good health. All his delusions continue. He believes that the Queen ("Old Vic", he calls her) is an inmate of the S.C.A., and advises the officials to have her poisoned, though he fears she would come to life again.
10/7/88					190	No change. His delusions remain the same.
18/9/88					189	He can talk of little but his supposed weakness caused by constant doses of poison. He is most profane and abusive in his language. He reads much less than he did.
23/11/88						Mr. Black is much excited this morning: he smashed a spittoon over the back of a patient (Mr. Johnston) who was annoying him, and is vowing vengeance on everyone. His language is most violent and profane.

continues on page 800.

NAME, Thomas Houston No. 2666

Admitted, 11th December 1883 Pr. Ad. 2441

Sex, Male Age, 21 Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Barrhill & Craigs

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Southern Counties Asylum

Hered. History—Insanity An uncle is insane

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; incoherence; lack of comprehension of simple questions; homicidal tendencies

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack 2 years 8 months

Other Facts or Remarks This patient was discharged in April 1883 "not recovered" to be boarded out with his relations but he became so unmanageable that his re-committal became necessary. Since re admission he has been quiet & industrious usually but with periods of excitement during which he becomes restless & shows marked destructive tendencies.

Facts of Medical Certificates I. 1. Talks incoherently, seems stupid, morose, and incapable of understanding anything that is said to him. makes stupid signs at certain objects 2. His mother states that he seized her and was determined to cut her throat &c. II. 1. His insane appearance & actions, is restless, talks & answers questions incoherently. 2. His mother informs me that several times lately he has threatened & yesterday attempted to cut her throat.

NAME Thomas Houston

STATE ON ~~ADMISSION~~ 10th February 1885

Mental.

Exaltation

Depression

Excitement Sometimes mildly excited, restless & shewing tendency to wander

Enfeeblement Cannot carry on an intelligent conversation, often simply smiles instead of answering the question

Memory

Coherence Sometimes incoherent Can answer questions? Yes simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Healthy & well nourished

Skin Hair Brown

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart's action heavy & there is epigastric pulsation but no murmurs can be heard.

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 84 per minute Regular Temp.

Height Weight

Disease Dement- Sec. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

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NAME. Thomas Houston

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20·3·85						His mental state is given on the preceding page. His murderous tendencies have not diminished. He has been accustomed for some time to set up with the night watch & then go to bed in the morning. Instead of going to bed he stayed up today in a restless state & during the afternoon it was noticed he was away. He was found shortly after at Barnken of Craigs where he had been some hours.
22·6·85		98·2		79.		The mental condition of this patient is unchanged: he is mentally enfeebled, laughs in a purposeless manner when spoken to, but does not reply; He employs himself helping his attendant and seems to regard doing work as a joke, as he commences to laugh when told to do anything and continues to laugh while he is doing it.
1·1·87						He is now employed as an assistant to the Night Watch but is not of much value. His hilarity continues. When spoken to he laughs immoderately and chatters incoherently. He says people however knows that he labours under the delusion that his food is poisoned
15·5·86						This demented remains in much the same condition as when last noted.
27/1/87						The patient is weak minded, asks childish questions, has no idea of time & can neither read or write. He has until lately been acting as assistant to the night attendant, but as his general health has poor he suffered from general enlargement of the glands of the neck with suppuration of one or two he has been taken off duty. The abscesses were opened & he is having arsenic internally.
27 Dec 1007.						A silly dirty childish fellow – no change in his condition.
30 March 1888						Suffers from diarrhoea but eats well – looks very pale.
22 June 1888						Still very pale & diarrhoea.
2nd of August 1888						This man slowly died Phthisis.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

701

NAME, Samuel Thomas Lyubbe No. 1842
Admitted, 21st December 1883
Sex, Male Age, 62 Marriage, Married Pr. Ad. Occupation, None
Education, Religion,
Private or Pauper, Private Where from? London

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Not first Kind
Duration Where treated Bloomfield. Dublin and C. R. I.
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Monetary difficulties

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Progensities
Suicidal Has expressed suicidal intentions
Dangerous No
Duration of Existing Attack
Other Facts or Remarks He has been three previously an inmate of the C. R. I. Since last admission there has been little change in his mental condition. His bodily health has been good

Facts of Medical Certificates He is rather excitable and talkative Sometimes incoherently. Seems unhappy and disconsolate and says he cannot stop here.

NAME Samuel Thomas Grubbe

STATE ON ~~ADMISSION~~ 7th Feb. 1885

Exaltation

Depression States that he is unable to think: that the remembrance of the loss of his youth renders him miserable. He continually complains of being in a condition of nervous depression for which he thinks almost every new remedy he hears of would do him good & is always asking for them.

Excitement

Enfeeblement There is great enfeeblement of his sense of veracity. He exaggerates & invents stories about others and repeats them to the officials with all the airs and gestures of truthfulness.

Memory Moderately good

Coherence Do Do Can answer questions? Yes

Delusions

Other Abnormalities He is absurdly vain of his abilities & personal attractions & has a disgusting habit of picking his nose - without doing which he says he would be unable to think

Appearance Moderately well nourished

Skin Healthy Hair Grey

Eyes Grey Pupils Equal & regular

Muscularity Moderately Good Fatness Moderately good

Nervous System—*Motor* Functions Good

Sensory Functions Good

Reflex Action Good Special Senses Good except sight which is slightly impaired

Retina

Lungs Chest narrow - Lungs healthy. Respiration 18 per min.

Heart Sounds healthy Apex impulse in normal position

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Occasionally suffers from Dyspepsia which is usually due to overeating himself

Appetite He eats much more than he can digest properly & bolts his food

Urine s.g. 1020. acid. bright yellow. No abnormal constituents.

Menstruation

Pulse 80 of good strength Regular Temp. 98.5. 8.40 p.m.

Height 5 ft 9 Weight 11 Stn 1 lb

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes		Yes					Yes

703

NAME, Samuel Thomas Grubbe.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9·3·86.		97·4		76	157	This patient is constantly complaining about suffering from Nervous Debility. He would like to try all sorts of patent and quack medicines for his nervousness. He is conceited of his musical & recitative accomplishments and will at any time to please the ladies, get up & recite Young Lochinvar, in which he usually breaks down, or sing the one song which comprises his whole singing repertoire. He eats enormously and does not take time to masticate his food.
22·4·85						Has been placed in the Low. West Gallery.
4·5·85						Has been allowed to return to his room in High South.
5·6·86						Mr Grubbe is now in the mid west gallery occupying the room with Mr Stewart. Mr Grubbe is in good bodily health. Mentally he is depressed — In the dance evenings he is as active as the youngest man in the room. At the dining table he distinguishes himself. He is a gossip and a mischief maker. He is very selfish and very jealous. He is a regular attender at chapel and is a Pharisee — at prayers he goes down on all fours and groans aloud, crying "Lord have mercy upon me" Christ have mercy upon me" and so on, disturbing and annoying those around him.
5·7·86.						There is no change in this case.
14·9·86.					142.	Mr Grubbe continues plausible, lying &
14/12/86					136.	inquisitive & a mischief maker of the most adept kind.
14/9/87					134	Mr Grubbe is very restless and talkative, and always complaining of his nervousness. "I feel very nervous this morning", is his common complaint. His conversation is most irritating, as he cannot concentrate his thoughts on one subject, but wanders about among all sorts of disconnected topics. He is fond of

NAME. Samuel Thomas Grubbe.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						alluding to the high society in which he moved in former days, and talks familiarly of men of great wealth and position — usually adding in an apologetic tone, "But I don't care to talk of these things now". He is always wanting something to occupy his attention, but cannot settle down to anything. He does not read or write much. He rather prides himself on his devotion to morality and religion.
1/12/87					132	Mr. Grubbe's peculiarities are as marked as ever. He lays himself exceedingly open to ridicule, and is thus apt to get into quarrels; but he always retains the bearing of a gentleman. He is very self-conceited, and talks of his usefulness, and the pleasure which both the patients (especially the ladies) and the outside public derive from his society. His health is pretty good.
1/1/88						Discharged today relieved.

705

NAME, Thomas Douglas No. 2685

Admitted, 4th February 1884 Pr. Ad. 883

Sex, Male Age, Marriage, Single Occupation, Farm Servt

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Cengen Bridge

HISTORY.

Disposition

Habits

Previous Attacks—No. Kind Melancholia

Duration Where treated Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting On first admission the cause given was "a fall from a horse".

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness specially at night; taciturnity; diminution of perceptive power

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Twenty three years

Other Facts or Remarks This man was only liberated three months when he became so restless & the tendency to murder so marked as to necessitate his return here

Facts of Medical Certificates I. 1. Looks morose seems a perfect vacuum, does not comprehend the meaning of the simplest question. 2. His mother and sister state that he is quite uncontrollable and cannot be kept within doors but roams about all nights.

II. 1. He looks stupid and morose. Will not answer simplest questions or if he could not think he is idiotic. 2. His parents and sister say they are kept very anxious about him owing chiefly to his wandering about all night and general curious restlessness.

NAME Thomas Douglas

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance Strong & well nourished

Skin — Hair

Eyes — Pupils Normal

Muscularity Good — Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action — Special Senses Normal

Retina

Lungs There is impairment of the percussion note on the apex of the right lung the chest is large & well formed & expands well & seems otherwise quite healthy

Heart Normal

Tongue Clean — Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 72 per minute Regular — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Thomas Douglas.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
17.6.85		98.1		74		There has been no improvement in this patients condition since last report. He is much addicted to collecting articles of all kinds. His bodily health has been good.
Sept 14th		100°/.				T. D. is in much the same condition & is somewhat solitary & is very taciturn. He likes to take his tea by himself & to go about without noticing or being noticed. He is not quite so acquisitive.
3 Jan 1888						No change in T. D. He is sour & silent. He has a propensity for collecting rubbish.
30 Mar 1888						His pockets & breast are a perfect curiosity shop - he collects perfect masses of rubbish there.
22 June 1888						No change.
1 October						Still as silent & fond of sitting alone in dark places as ever - & as acquisitive as ever.
20 December						This man is working with the plumber & is much the same as ever.
30 March 1889						He is a perfect rag & curiosity shop & it is wonderful where he collects things.
1 July						As acquisitive as ever. He is solitary also. His bodily health is good.
10 Sept						Much the same. He helps the artisans.
15 Nov						Continues acquisitive & solitary. His health is good.
15 Mar. 1890						He hoards in dark corners & his braces &c are tied up in a perfect meshwork of wire, tape, rags, laces, thread, string leather, lead tin &c &c &c. He works

NAME. Thomas Douglas -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						with the blacksmith.
10	June 1890					no change.
21	August					About the most acquisitive man in the house yet - not a S.P.
1	November					In good health - eats well - is quite demented.
8th	Dec 1891.					Sent to Farm Annexe -

In T. A. Case Book.

709

NAME, William Home No. 1850
Admitted, 5th February 1884 Pr. Ad.
Sex, Male Age, 44 Marriage, Single Occupation, Clerk
Education, Religion,
Private or Pauper, Private Where from? C.R.I.

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. First- Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack 24 years
Other Facts or Remarks He has been in the House since 14 June 1861 but was formally discharged on 5th Feb. 1884 & readmitted on a fresh Sheriff's warrant owing to his name having been accidentall omitted from the list of those resident over three years from Signature of warrant.

Facts of Medical Certificates He is dull and taciturn and will not engage in Conversation merely answering Yes or No - He has a stupid appearance & seems careless of his dress

NAME William Home

STATE ON ~~ADMISSION~~ 18th Feb. 1885.

Mental.

Exaltation

Depression

Excitement

Enfeeblement He is a State of Dementia: Cannot Carry on a Conversation. Takes little note of anything that passes & is Sinks apathetic

Memory Impaired – Especially for Recent Events

Coherence Impaired Can answer questions? Not unless very simple

Delusions

Other Abnormalities He has a habit of picking the Skin off his head

Bodily.

Appearance Stout & well nourished – Vacant Expression of face

Skin Is abraided on General planes on the Scalp from picking it Hair Brown

Eyes Brown Pupils Small & Equal

Muscularity Good Fatness Considerable

Nervous System—*Motor* Functions normal

Sensory Tactile Sensibility dulled

Reflex Action Diminished Special Senses Moderately Good

Retina

Lungs Chest large. well nourished – Lungs sound & healthy

Respirations 18 per. min.

Heart Cardiac action feeble but no organic lesion

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy

Appetite Good

Urine S.g. 1018. acid. pale yellow, no unusual constituents.

Menstruation

Pulse 76 per min. Regular Temp. 97.8. 6.50 p.m.

Height 5 ft. 6 in Weight 14 St. 2 lbs

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes

711

NAME, William Home.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9·3·85.		97·1		80	199	Is demented: rarely speaks, is untidy in dress, and cannot engage in any useful occupation
5·5·86.						Mr Home enjoys good bodily health - Mentally he remains very demented. He sometimes scratches himself with his nails severely. He seldom speaks, even to answer a question.
19·5·86.						Went to Kirkmichael.
6·7·86						Mr Home remains at Kirkmichael.
14·9·86.					193.	
20/1/87					203.	Mr Home remains in good health. He is very taciturn & only speaks as if were under protest. He has no idea of when he came here, or of what year this is. Says he is sorry to be was in India &c He is apathetic takes hardly any notice of his surroundings but is cleanly in his habits & takes his food well. He is usually to be seen reading or appearing to read a book.
14/9/87					204	Mr. Home takes no notice of his surroundings, and will not answer questions. He sits apparently reading, & never looking up.
14/12/87					210	Mr. Home is in good health, and stouter than ever. He maintains
30/3/88					207	unbroken silence, and his look betrays no intelligence.
20/7/88					196	He is now sent out with the working party, and works well. But there is no change in his mental condition.
15/9/88					201	
20 Feb. 89						No change. Still demented.
23 April					185	No change.
July 30th 1889.					182.	There has been no change in this demented man lately. Physically in good health. On July 9th went to Kinmount & returned Aug. 6th.
Sept. 30th 1889.					182.	In good health physically. No mental change lately.
May 9 1890						Went to Kinmount to-day today
June 17 1890						Returned to 1st house from Kinmount to day.
5th Aug.						Went to Hannahfield.
Nov. 4th						Brought back from Hannahfield to day

NAME. William Home.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1890						
10/19th						Sent to Hannahfield today. No change. Has been visited by his brother whom he has not seen for 31 years but the visit caused no impression.
2.8.92						Wm Home has spent the summer at Kinmount returning to Hannahfield to-day. He is in good bodily health and there is no change in his mental condition which is one of pure dementia. He seldom speaks a word to any one and is rather sullen looking.
12.11.92						No change.
3.5.93						No change as ever!
7.5.10.93						No change mental or physical.
12/6/95.						Was sent up from Hannahfield because he had stolen a key & became a little violent.
						Is very quiet again. Tongue clean Appetite good. Pulse 76 & of fair quality.
4/9/95.						Mentally Wm. Home is unaltered.
2/12/95.						Wm. Home's mental condition is one of dementia. He had a large superficial sore on the ulnar side of the right wrist but this is now almost healed.
8.1901						Patient remains quiet demented. He answers all questions in monosyllables & grunts them out in a reptonic manner. occasionally says he is quite well. Physical health good.

NAME, Robert Lyon No. 1851

Admitted, 5th February 1884 Pr. Ad.

Sex, Male Age, 46 Marriage, Single Occupation, Professor of Mathematics

Education, Religion,

Private or Pauper, Private Where from? Canada and C.R.I.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes "

Duration of Existing Attack 11 years

Other Facts or Remarks He has been in the House Since 20 Decr. 1876 but was formally discharged on 5th Feb. 1884 & re-admitted on a fresh Sheriff warrant owing to his name having been accidentally omitted from the list of those resident over three years from Signature of warrant

Facts of Medical Certificates He says he was married to the Queen several years ago. Also states that he murdered the late Archbishop of Canterbury. His language is disgusting & obscene in the Extreme.

714

NAME Robert Lyon

STATE ON ~~ADMISSION~~ 8th Feb. 1865-

Mental.

Exaltation

Depression

Excitement There is morbidly increased activity of brain action Constant repetition of blasphemous sentences & frequent facial contortions

Enfeeblement

Memory Moderately good

Coherence Impaired Can answer questions? Yes

Delusions States that he will die tonight of bowel Complaint which is the only Cause of death in the world

Other Abnormalities His language is obscene & frequently blasphemous He says he wishes 3 dead Scotchmen to go to hell with him.

Bodily.

Appearance Thin and ill nourished. Enlargement of facial veins

Skin Healthy except on face where the veins are enlarged Hair Brown. Scanty

Eyes Brown Pupils Dilated & Equal

Muscularity Moderate Fatness Poor

Nervous System—*Motor* Functions Moderately good

Sensory Functions normal

Reflex Action Normal Special Senses Mod: good

Retina

Lungs Chest narrow. Breath Sounds weak - Respirations 18 per min.

Heart Slight Systolic bruit most audible at apex

Tongue Clean Bowels Variable

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Moderately good

Urine S.g. 1020 acid. Pale yellow. No albumin nor Sugar.

Menstruation

Pulse 84 feeble regular Temp. 98.7° 8 p.m.

Height 5 ft 8 in Weight 8 st 5 lbs

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Reduced

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes							Yes	

NAME, Robert Lyon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9.3.85.		99.'		80	120	Is chronically maniacal. Is constantly talking incoherently & blasphemously. He occasionally is violent.
7-12-85						Appetite bad. He is apt to vomit his food especially animal food. Ordered milk diet Mastin bates freely. Ordered Bromides.
5.5.86.						His appetite is better. He does not now vomit his food. He is often noisy at night.
6.7.86.						No change in Mr Lyons condition.
Dec 22nd						It was noticed on November 3rd that there was marked oedema of Mr Lyons legs. No albumen
14/9/86					125	was found in the urine which was in fair amount. Rest on a couch was tried for a few days. no improvement followed. He was confined to bed for a fortnight & treated with Digitalis & Acetate of Potash, no improvement. Removed to the Infirmary Dec 1st allowed to sit up on a couch during the day. Got rapidly worse. Abdomen swollen & tense. Dropsical swelling of face. hands, abdomen penis & scrotum & legs. Urine small in amount but free from albumen. Patient became drowsy & stupid & when wakened up instead of being cheerful & profane as he usually is he was melancholic ~~the~~ wished to die & asked to have his throat cut, frequently burst into tears & groaned over his wickedness. On Dec 13th he was confined to bed & on Dec 15th Bitartarate of potash was given in large doses every 4 hours. This was continued for 5 days. There was profuse diarrhoea & the dropsy rapidly disappeared leaving the patient weak & melancholic. & still rather drowsy but with a great improvement in his appetite. Hearts action weak. Digitalis & Acetate of Potash with Carbonate of ammonia prescribed.
Dec 24th						To day patient is again very drowsy & his appetite is bad. Dropsy is completely gone. He is still confined to bed. Digitalis stopped as it produced sickness & nausea.
Dec. 27th						Operated on for piles by Clamp & Cautery. Straight Jacket applied to keep him from touching the part.
Jan 7th						For a week after the operation there was spasmodic

NAME. Robert Lyon. 716

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						or semi-voluntary retention of urine & the catheter was used twice daily. On Jan 2nd a large amount of black offensive blood clot passed per rectum, evidently the result of oozing immediately after the operation. Jan 6th a dose of castor oil was administered & the bowels moved freely, the patient was got up to stool & passed urine in the case.
						This morning considerable redness & tenderness was noticed just over the ischial tuberosity, on examination a diffuse hardness was felt with fluctuation at one point. An incision was made at the point where fluctuation was most evident & about an ounce of dirty pus was evacuated. The exploring probe seemed to pass upwards in the direction of the bowel for about 1½ inches. A drainage tube was introduced & a wet boric lint dressing was applied
Jan 12th						Mr L. today got up in the afternoon. He is taking his
Jan 18th					111	food well, the bowels move regularly & without pain. The abscess cavity appears to be closing. There is very little discharge & the probe passed into it can not be felt from the bowel. It is now dressed with lint soaked in strong tincture of iodine. No sooner was Mr Lyon up than he began his old habit of making for the W.C. at all opportunities. He is thin & weak but his tongue is clean & moves the pulse full & regular. There is not the slightest appearance of anasarca.
Feb 1st						Mr Lyon is now quite free from piles, takes his food
Feb 17					129	well & has regular motions. The fistula is still
					117	unhealed. Treated by dressing with lint soaked in Tinct Iodi.
Feb 8th						The fistula is now quite healed but a little hardness
Feb 17th					117.	now remains.
Feb 18th						All hardness has disappeared from the ischio rectal fossa. Mr Lyon is eating largely & much improved in general condition.
Aug 28th						Mr Lyon is in capital bodily condition. He takes his food well, and sleeps well, but has occasional noisy outbursts during the night which cease as soon as the attendant visits him. His old peculiarities continue. He is constantly muttering to himself, and putting his fingers to his nose. His conversation

(continued on page 792)

NAME, Alexander Murray Hughan No. 1853

Admitted, 22nd February Pr. Ad.

Sex, Male Age, 38 Marriage, Married Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Drumwall

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous no

Duration of Existing Attack Two months

Other Facts or Remarks Since admission has been depressed & suspicious & taciturn - He has imagined that his friends have conspired with the Asylum officials to keep him here as a source of profit to the Institution - His bodily health has been good.

Facts of Medical Certificates He is gloomy and in a depressed state & is subject to various delusions among others that men are continually walking about the house at night. That he is continually getting poison in his food & that it is also given to him in medicines - He walks for nearly two miles during the night on a rough road barefooted - He is often rambling in his remarks.

NAME Alexander Murray Hughan

STATE ON ~~ADMISSION~~ 7th Feb. 1885

Mental.

Exaltation

Depression Is gloomy and depressed has lost all interest in his occupation i.e. farming

Excitement

Enfeeblement

Memory

Coherence Can answer questions?

Delusions That there was a conspiracy of his friends to put him in here on false accusations

Other Abnormalities Is suspicious - will hardly speak & his manner is distrustful & distant

Bodily.

Appearance Tall & large framed. Suspicious expression of face & Eyes

Skin Healthy Hair Black streaked with grey

Eyes Brown Pupils Equal and regular

Muscularity Considerable Fatness Moderate

Nervous System—*Motor* Functions good

Sensory Functions good

Reflex Action Average Special Senses Good

Retina

Lungs Healthy. Respirations 18 per. min.

Heart Apex in usual position. Heart Sounds healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Good

Urine S.g. 1018. acid. pale yellow; contains no unusual constituents.

Menstruation

Pulse 72 per. min. Regular Temp. 97. F. S. p. as

Height 6 ft 0 Weight 11 Sts 9 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes.						Yes	

719

NAME, Alexander Murray Hughan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
16·2·85						This morning shortly after six o'clock Mr Hughan effected his escape by walking through the Gallery door, which had been left open. He was seen by several persons, going in the direction of Dalbeattie. Attendants Brown and Barr went off in pursuit and heard of him on the road, but could not come up with him.
20.2.85.						To-day Mr Hughan arrived home: he is allowed to remain there to see if he can possibly do without asylum care
9·3·85						Discharged Recovered.

NAME.

ATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

721

NAME, Newton Livesey — No. 1854
Admitted, 23rd February 1884 — Pr. Ad.
Sex, Male — Age, 60 — Marriage, Widower — Occupation, Cheese factor
Education, — Religion,
Private or Pauper, Private — Where from? Carlisle

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Not first — Kind
  - Duration — Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal Yes
Dangerous No
Duration of Existing Attack One month
Other Facts or Remarks Soon after admission he attempted to strangle himself & assaulted his attendant. Since then he has been miserable and hypochondriacal believing that his internal organs are all diseased & that his head had been replaced by a lump of lead.
His bodily health has been moderately good

Facts of Medical Certificates He is restless and irritable. He attempted to injure his attendants & admits having frequently attempted to commit suicide. He says that he is burning with the fire of hell and cannot live.

NAME Newton Livesey

STATE ON ~~ADMISSION~~ 2nd Jan.y 1886

Mental.

Exaltation

Depression Afraid that he cannot live another day and that he will be cast into Hell fire. Miserable & hypochondriacal

Excitement

Enfeeblement

Memory Moderately good

Coherence Moderately good Can answer questions? yes

Delusions That his head is a lump of lead. That he is followed about by White elephants and tigers

Other Abnormalities He is voluble in his account of the disorders which he fancies he suffers from & constantly demands medicines

Bodily.

Appearance Thin & ill nourished. Enlargement of facial veins

Skin Healthy Hair White

Eyes Brown Pupils Equal. Small in Size

Muscularity Diminished Fatness Poor

Nervous System—*Motor* Functions moderately well performed

Sensory Tactile Sensibility good. Paraesthesiae of knives in his bowels & Cannon balls in his brain

Reflex Action Good Special Senses Hallucinations of sight and hearing

Retina

Lungs Narrow long Chest. Breath Sounds feeble Respirations 17 per. min.

Heart Cardiac action feeble. No organic lesion

Tongue Slightly furred Bowels Confined

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Pale yellow. S. G. 1020 Acid - No abnormal Constituents

Menstruation

Pulse 80 Regular but feeble Temp. 98. 10. p. m.

Height 5 ft 11 in Weight 8 St 1 lb

Disease Hypochondriacal Melancholia *Bucknill's Classification*

General Bodily Health and Condition Reduced

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		yes		yes				yes	

723

NAME, Newton Livesey

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
2-1-85		97.5		86	125	This patient is depressed. suffering from Hypochondriacal Melancholia. He is always demanding medicines for his imaginary ~~symptoms~~ disease. He has not been improving lately & has now delusions that he is followed about by elephants & tigers
16-1-85						Discharged Relieved He went to a Private Asylum at Preston.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

725.

NAME, Thomas Mc Master Mc William No. 2696

Admitted, 15th March 1884 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation, Baker

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Parochial Asylum Greenock

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Smithston Asylum Greenock

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Since 2nd January 1884.

Other Facts or Remarks During his nine months residence he has shewn no improvement Still having exalted ideas as to his abilities in almost any direction. He is readily excitable & has frequently fallen out with the other patients. Sometimes the quarrel is carried on in words; sometimes ends in blows. This is so well known that he is known as the cause of much mischief between other patients

Facts of Medical Certificates .1.1. He is delusive, destructive, and without self control.

NAME. Thomas M'M. M'William

STATE ON ~~ADMISSION~~. 28th January 1885

Mental.

Exaltation

Depression

Excitement Easily excited & often will strike without provocation

Enfeeblement

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions Considers himself a proficient in a great many ways. often offers to box anyone, to run any one ¼ mile race, to take for the whole house &c

Other Abnormalities

Bodily.

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

727

NAME, Thomas McMaster McWilliam

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
2-4-85						Has shown a marked improvement in his mental condition during the last few months. He is now much quieter and his delusions have almost disappeared although he still considers himself a splendid worker. He has become very industrious and is very useful dressing &c. He now takes a much more intelligent interest in what is going on around him than formerly. His general health continues good.
25-5-85						Discharged Recovered.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

729

NAME, Alexander Stewart Willison (Vol XVI 242). No. 1857

Admitted, 31st March 1884. Pr. Ad.

Sex, Male. Age, 37. Marriage, Married. Occupation, Clergyman.

Education, Religion,

Private or Pauper, Private. Where from? Royal Asylum Edinburgh

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Attack. Kind

Duration 4 yrs. Where treated Royal Asylum - Edinburgh

Hered. History—Insanity A Brother is insane.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates. I. 1. He exhibits an insane lack of self control. he expresses the insane delusion that his mother is an ~~enchantress~~ adulteress. he exhibits an insanely exalted state of mind as to his position, wisdom, and knowledge, saying that he is always right and others always wrong in the face of plain facts, he is at times violent and threatening in his language.

730

NAME Alexander Stewart Willison

STATE ON ~~ADMISSION~~ 20 Dec. 1885

Mental.

Exaltation Has an unduly exalted opinion of his importance and talents, and when excited couples his name with that of Christ saying "Christ and I will be able to withstand all that the world can do against us" &c

Depression

Excitement Becomes excited, and then is threatening in language, stating that he will expose the frauds which are committed here, etc accuse the officials of drunkenness, adultery, etc.

Enfeeblement His self-control is weak especially as regards alcoholic indulgence

Memory Good.

Coherence Average Can answer questions? Yes.

Delusions

Other Abnormalities He dresses fantastically with a "Tam O'Shanter bonnet, knickerbockers, shoes with large polished buckles and

Bodily.

Appearance Stout well-developed and muscular

Skin healthy Hair dark brown

Eyes dark blue. Pupils small, equal and regular.

Muscularity good Fatness increased.

Nervous System—*Motor* functions are well performed

Sensory sensibility to touch good

Reflex Action acute Special Senses acute

Retina

Lungs Chest well-developed. Lungs healthy. Respirations 20 per min

Heart healthy

Tongue clean, red, moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are good and the other organs are healthy

Appetite Good.

Urine Sp. 1030 acid - bright yellow Contains traces of Urates

Menstruation

Pulse 72 of good strength regular Temp. 98.4° Fh. 10 pm

Height 5 ft. 11½ in. Weight 11 st. 6 lbs

Disease *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								Yes

731

NAME. Alexander Stewart Willison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30·1·85		98·3		70	208.	Since last report this patient has been quiet and fairly well behaved. He has an excellent opinion of himself and from the elevation on which he has placed himself looks down with complacency upon those whom he regards as being in every way inferior to himself, but if thwarted in any of his whims he pours out a copious stream of abuse, accusing those who differ from him of narrow mindedness, bigotry, hatred of the truth and so on. To the officials he is usually affable and polite, but when out of their hearing he often accuses them of treating him harshly and of exercising unnecessary watchfulness over his movements. He joins in all the amusements and has excellent bodily health.
28·4·85					210	During the last three months this patient has enjoyed extended privileges as regards liberty and he has not, as far as can be seen, abused his liberty. He seems to think that the liberty now granted to him, is not so much a privilege specially allowed him, as the restitution of a right, which has been withheld from him by the malice of his enemies. He contributes to the New Moon, usually writing poetry
10·8·85						For some days this patient has made himself offensive and disagreeable. His favourite plan is to abuse the officials and ridicule religion, when at table. Yesterday for instance he stated that "the Bible was a lie" and ridiculed the preaching of it. He was cautioned, and promised amendment which did not come. To-day, after having been forbidden to come to table, he did so, and was subsequently removed to the low East Gallery. The following regimen has been prescribed him by Dr Rutherford

NAME. Alexander Stewart Willison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Mr Willison. 20. 8. 85
						Breakfast
						Porridge and Milk
						Tea/ Bread & Butter.
						No Meat or eggs.
						Dinner. No Stimulants. Soup. Bread ad libitum Butcher meat in very small quantity. Vegetables ad libitum.
						Supper Tea Bread & Butter.
						Bedclothing. See that never more than 2 pr. of Blankets in summer and 3 pr. in winter
						℞ Pot. Brom. gr. XL
						Aq. ℥ij s
						Draught. Three times a day after each meal. Stop all stimulants until further notice
85-86.						Mr Willison has regained all his privileges. He is in the High East Gallery. He dines at the outer table d'Hote and gives no trouble. He reads a great deal and is a great billiard player. He comes to all amusements. He does not take sufficient open air exercise.
87-86.						Mr Willison continues much the same. He likes to get to Dumfries with an attendant and will get drunk if he is allowed to do so.
4/9/86					196	He sometimes is pleasant and agreeable in manner, at other times he is irritable and can scarcely be addressed without giving him offence. He was at a picnic to Thornhill lately and misbehaved by drinking too much then and afterwards by being rude to ladies.
4/12/86					197	He has therefore lost the privilege of parole within the grounds.
6/6/87.						Mr Willison has been quiet & on his good behaviour since Xmas time when he had an outburst of temper & had to have his parole stopped for some time - His behaviour since the 21st Inst. has been more than usually eccentric. He has been taking advantage of the liberty he has lately been allowed to get drunk. (He has been teaching Dr Rutherford's younger children
						Continued to page 783,

733

NAME, John Foul — No. 2709
Admitted, 22nd April 1884
Sex, Male — Age, 29 — Marriage, Single — Pr. Ad. Occupation, Groom
Education, — Religion, Protestant
Private or Pauper, Pauper — Where from? Castle Douglas

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. none — Kind
  Duration — Where treated
- Hered. History—Insanity none as far as stated
  Other Diseases
- Predisposing
- Exciting Low spirits and depression

First Symptoms.
- Mental Talkativeness, incoherence, insane actions, delusions
- Bodily

Recent Symptoms.
- Mental delusions; he can run as fast as a railway train, says there are people in the room when there are none.
- Bodily

Insane Habits and Propensities
- Suicidal stated he be suicidal
- Dangerous no
- Duration of Existing Attack About two months
- Other Facts or Remarks

Facts of Medical Certificates
Delusions respecting his physical powers constant talking and doing nonsensical things, wanted one of the warders of the asylum to "give him something which would end his life".

NAME John Toul

STATE ON ~~ADMISSION~~. 7th February 1885

Mental.

Exaltation

Depression Is depressed considers he has been confined here without sufficient cause that the officials have an object in keeping him here.

Excitement

Enfeeblement Makes no attempt to engage in conversation; takes little interest in what is going on around him

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance That of a young tolerably healthy man, is livid under the eyes

Skin presents no peculiarity Hair light brown, and abundant.

Eyes Blue, a small opacity on each cornea Pupils rather contracted but equal & contractile

Muscularity moderately good Fatness is in an ordinary condition.

Nervous System—*Motor* fundicin normal

Sensory fundicin normal

Reflex Action normal Special Senses normal

Retina

Lungs Chest well shaped, has no cough, percussion and auscultation reveal nothing abnormal

Heart normal

Tongue Slightly tremulous Bowels Regular

Other Organs, Abnormalities, Bruises, &c. numerous small varicose ulcers on the left leg, the largest being on the outer and anterior aspect of the leg and about its centre.

Appetite good

Urine

Menstruation

Pulse 69 Regular Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition In good general health

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

735

NAME, John Soul

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
26·3·85						The ulcers on the left leg are now healed and he is engaged in work. His mental state shows no improvement – the still remains a sullen, forbidding, suspicious man; unsociable to a degree so that it is only with difficulty he can be induced to answer questions or to remain still while being addressed. Specially of his delusions are limited at. He watches everything going on but will never look one straight in the face. Requires watching
20·8·85		98.		74.		This patient is taciturn, vigilant and whenever he has an opportunity runs off, but on account of this tendency he is well watched and never gets very far. He was visited by a relative a few days ago and talked more freely with her than is his wont. asking about his relatives and showing a considerable interest in family affairs.
16·10·85						Left the third division after dinner but instead of coming round to the front for inspection went off across the fields. His escape was at once noticed but no trace could be found of him. Brought back by policeman at 7.30 p.m. from Carlaverock
15·11·85						He is now altogether confined to the house except for walking exercise. In demeanour he is quiet & reticent. His expression is very sly & his glance furtive. He refuses to speak.
7·5·86						In household work he is fairly diligent but his silence is still maintained at all events before officials
27 Dec 1887.						A silent cunning fellow who will take advantage of escape – won't look up – looks like a masturbator.
30 March 1888						J. S. is a suicidal case & shews no improvement – he still goes about as before.
22 June 1888						Slinks about as before – he is a silent uncertain fellow – No change.
10 Oct.						
20 December						Last week this man attempted escape & was just caught in time. He is silent solitary silly

NAME, John Toul

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						& very cunning
30 Mar. 1889						This is an escape patient. He is a shy silent depraved dement
1 July						This silly fellow is in his usual health - Continues in good ~~his~~ spirits.
10 Septr.						Health good. He is in the 3rd Division and gets on well.
15 Novr.						Needs some watching and is ~~sh~~ somewhat cunning. He cannot look one straight in the face.
15 Mar. 1890						This man is depraved & very silly - He works indoors in the 3rd Division.
10 June						Same state.
1 November						He slinks about the 3rd Division & now & then is restless & wd escape if he could.
9 February 1900:-						He has been in 1st House for past 4 or 5 years being an active & useful kitchen patient. A mildly incoherent & yarnlous person Enfeebled. The 3 days ago spilt some hot broth on the front of leg, over right instep & telling no one about it continued to move about. An angry ulcer with sloughing base has resulted & there is considerable inflammation passing up the leg. Treatment rest in bed & antiseptic dressings.
12 Feby:						The slough has separated & base to healing.
20 Feby:						The wound is now practically healed but there is still very thin epithelial growth & he is yet in bed. Easily managed in every way.
24						Returned to 1st House
8.1901						Continues a useful servant in the Low West.
10.04.						Works in the Low West. Mentally enfeebled.

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737

NAME, John George Douglas — No. 1886
Admitted, 19th May 1884
Sex, Male — Age, 36 — Marriage, Single — Pr. Ad. — Occupation, Clerk
Education, — Religion,
Private or Pauper, Private — Where from? Hartlepool

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. First — Kind
  - Duration 6 years — Where treated
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal Not known
Dangerous &c
Duration of Existing Attack
Other Facts or Remarks Since admission has been in a state of Dementia with delusions that he saw the Princess of Wales frequently - He has been apathetic restless and inclined to sleep a great deal during the day - His bodily health has been good

Facts of Medical Certificates Absent vacant expression - Imbecile - Talks constantly and quite incoherently - Says he has several times proposed marriage to the Princess of Wales -

NAME John George Douglas

STATE ON ~~admission~~ 10th Feb 1885-

Mental.

Exaltation

Depression

Excitement

Enfeeblement There is general mental enfeeblement. Takes little interest in anything - Preception impaired & memory bad

Memory Impaired. Cannot remember recent events

Coherence Impaired at times Can answer questions? Yes

Delusions That the Princess Beatrice visits him frequently

Other Abnormalities He is dull and apathetic and would sleep all day if allowed.

Bodily.

Appearance Stout-well nourished. Vacant-Expression of face

Skin Healthy Hair Brown

Eyes Brown Pupils Equal & regular

Muscularity Moderately good Fatness Considerable

Nervous System—*Motor* Functions good

Sensory Tactile Sensibility dulled

Reflex Action Diminished Special Senses Moderately good

Retina

Lungs Lung sounds healthy. Respirations 16 per. min.

Heart Cardiac sounds healthy. Impulse of apex in usual position

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Good

Urine S.g. 1020. acid. pale yellow: no abnormal constituents.

Menstruation

Pulse 76 Regular Temp. 97.6° 11-A.M.

Height 5 ft 4 in Weight 13 8 lbs

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
								Yes	Yes

739

NAME, John George Douglas.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
9·3·85		98½		78	184	Is demented. Speaks incoherently his memory is impaired: his manner is childish and silly. he laughs purposelessly, and has the delusion that he is married to the princess Beatrice
5·5·86.						There is no improvement in this case – He is dull and lazy. Speaks only when addressed. and ~~then~~ his language is incoherent. He is very stout, but enjoys good health.
5·7·86						There is no change in this case
29/9/86					170½	This patient continues in excellent health & is becoming very stout. He is always quiet & well
4/1/87						behaved & cleanly in his habits. He never speaks
14/12/86					172	except when spoken to & never reads. He can answer a few simple questions such as 'What is your name? Where do you come from? What place is this you are living in? He calls all the people round him by names which have evidently been familiar to him in his former sphere & has only a vague notion of what month or year it is at present. He can read the hour on a watch & can read printed matter correctly.
14/9/87					172	Mr Douglas continues in good health. He is quiet & tidy. No change in his mental condition.
14/12/87					172	No change to report.
20/7/88					166	No change. He was sent to the 2nd House for a time and made to work hard, but with no benefit.
15/9/88					166	
20 Feb. 89						no change. Is in the high west & goes out with the garden party.
22 April					158	no change.
July 30th 1889.					158.	There has been no change mentally or physically in this demented patient. He works well – is silent and takes no interest in anything.
Sept. 30th 1889.					158.	In good health physically. No mental change lately.
July. 1890						Is in Home Rule Gallery. & goes out with the grass cutting party daily.

NAME. John George Douglas.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13·11·90						No change. Quiet - demented and fat.
5·2·91						Went to Kinmount to-day.
12·3·91						Escaped from Kinmount to-day. Found in Dumfries very tired thaven'g no idea of when he was going. His feet are blistered with the walking
20·3·91						Returned to Kinmount
6·7·91						" from " to Crichton
8·10·91						No change mentally. Quiet and fat.
18·4·92						Went to Kinmount
12·11·92						No change.
4·5·93						Has come back from Kinmount No change
5·10·93						No change
2/4/95.	99·2		84.			Mr. Douglas has four large boils in the right groin. He made no complaint of them & they were only discovered when attendant was bathing him They were incised, the pus expressed and a wet dressing (1-20 Carbolic) applied.
1/8/95						After quite a crop of boils, which had to be excoriated & dressed in turn Mr. Douglas is now quite free from them & in seemingly good health.
1/9/95						Mentally Mr. Douglas is unchanged.
1/12/95.						Mr. Douglas remains in Statu quo.

14th April 1897. — Died today.

741

NAME, Samuel Gracie No. 2727

Admitted, 18th June 1884 Pr. Ad.

Sex, Male Age, 21 Marriage, Single Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Stranraer & Kirkcolm

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks This is a case sent by the Procurator Fiscal of Stranraer where the patient seems to have been behaving riotously. His previous history is unknown except that he was born in Kirkcolm parish to which he is chargeable Since his admission he has not improved as he is probably a congenital imbecile Nine years to be expected. He has frequently shewn his want of self control & tendency to be outrageous on slight provocation, but has always been a good worker.

Facts of Medical Certificates

742

NAME Samuel Gracie

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Shows great lack of self control & is very easily excited & sometimes very violent

Enfeeblement Probably imbecile from birth: Talks childishly and as if he were only learning to speak. Frequently misses out words in his sentences.

Memory Impaired. Does not know his age or how long he has been here

Coherence Generally coherent Can answer questions? Yes but only simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Forbidding expression. Strong & healthy & much sunburnt

Skin Dark Hair

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 74 per minute Temp.

Height Weight

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME. Samuel Gracie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2·4·85						Has shewn no improvement since his admission. Remains in a surly, taciturn state; never speaking unless pointedly addressed & declining to take any interest in what is going on around him. Occasionally he becomes violent on little or no provocation and will then strike & kick at any on near him. His general health has retained its good average state
30·8·85						There has been no change whatever in this case during the last four months. He is a good worker but in a merely mechanical way; unable to converse intelligently or take an intelligent interest in anything. All his tastes are low & if he gets plenty food & considerable amount of his own way he is perfectly happy. Sometimes he is more irritable than at others but he is always easily roused & shows no self control kicking, biting, hitting at anyone near him. His general health has been good
18-11-85.						No tendency to violence is now manifested and his general state of ~~dementia~~ imbecility is ~~advancing~~ more marked because his sinking into a lower type.
7-5-86						He is of all the men in the house the most dirty. His clothes were on the finest day are covered with mud etc and no attention is paid by him to whether they fit or are buttoned or are in rags. His mental state is one of cheerfulness & facility.
2 Jan 1888						Still a dirty man = merely an imbecile There is no change in this man except that his habits are not quite so dirty.
30 March 1888						Remains the same.
22 June 1888						This man is a dirty & much degraded fellow - he fears to meet one's gaze & keeps out of the way.
1 October						Still the same.
20 December						This man is still silly & weak-minded - has no ideas to express so that he does not say anything.

Sent to Stranraer Poorhouse Lunatic Wards

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.

NAME, John Hall No. 2731
Admitted, 30th June 1884 Pr. Ad.
Sex, Male Age, 32 Marriage, Single Occupation, Baker
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Stranraer poorhouse

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Restlessness; delusions.
Bodily Sleeplessness.

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks

Facts of Medical Certificates. I. 1 So of a very peculiar appearance, says he cannot help doing certain things which he does not wish to do. he says he was once dead &c.
2. The attendant says he has been in the Asylum previously.
II. 1. His expression indicates insanity, he says he cannot sleep unless his shirt is turned inside out; he also says he died some years ago & was brought back to life a month after his decease. 2. His attendant informs me he has had previous residence in the asylum.

NAME John Hall

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement There is considerable mental apathy; is morbidly controlled; the reasoning power is much impaired & it seems impossible for him to arrive at a definite conclusion about anything.

Memory

Coherence Incoherent sometimes Can answer questions? Yes if simple

Delusions

Other Abnormalities

Bodily.

Appearance Thin but moderately well nourished

Skin Sallow Hair Brown

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses

Retina

Lungs There is dullness on percussion & prolongation of expiration over right apex Left lung normal

Heart There is a murmur with the first sound best heard in Aortic Area

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has a peculiar formation of both clavicles at the origin of the Pectoralis Major & numerous cicatrices of various sizes scattered over the body.

Appetite Moderate

Urine

Menstruation

Pulse 84 per minute Temp. 98°4 F

Height Weight

Disease Dementia *Skin's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, John Hall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20. 6. 85		96.9		78.		This patient mutters and laughs to himself states that he has often been dead, but was always revived but he can't tell how. He is quite contented and says he never was better in his life: he works well.
7-2-86						He is much demented and is full of numerous delusions eg that he possesses 700 pairs of boots. At times he suffers from slight attacks of exaltation when he delights in employing words without any signification whatever in original words made up impromptu. He is noisy at night. His physical health is good.
27th Septr 1887.						J. H. is quiet on the whole but apt to become violent & excited at times - he works about the day rooms & is dull & often refuses to speak - His hair stands on end & he is a heavy featured dull fellow.
8 Jan 1888						Quiet as a rule but occasionally excitable & irritable. In good health. Is facile & demented partly.
30 March 1888						J. H. still works in the 2nd Division - he is as he was.
22 June 1888						Is weak minded & excitable - He works fairly well.
1 Octr						No change.
20 Decr.						This man is stupid & silly but can become irritable & excitable & at times dangerous.
30 Mar 1889						This man is silly & irritable He changes his clothes constantly in the day if allowed.
1 July						He took the boards out of his bed and was mischievous lately. Has had an abscess near the right knee wh is now better.
10 Septr						Occasionally wets his bed. Gave a patient a severe blow yesterday.

NAME. John Hall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 Nov. 1889						Restless & silly & depraved irritable & at times dangerous. His health is now good.
15 Mar. 1890						No change. He is rather feeble.
10 June						Has a boil on his Knee below the joint in front -
20 August						Is no better mentally & is a most dangerous man at times.
1 November						Works on the Farm but chiefly at the Artesian Well.
25. A. 92.						Died from Lobar Pneumonia.

749

NAME, James Proudfoot No. 2732
Admitted, 30th June 1884 Pr. Ad.
Sex, Male Age, 45 Marriage, widowed Occupation, Mason
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Moffat

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Restlessness; excitability; delusions; exaltation of ideas
Bodily

Insane Habits and Propensities
Suicidal
Dangerous Perhaps.
Duration of Existing Attack
Other Facts or Remarks During his six months residence he has shewn little if any improvement. He still has his delusions although perhaps they are not quite so prominent. Has acquired a remarkable conceit in his personal appearance. Is readily excited when he is interfered with in any way He shows many symptoms of commencing General paralysis but they are uncertain & indefinite

Facts of Medical Certificates. I. 1. Is very excitable, tells wonderful stories about an Edinburgh lady going to build him a house for £1000. and that a gentleman struck him a week ago on which account he molested the girl. 2. Has been wandering about Moffat for 5 years and all the female portion of the community dare not go out after dark for him as he is so excitable, as told me by the Inspector of Poor.
II. 1. Says that he has a gift of £1000 from a lady from Edinburgh. other delusions.
2. The Inspector of Poor states that he has delusions similar to the above.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions!

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease Mania in to See Dment *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

751

NAME, James Proudfoot.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17. 6. 85		97.		82.		There has been no improvement in this patient since last report: he is morbidly contented; states that he has large sums of money and only wants clothes and boots to be complete, and he met two men in Edinburgh last year, who he is sure intended sending him soldiers' uniforms. He works as a mason and does well.
29. 9. 85						Still very incoherent in speech under the influence of numerous delusions. Imagines he has been on terms of intimacy with many men of high social position whose name he has heard. About those he speaks familiarly & imagines that his hearer ought to know those he speaks of intimately. Also. He has enjoyed excellent health since last report.
1-1-86						He is employed constantly as a hewer & gives help in the kitchen. His general mental state is one of exaltation and he expresses numerous delusions about the extraordinaries he employs under him according to himself. Officers in the army whose names he has heard up are promptly signed on as his servants. With his general delusions of greatness he continues a great source of pawky humour and is given to making many happy hits in quite an insane way. Indeed great advantage is often taken of his insanity by himself in many ways. His familiarity with female domestics is sometimes troublesome.
18-5-86						He is working diligently & enjoying excellent health. Most of his extraordinaries turns on military affairs & he considers himself a soldier of no little consequence because he has been for years in the Dumfries Militia.
20/1/87.						Proudfoot works well as a labourer & does a good deal of indoor work also. He is good natured & harmless & very self satisfied. When he speaks on ordinary topics such as the weather or his work he is quite sensible but he usually wanders off to Cyprus or Spain & becomes then quite incoherent. His bodily health is good.
27 Dec 1887.						A man in a state of mental exaltation. Erotic in tendency. A good worker & helps the mason.

NAME. James Proudfoot.

TE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						His Conversation generally is "What is potato Mr Smith?" "Potato is just rape seed" "That is what they say in France" This repeated about turnips also, is the stock conversation of this he is never tired Pointing to his pulse he says it is blanc mange & jelly. At times he is excited & abuses the food &c —
30 March 1888						Still abusive at times & at times very pleasant.
22 June 1888						This man often becomes irritable & uses foul language - He an excitable fellow.
1 October						Shews no change.
20 December						This man is rather quieter than he was but is still as insane as ever.
30 Mar. 1889						He works as a mason & is much the same, vain, delusional, obscene, irritable & exalted
1 July						Health good - mentally much the same.
10 September						He is restless & abusive at times; health good.
15 Nov.						Continues a cunning demented fellow - his health is good - he is still with the masons.
15 Mar. 1890						He works with the masons.
10 June						This man has his good & bad days & is often "high" -
20 August						Same state.
1 November						He is in good bodily health & always in a state of mental exaltation Talks nonsense about France & Spain &c. Is absurdly vain.
14 November 1890						Sent to Farm Annexe

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753

NAME, Alexander Denny Tolmie No. 1869

Admitted, 27th June 1884 Pr. Ad.

Sex, Male Age, 42 Marriage, Single Occupation, Clerk

Education, Religion,

Private or Pauper, Private Where from? Royal Asylum Perth

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Murray's R. A. Perth

Hered. History—*Insanity*

Other Diseases

Predisposing Supposed to be hereditary

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes

Duration of Existing Attack 17 years

Other Facts or Remarks After admission he was quiet - he kept himself to himself, and said all that he wanted was quiet sober talk, sober books and quiet country walkes. In August he rushed from breakfast one morning & knocked down some ten urns &c to show his disapproval of the Conversation of some ladies which he imagined was prurient - His bodily health has been good

Facts of Medical Certificates He is highly delusional in regard to his health and conduct - He is subject to homicidal & Suicidal impulse and generally weak minded

754

NAME Alexander Denny Solmie

STATE ON ~~ADMISSION~~. 12th Feb 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement He is generally weakminded & incoherent in speech & writing. He has occasionally morbidly destructive impulses

Memory Moderately good

Coherence Impaired Can answer questions? Yes

Delusions That various people have it in their minds to degrade him by asking him to join in their amusements. Or wishing his bowels to stop moving & thus make him loose control over himself.

Other Abnormalities His manner is unnatural. He never looks anyone he is addressing in the face. but turns his head aside.

Bodily.

Appearance Spare Vacant. Expression of Countenance

Skin Pale & dry Hair Black

Eyes Blue Pupils Small & Equal

Muscularity Moderate Fatness Average

Nervous System—*Motor* Functions good

Sensory Functions good

Reflex Action Moderately good Special Senses Good

Retina

Lungs Chest small but lungs healthy. Respirations 17 per Min.

Heart Sounds of Average strength and intensity

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Other organs healthy.

Appetite Good

Urine S.G. 1024 acid. healthy

Menstruation

Pulse 76 Regular & good Strength Temp. 98° 4 p.m.

Height 5 ft 6 in Weight 9 St 9 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondriasis.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		Yes						Yes	Yes

NAME, Alexander Kenny Tolmie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85.		96		78	133	Is melancholic and weakminded. He speaks coherently enough, but when he commits his thoughts to paper. he is manifestly incoherent. He is engaged in writing a testimony which appears to be his conclusions upon asylums & their inmates. It is a mass of unconnected words and sentences and there is a marked tendency to dwell upon the seaual proclivities of different people. He is suspicious and often feels sure that "certain people" have it in their minds to wish to degrade him by asking him to dance or play cards or have a desire to make him appear insane by stopping his bowels
5·5·86.						Mr Tolmie is very industrious and is happy and contented. He gives no trouble, looks after his rooms himself, and keeps them very tidy and clean. He is a great reader and is especially fond of encyclopaedias and similar books of reference.
5·7·86.						Mr Tolmie is happy among his books
14/9/86					136	He has got a fresh supply books of reference and he reads them diligently, giving the visitor a little information on each visit.
14/9/87					148	Mr Tolmie continues to enjoy good health, and is as industrious as ever. He reads a good deal, and is rapidly filling note books with an account of his "experiences" in asylums, which he thinks will be useful to others. His writings are quite incoherent – especially the more recent parts. They seem largely to deal with sexual matters. He is quiet & regular in his habits, giving no trouble at all. However, he has been known to become passionate when crossed.
14/12/87					148	Mr. Tolmie is quiet, inoffensive, and methodical in his habits. He is still busy with his writings. He speaks coherently and with

NAME. Alexander Denny Tolmie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						considerable intelligence, but his writings are quite incoherent. He keeps entirely by himself, and when he meets anyone in the passages he either turns and goes another way, or creeps past close to the wall. He never looks one in the face. His health is good. He rarely allows a fire to be lit in his room, and sits with the window open in the coldest weather.
20/3/88					151	Mr. Tolmie reads and writes most assiduously. It is very noticeable that his recent writings are very much more incoherent than his earlier ones. He is most methodical, and gives no trouble.
20/7/88					157	He never has any attacks of excitement now.
15/9/88					158	
2 Feb. 89						There is not any change to be noticed in Mr. Tolmie. He reads a great deal & jots down any useful or other information & runs through the list as rapidly as he can every morning during the medical visit, & he delights in asking questions & unmasking one's ignorance. He refuses to have a fire in his room & always has his window a little open.
2 April					151	No change, still eccentric & peculiar in habit.
July 30th 1889.					154.	There has been no mental or physical change in Mr. Tolmie lately. He is still the same as described above.
Sept. 30th 89					155.	In good health physically. No mental change.
July 20 1890.						In good health physically - No mental change - Conversation not well chosen before ladies - does not hesitate to talk of chamber pots not being supplied altho' in a lady's presence.
18.10.90						Is very peculiar in his habits - allows no one to clean out his rooms. does all for himself: is seen at all hours rushing about with chamber pot wh. he washes out after use. Is irritable & dangerous if interfered with.
5.3.91						No change.
5.8.91						Went to Germany to-day
0.9.91						Returned from Germany: has enjoyed his trip.
3.1.92						He is a quiet patient & goes no trouble if left alone. but if interfered with is a very devil & strikes out wildly.
6.6.92						Went to Norway
7.7.92						Returned to-day
12.11.92						No change.

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NAME, John Hector No. 1870

Admitted, 30th June 1884 Pr. Ad.

Sex, Male Age, 40 Marriage, Single Occupation, Banker

Education, Religion,

Private or Pauper, Private Where from? Royal Asylum Edinburgh

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Royal Asylum Edinburgh

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Over study and Syphilis

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack Two and a half years

Other Facts or Remarks This patient was occupied a position of trust & responsibility in the Bank of Bengal. During part of his residence there he led a very irregular life although he was always considered a clever and most agreable companion. He was invalided home but in a short time showed such symptoms of mental aberration as necessitated his confinment in an Asylum.

Facts of Medical Certificates

He labours under the following insane delusions viz- that the Asylum is an Institution kept up by an Anglo-Indian Conspiracy to ruin him; that I give him poison in his food to stupify him and that I allow friends to be brought into his bedroom at night for improper purposes while he is asleep.

NAME John Hector

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions; That persons are introduced into his bedroom for improper purposes while he is asleep; That he has been the victim of a conspiracy

Other Abnormalities Has hallucinations of smell states that gases from the ground render him unfit for work

Bodily.

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, John Hector

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13·7·84						Still imagines that he is visited at night by persons who only appear while he is asleep, pull him about, generally by the penis, causing much irritation of that organ and always disappear when he wakes. He has become rather discontented, wishing to be changed from one gallery to another and now and then stating that no benefit to his health can accrue from his further confinement.
21·7·84						Is now a little quieter although sometimes very persistent in his demands to be allowed to sleep in peace; He has occasionally refused his food but without giving any definite reason. The syphilitic eruption of a papular form has now almost disappeared and can only be distinguished on the right arm & fingers otherwise his general health is very good. His appetite is remarkably good and although he states he is much disturbed, some times as often as six times, during the night he sleeps the greater part of the night soundly.
16-8-84						Has been removed to the Second House for the sake of the change and the manual labour in which he will engage. For sometime past he has been very restless and excitable. Constantly demanding that his nightly visitors must be summarily dealt with and stating that he will be compelled to act for himself if annoyed much longer. It is hoped that if he is sent to bed tired every night he may have undisturbed rest
29·8·84						Has been working steadily since last report but without any marked benefit. He talks quite sensibly on a variety of subjects and in his conversation can easily be seen to have been a well educated, polished gentleman & perfectly conversant with the usages of good society but all his thoughts are absorbed in the predominant idea of his persecution specially the nightly disturbances which he states to be easily preventible and only carried on through the assistance of the Medical Superintendent. None of the secondary symptoms of syphilis can be seen. He is ordered ℞ Potas Iodidi ℥vi Tinct Rhei ℥ii Aq ad ℥vi nd d·s Sig ʒfo ter in die

NAME, John Hector

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1-9-84						Does not shew any improvement. Says every occasion to demand redress as he states that he is rendered comparatively useless by interference with his person. He states that various of the officials act upon him in a peculiar way when they come near him during the day and that it is these same persons who annoy him at night. The words is being continued.
1-10-84						Continues to work steadily and well but his mental state remains as before. He is very unsociable and will not speak to the other patients or mingle with them in any way but in fine weather walks in the airing court but often times sits at the gate alone. He is very fond of writting to the Medical Superintendent letters with questions in categorical form requesting him to answer them. The questions chiefly alluded to the nightly disturbances and the liability the Medical Superintend is under to keep him undisturbed
2-11-84						Has been more restless than formerly. He now states that he knows the disturbers of his peace perfectly and numerous various of the officials demands that these persons be restrained or he must punish them himself. When speaking on this subject he becomes much excited and he talks rapidly & loudly but quite coherently and will hardly listen to any argument against his view. Hallucinations that it is a delusion or that he is insane but states that the Medl. Superintendent could easily find out the offenders if he wished. General health good — Shows no improvement. During last month he proposed that the Doctor should be allowed to treat him as he pleased & he undertook not to complain about any thing for a fortnight. He was sent out with the Squad working in the Garden & ordered large doses of Potassium Bromide but this last made him sick without producing any visible effect in diminishing the sexual irritation as he now states that he has genital irritation without as well as with actual contact. For some time back he has declined to come to Hall for his meals as he says the sight of the females annoy him & that he sees some of the females who are introduced into his room at night he therefore has his meals in the Infirmary
3-12-84						

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761

NAME, Samuel Parks — No. 2734

Admitted, 3rd July 1884 — Pr. Ad. 1314

Sex, Male — Age, 50 — Marriage, Single — Occupation,

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Wiglenshire Poorhouse

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind Imbecile

Duration — Where treated Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing Congenital

Exciting Epilepsy

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks This patient was discharged "Not recovered" as he was considered a fit subject for treatment in the Lunatic Wards of a Poorhouse. While there the fits of excitement preceding & following the epileptic attacks seem to have increased in violence and rendered him a troublesome and dangerous patient thus necessitating his return here

Facts of Medical Certificates He has been in a state of unsound mind from birth. His appearance is quite imbecile and does not enter into any conversation.

He is subject to Epileptic fits several times during the week. On the approach and cessation of these fits he becomes very bad tempered and dangerous both to the other inmates of the ward. His health is fairly good.

NAME Samuel Parks

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot engage in any conversation. Takes no interest in any thing

Memory

Coherence Incoherent - usually Can answer questions? Only very simple ones

Delusions

Other Abnormalities Often considers himself illused & is fond of bringing under the notice of the officials stories of supposed ill-treatment

Bodily.

Appearance Deformed; thin; feeble

Skin Hair

Eyes Pupils Normal

Muscularity Very Poor Fatness

Nervous System—*Motor* Suffers from hemiplegia of left side of body & face also affecting the tongue rendering articulation very indistinct. Suffers from Epilepsy.

Sensory Impaired. Sense of pain much diminished

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart's action weak otherwise normal

Tongue Clean protruded to the left Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There is a varicose ulcer on left leg.

Appetite Good

Urine

Menstruation

Pulse 74 per minute Temp.

Height Weight

Disease Imbecile c̄ Epilepsy *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Samuel Parks

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26·3·85						This patient is in a state of hopeless imbecility unable to comprehend even simple questions or to take any intelligent interest in what is going on around him. His mental state is aggravated by paralysis and Epilepsy which rendered him totally unfit to do anything for himself & necessitate a good deal of attention being paid to him. He is occasionally very irritable when he considers himself ill-used & will then nurse his wrath till he can see an opportunity to return the provocation with interest
20·6·85		96·2		73		This patient is at present suffering from a varicose ulcer on the front of the right tibia. He is much mentally enfeebled, and appears to be more so than he really is on account of his inability to articulate distinctly. His appetite for food is strong, and if he has not received enough porridge in the morning loud is his lamentation & gesticulation at the medical visit.
19·9·85						The ulcer has healed under mercurial applications but slowly & he is now able to be outside in fine weather. Mentally of course he is the same given to accusing the other patients of ill using him of taking his food &c. He then complains piteously & begs that they may be punished. He has not suffered from fits for some time but the mental functions are almost in abeyance
13-11-85						This patient is confined to bed with an attack of acute bronchitis which is being treated with stropnah.
17-11-85						He has now recovered his usual health. Since October the chronic ulcer on his right leg has been under treatment. It is slowly progressing towards recovery.
20-1-85						The chief mental characteristic of this imbecile is his tendency to violence. Although very feeble he starts up & strikes out blindly if spoken to suddenly and when angry gesticulates freely & uses inarticulate sounds. His gesticulations can generally be made out to have some meaning. Thus he points at an individual & shakes his fist to show that he has been struck by him. These

NAME, Samuel Parks.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						accusations of violence he makes frequently. When greet he sets with his mouth open letting saliva & half chewn food fall from it over his clothes.
5 86						Besides being violent himself he takes the utmost pleasure of which he is capable in seeing violence inflicted on others laughing with savage glee if he sees an epileptic cutting himself when falling in a fit. He is to some extent vain & is angry if he has clothes different & inferior to those of his neighbours: indeed he refuses to go out if not dressed according to his mind. The chronic ulcer on his leg attracts much of his attention. Sometimes he struggles against it being dressed, at other times he is extremely anxious to see it healed up.
12/87.						Not much change in this case. He still has occasional epileptic fits, succeeded by violent irritability. The ulcer on his leg has healed after 3 months careful treatment by Martin's bandage which he still wears. His health is fair, but his circulation is exceedingly feeble & his hands are always blue & cold. He is a ravenous eater & gets only soft food & he looks suspicious & growls if any one comes near him while he is devouring it. When crossed by any one he uses dreadful threats, says he will hang them, cut their throats, rip them up &c. & uses most disgusting language. These pleasant remarks are only understood by those who can interpret his gutteral utterances & manual signs & gestures. He is malicious & sticky. He will imitate an epileptic fit to torment a patient who has just had one & he grows with delight whenever he sees any one suffering pain.
Oct 22. 1887.						A fierce creature who drivels & is dirty in his appearance & eating. He strikes on almost no provocation & threatens to "cut people's throat & bury them". He thinks he is of great use & on one occasion being told that he was "not fit to push the cart" "but to bed for 4 days & wd eat very little".
3 Jan 1888						Suffers from the fits at present & is very irritable & dull.

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765

NAME, John Hill — No. 1873

Admitted, 10th July 1884 — Pr. Ad.

Sex, Male — Age, 30 — Marriage, Single — Occupation, none

Education, — Religion,

Private or Pauper, Private — Where from? Bournemouth

HISTORY.

Causation.

Disposition Kindly & affectionate & cheerful

Habits Steady and industrious

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases Father died of bursting of bloodvessel & head

~~Predisposing~~ Mother of rapid Consumption

Exciting Phthisis Pulmonalis

Symptoms. First.

Mental Hearing voices at night - Drowsiness & great fatigue during the day - Irritability and suspicion

Bodily Fairly good

Recent.

Mental The imaginary voices became more frequent. There was a feeling as if bubbles of air came out of his head & ears & as if he were shocked by an electrical machine

Bodily Fairly good

Insane Habits and Propensities

Suicidal No

Dangerous would be if provoked

Duration of Existing Attack Two or three months

Other Facts or Remarks First symptoms appeared in 1879 when he became disagreeable strange and unkind towards his sisters - He stopped and declared his love for a lady whom he only knew by sight & became much excited on being refused - He went to Australia in 1879 & stayed there two years - On his return he was improved but irritable & soon imagined that every one was looking at him & talking at him

Facts of Medical Certificates Delusions that he is followed by people who pass currents of Electricity through him & Mesmerise him - Hearing voices speaking to him & many other unaccountable noises.

NAME John Hill

STATE ON ~~ADMISSION~~ 10th Feb 1865

Mental.

Exaltation

Depression

Excitement Becomes mildly excited when speaking of his delusions

Enfeeblement

Memory Good

Coherence Good Can answer questions? Yes

Delusions That he is electrified at night - That bubbles are passed into his head & that flashes of light are flashed upon him by his enemies

Other Abnormalities He accuses many people of being accomplices with his family to mesmerize and electrify him

Bodily.

Appearance Slight. Seems to be always listening & hears something

Skin Healthy Hair Bald on Crown. Brown hair on sides of head and beard

Eyes Drawn Pupils Equal & Regular

Muscularity Fair Fatness None. He is thin.

Nervous System—*Motor* Functions good

Sensory He hears voices speaking to him at all times except when he is well occupied. Has sensations of electricity in his skin

Reflex Action Average Special Senses Hearing impaired slightly

Retina

Lungs There is a large clavicle in the right Infraclavicular region. Chest is deformed and withdrawn at the lower parts

Heart The apex beat is displaced a little inwards

Tongue Clean. Red. Moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine S.G. 1019. acid, muddy yellow. Contains excess of urates.

Menstruation

Pulse 88. feeble Regular Temp. 98. G. T. P. M.

Height 5 ft 8 in Weight 10 Stn

Disease Delusional insanity *Skae's Classification* Phthisical Insanity

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeldement.
								Yes	

NAME, John Hill

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.85.		98.1		76	139	This patient has delusions that people are following him about & working on his body by electricity. He also hears voices speaking to him. He strongly suspects the officials of the Institution of complicity in these matters. He joins in all the amusements. & has outside parole with Mr Grubbe.
5.5.86.						Mr Hill is cheerful and quite contented. He walks into town daily for the newspapers. He joins in the amusements except dancing. He does not seem to be suspicious of the officials now. Lately he had some fishing and is fond of the sport.
7.7.86.						Since last report Mr Hill has enjoyed
14/9/86					134	good mental and bodily health. He has had more fishing and enjoyed it very much. His mind seems sound except that he has a dislike and
15/12/87					137	suspicious feeling towards his sisters. He refuses to receive letters or presents from them. He burns any communication from them. Even their photos – he refused.
4/1/87.						Mr Hill remains in excellent health & spirits. He is a capital billiard player & an avarage whist player but does not dance. His conversation is intelligent & interesting & he takes a great interest in all matters connected with books. He is librarian of the New Moon Library & assists Mr Brodie in his book binding work. He goes in to town every morning for the newspapers. He never touches on the subject of his delusions at all but will not yet receive letters from his sisters. He has full parole & never abuses it in any way & in his conduct is always a perfect gentleman.
14/9/87					134	No change since last report.
14/12/87					135	Mr. Hill still refuses to receive letters from his sisters, but in all other respects behaves as a sane man and thorough gentleman.

NAME. John Hill.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He expresses no delusions, but it is noticeable that he makes no intimate friends. His chest trouble is not advancing, but he has been taking codliver oil during the cold weather as a preventative. He goes regularly to town every morning for the newspapers in all weathers.
3/3/88					138	Mr. Hill has suffered a good deal from the Spring east winds, and has been obliged to keep the house a good deal. He is quite better now, and there is no sign of aggravation of his lung trouble. He assists the Head Attendant to keep the accounts, and is invariably most useful and obliging. He still refuses to have any communication
7/7/88					138	with his sisters.
5/9/88					134	
3/11/88						Mr. Hill has been appointed clerk to the medical officers.
2 Feb. 89						He has of kept in good health this Lungs do not seem to have troubled him at all. He is always busy at his work & makes himself extremely useful with the books.
May. 1889.						Mr Hill is no longer a patient. He now acts as the Doctor's private secretary.

769

NAME, Brinsley Sheridan Homan No. 1874

Admitted 17th July 1884 Pr. Ad.

Sex, Male Age, 73 Marriage, Single Occupation, Australian (Magistrate

Education, Religion,

Private or Pauper, Private Where from? London

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First— Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 days

Other Facts or Remarks For a month after his admission was in a state of acute mania with delusions & refusal of food requiring feeding with the Stomach pump - he became better but had a relapse towards the end of September but he got over it in about a month - His bodily health has been good

Facts of Medical Certificates Excitement of manner - Incipient & incoherent talking - Has various delusions - chiefly of a religious nature - That he is a spirit - & of the Devil & can translate others to Heaven or Hell at pleasure & can perform Miracles - Is suspicious of his food having tampered with & took his meals without eating - Simply by smelling it.

NAME Brinsley Sheridan Homan

STATE ON ~~ADMISSION~~. 7th Novr 1884

Mental.

Exaltation

Depression

Excitement Is recovering from an attack of Mania. Is easily excited and talks incoherently at times

Enfeeblement

Memory

Coherence Impaired at times Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Tall and well developed

Skin Healthy Hair Scanty - Grey

Eyes Blue - Arcus senilis Pupils Small & Equal

Muscularity Moderate Fatness Small

Nervous System—*Motor* There is frequently noticeable a general muscular tremor

Sensory Functions well performed

Reflex Action Moderately good Special Senses Slightly impaired

Retina

Lungs Chest large. Lungs healthy. Respirations 18 per min.

Heart Apex impulse of good strength. Cardiac sounds healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Pale yellow. S.G. 1018. Acid No abnormal constituents

Menstruation

Pulse 84 per min. Regular Temp. 98.8. 8 p.m.

Height 5 ft 11 in Weight 11 Stn 9 lbs

Disease Senile Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes								

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NAME, Brinsley Sheridan Homan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2·1·85		99·2		90	168	This patient is convalescing from his second attack of Mania. He is excitable and easily upset, and has a good deal of religious enthusiasm. He has a capital appetite and is eating well.
15·1·85						To-day was liberated on probation

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

773

NAME, William Gray — No. 1876

Admitted, 23rd July 1884 — Pr. Ad.

Sex, Male — Age, 58 — Marriage, Single — Occupation, Farmer

Education, — Religion,

Private or Pauper, Private — Where from? Invercraig Borgue

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First — Kind

Duration — Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 10 days

Other Facts or Remarks During his residence here he showed a great desire to spend money lavishly. On two occasions when he went to town he gave large orders: £5 for clothes for himself & attendant, sleeping machines & horses & called on a Bank agent & wished to invest money with him. A fortnight after this he completely failed to recognise the Bank Agent who called on him. His memory for peoples names is defective

Facts of Medical Certificates Excitement incoherence restlessness sleeplessness. Running out of the house imperfectly dressed. Delusions that the members of his household are drunk

NAME William Gray

STATE ON ~~ADMISSION~~. 1st Oct. 1885.

Mental.

Exaltation

Depression

~~Enfeblement~~ Excitement The reasoning & judging powers are somewhat enfeebled

He is facile & his memory is defective

~~Memory~~ Enfeeblement Impaired – Cannot remember the names of persons.

~~Memory~~

Coherence Good. Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Well nourished & muscular

Skin Healthy Hair Brown

Eyes Blue Pupils Equal regular

Muscularity Good Fatness Considerable – Especially over & abdomen

Nervous System—*Motor* Functions good

Sensory Functions good

Reflex Action Good Special Senses Average

Retina

Lungs Chest large and well developed. Breath Sounds harsh & there are a few mucous Rales over the Interscapular Space. Resp. 18 per. m.

Heart Sounds weak & Cardiac action irregular

Tongue Covered with a dirty white fur Bowels Irregular

Other Organs, Abnormalities, Bruises, &c. All other organs healthy

Appetite Good

Urine Pale yellow. S.g. 1018 acid – No unusual constituents

Menstruation

Pulse 78 per. min. irregular, Compressible Temp. 97.3° 10. p. m.

Height 5 ft. 11 3/4 in Weight 15st 5lbs 3 lbs

Disease *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeblement.
									Yes

NAME. William Gray

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29·3·85		98·2		76	213	Returned from probation yesterday. He was rather restless at night. Ate well. He is to have a special attendant (Henderson) and is in the High East Gallery (Bedroom No 8). He is weak minded. He is silent & though answering questions as a rule quite rationally yet the reasoning capacity appears lessened, and at times the loss of memory of names which he usually remembers correctly, is apparent. The originating power of the brain is diminished; he does not converse of his own accord so much as when he was here before, though when the conversation is started by others and questions are put to him, he can answer. 25·2·85
30·3·85		98·2		78		Slept better. Was quiet during the day but in the evening complained of peculiar feelings in his legs which he could not describe.
31·3·85		98·2		78		The peculiar feelings in his legs are better. He is quiet and stated to-day that he had been "wrong in the head but that the water cure at Ilkley had done for that." 11·4·85.
2·4·85.						Seems to be contented with his present situation and does not appear to be anxious to leave, although his probation expires to-day. 2·8·85
7·4·85						The symptoms shown by this patient continue to be of a negative more than of a positive character. Appears to be indifferent as to whether he is confined here or not. Does not ask when he is to be allowed to leave, and seems to be quite contented to remain.
29·4·85.						The mental condition appears unchanged. The mind appears to be a blank and no originating mental processes seem to go on. If spoken to an answer, correct and rational enough in most instances is given, but the subject is not pursued in the patient's mind, and as a rule nothing more than an affirmative 9·8·85

See page 777

John Hector

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17-2-85 Shews little improvement. Since last report he has worked steadily and well specially at the digging of drains within the grounds. The hallucinations of smell continue well marked as he may often be seen to come out of the drain & walking away a short distance swear at the "awful odours" that come up although none are noticeable by others. He still writes long letters to the Medical Superintendent and is very particular in demanding precise answers to his questions some of which are quite unreasonable such as that he might see his warrant & be told the laws under which he was placed here. He also wishes to make some arrangement for which he may be paid for his work & the money placed against his board

25.2.85 Since last entry he has been more restless & fretful and evidently less satisfied with his lot. He was much irritated when the reasons for his detention were not forthcoming and has repeatedly stated that if he is not allowed to go away as discharged he will soon go away himself as he states he will not stand the disturbances any longer or stay in a place where both men & women are kept for improper purposes. This morning he went out with the men but instead of coming with the rest for inspection he went off up to the high road where he was stopped. He would not give any reason for his conduct but simply swore and muttered threats to himself. He requires watching.

22.4.85. **This patient is reticent and still labours under the delusion that people visit his room at night and commit improper practices upon him: he works in the garden and works well. He takes Iodide of Potassium gr XV doses. t. d. s. and has a capital appetite.**

2.8.85 There is considerable improvement in the general demeanour of this patient. He now takes his meals in the Hall and the presence of females has not the same effect as before in fact to some of them he is courteous & obliging. He is still extremely taciturn & unsociable. Complains little of the sexual irritation but not in such a violent strain as formerly. He still complains of the way he is treated by the officials who are not ready to precise in answering his demands & communications as they ought to be. He has taken amazingly to the garden & seems to enjoy the work.

1.8.85 Still leads the same solitary life; all his thoughts evidently being centred on his unjust detention & the comparative inattention paid to his demands. He is fond of producing various old prescriptions each time that his bottle of medicine requires refilling & asking that he may have a bottle compound according to it. His sense of taste is still good as he is able to tell of any

See page 778

William Gray. (Continued from page 775)

19.4.85 or negative reply is given. He takes his food well, and sleeps well.

29.4.85 The mental state of this patient remains the same. He never complains of being detained and appears to be well-enough satisfied with his present situation.

25.6.85 Discharged on probation (12 months)

119.

John Hector

Continued from page 776

Date	Temp. M. 2	Pulse M. 2	
			of the principal ingredients are left out or given in less strength. The following is the last. ℞ Potas Iodidi grs iii Syr Ammon Arom m 25 Tinct Aurant ad ʒi Mitte ʒii Sig Take one tablespoonful every morning in a wine glassful of water.–
8·9·85			Has been working regularly in the garden since last report & has enjoyed wonderfully good health except that he occasionally has slight diarrhoea which he of course imputes to purgatives &c put into his food which is certainly not the case. Still extremely taciturn & unsociable. Persistent in his demands for redress &c
2-2-86			He is haughty, unsociable & dictatorial and considers himself a paid official of the institution and will be treated as such. When spoken to he is suspicious & reticent labouring under delusions of being interfered with for baneful purposes. He has hallucinations of sight, hearing and smell. According to him women pester him at night time for sexual purposes. Although never actually violent he is excessively irritable and when angry frequently threatens violence. He demands the dispensing of prescriptions which he carries about in his pocket. As he works well and gets on fairly if not interfered with he has been trusted by Dr Rutherford with a key and is nominally paid a wage. His physical health is good although his vasomotor system is rather easily affected by emotions. There is a very considerable increase in the total amount of saliva secreted but whether this is due to Iodide of Potassium obtained surreptitiously or not is uncertain. He made his escape today & sought the protection of magistrates in town. They referred him to the police authorities who detained him until an attendant went to the lockup
10-4-86			The patient after several weeks of restricted liberty has again been given a key by Dr Rutherford although I only discovered the fact accidentally. Hector has £1 a week. His hallucinations & delusions are as before & his irritability is greater
4/12/86			Mr Hector's delusions are still present, but he does not speak of them so frequently as formerly. She does not become violently angry when he is told that they are ~~the~~ delusions. He is very unsociable & never goes into the sitting rooms but when not outside is usually found loitering in an out of the way part of the passages or staircases. He avoids all intercourse with his fellow patients & as much as possible with the officials. & seems to have a fear of any person even touching him.

John Hector.

Thus, when he is going up to the dining hall. he waits till all the patients are seated when goes in takes his seat at the end of a table as far as possible from the next man even although the position he assumes causes him considerable inconvenience in taking his food. If he hears a step behind him he mincedly stands to the side whilst the person coming goes as far from him as possible. He works well in the garden usually as far as possible from the other workers. He has parole & is paid a wage out of which he pays his board lodging, buys his clothes & any small articles he requires. During the last three months he has only once asked for medicine & produced on that occasion from among about a hundred documents a tattered prescription some years old. The prescription was for small doses of Iodide of Potassium & he is now using the medicine regularly & appears to be pleased with it. His bodily health is good, he is short & steady & has considerable muscular power.

28/6/87. Mr Hector's condition is unchanged. He is still as firm as ever in his delusions. At intervals lands in prescription. He made up & attacks Dr Rutherford about once a week for some letters which he sent to the Managers complaining about his nocturnal visitants

25.7.87. Two days ago Mr Hector was seized with sudden vomiting and diarrhoea, some amount of collapse and cramps. He said he thought some one must be doing something to him to cause it all. He admitted in a very unusually undogmatic way that he had been taking too much fruit and finished up with "you know my mind is in a confused state now and I do not see things properly." The attack passed off quietly and he passed back into his fixed delusions. He complains especially of noises and voices. These he says are almost voiceless. The faintest whisper. says he does not think they could be heard by one standing beside him. They must be done by some telephonic means. The following was found pinned up at the head of his bed.

"Whoever you are may be who have fastened yourself upon me I pray you to get off me. My body is of no value to me while you are upon it. I have not committed it to you. You are no aid to me: you are a drag upon me. I was working in my lodgings: you interfered with me there. You continue to do so."

May: 30th 1886. (Sgd) D. Hector.

When questioned as to the state of his mind he says it is all out of order together he cannot see properly but says that some one has taken possession of it and acts upon it.

John Hector

Sept. 14. 1887. J. H. has still delusions of suspicion & the unseen agency acting upon him. He thinks he is transported to some place at night & abused. The other day he had a tooth taken out. He shews the typical unsociableness & delusions of suspicion with hallucinations of smell of a syphilitic case. He takes small doses of the Iodide of Potassium.

2 Jan 1888 Has much improved from what he used to be. He is quiet at night, formerly he was highly dangerous. He is now quieter in every way. his hernia bothers him.

30 March 1888 J. H. is better but still unsociable & full of delusions

22 June 1888. Still pesters Dr Rutherford & does as before about his "night disturbances".

1 October. Mr Hector is a case of syphilitic insanity with delusions of unseen agency acting on him. He is unsociable & solitary in his habits, at times violent in his manner - he has delusions of "being abused" at night &c as the accompanying letters shew.

30 Mar 1889 Continues the same. He has been ordering books by the dozen Lately - was violent when checked for this

1 July - This man still works in the Garden He is solitary & very peculiar. His health is good.

10 Septr. He is not so troublesome as he used to be - nor is he so dangerous but his delusions continue

17 Novr Continues much the same.

15 Mar 1890. This man is more demented now but his delusions are still strong.

1 November Mr Hector still hears voices & has the same delusions.

To Page 885

Hugh Darling Gibb. (Continued from P. 674)

- noisy & destructive tearing his clothes & bedding. He sleeps at night in a camisole

1877. Jan 12th Yesterday Mr Gibb had only one small healing sore on his right shin. but last night he was tried without a camisole & to day his back is much abraded from the constant wetting & rubbing. A slight swelling noticed a day or two ago on the upper part of the right shin was to day found to be fluctuating & was incised & freely drained about an ounce of pus being drawn off. To night he again sleeps with a camisole on & his hips are on a water pillow.

During the last three weeks he has become more helpless & cannot now stand or walk this rigidity is so great that it is almost impossible to dress him. He is therefore left in bed all day & can so he easier kept dry & his sores dressed more satisfactorily.

To night a sleeping draught was tried. as he is generally noisy at night

Jan 24th The sleeping draught has had no effect & is stopped. Patient is becoming rapidly worse. He is so restless that he is tied in ~~bed~~ a mattress with a camisole on & a urine bottle between his legs this is the only method found possible to prevent abrasions

Jan 30th Blisters appearing on feet & gangrenous sores on heels.

Feb 3rd. This patient died.

No P.M. obtained.

Robert Brown. (Continued from Page 454)

Mar 5th. No signs of consolidation of lung clearing up. Put on Mercuric Chloride gr 1/6. ter in die. Temp M 100.8 Pulse 90.

Mar 11th To day 12 oz. dark orange coloured fluid withdrawn from pleural cavity M. Temp 99.4° F. Pulse 96. Bowels somewhat costive.

Mar 12th 99.6° F in M. Pulse 92 soft regular. Dulness from halfway up scapula. Flatness at extreme base. Many moist sound at scapula region with broncho vesicular breathing. Breath sound at base bronchial & distant.

June 28th Robert Brown is now much stronger. He is free from cough & is fattening rapidly. He takes Cod liver oil regularly. Over the left lung there is still dulness up to the level of the scapular angle with diminished vocal resonance & breath sounds almost absent. No accompaniments. Patient is much more cheerful than formerly.

July 19th In good spirits & fattening rapidly. Free from cough. Has now stopped the Cod liver oil & is having 4 oz. Cream daily. Spends his time indoors in mending clothes & making hats & other small things out of stray pieces of cloth.

30 July 1887 Discharged.

Alexander Steward Willison.

Continued from page 733.

horsemanship. & so has been allowed out of the grounds).
On June 22nd Jubilee day he appeared dressed in Sourtout & Silk had somewhat the worse of liquor & with his usual good opinion of himself so much increased that he was positively rude & insulting to all he met. On Friday June 25th he did not turn up at tea an attendant was sent to look for him & found him returning from Glencaple in a cab with some friends, & he was the alcoholic. He insisted on going to see Dr Rutherford before coming down to the Crichton & when the door of Crichton house was opened he rushed in & locked his attendant out. Not finding Dr R. at home he came down to the Crichton & interviewed the writer & forcibly expressed his opinion that when patients were "treated like dogs & hunted like foxes the place was going to h-l" He then retired to his gallery & shortly after going there asked the attendant to go down for his tobacco. The attendant did so locking the gallery door to prevent Mr W's escape. On his return Mr Willison abused him for locking the door & then assaulted him. Mr Willison was then conveyed to the Low North gallery & his parole stopped. Since he has been placed there he has been most bland & polite to the writer; but has not been on speaking terms with the head attendant. He writes numerous letters to Dr Rutherford abusing all the officials

14/9/87. Weight 13 st. 11 lbs. Since last report Mr. Willison has been quiet and orderly, and has not abused his parole. His high opinion of himself and his own opinions, his evident want of appreciation of any disgrace to himself in his detention here, and his eccentric dress, are his chief characteristics.

14/12/87. Mr. Willison still continues on his good behaviour. He has been carefully kept from getting too much alcohol, and grumbles much about his enforced moderation: his favourite theme of conversation is whisky, but he is well versed in more intellectual subjects, and has good conversational powers. He is a very ready writer, and contributes frequently to the "New Moon". He is a man of immoderate conceit and assertive self-righteousness.
About a fortnight ago he spoke loudly and rudely at table — Mr. Grubbe being the innocent cause of his irritation — and shewed other signs of excitement: consequently his parole outside the gates was stopped; he has calmed down again. He makes a great friend of Mr. Russell, with the evident object of obtaining whisky from town through him. He returned from a few days' shooting at Kirkmichael yesterday.

8/11/88 Mr. Willison has been free from any serious excitement since last entry, though at times he is irritable and abuses the officials. His insanity is most apparent in his letters, which he sends to officials when anything annoys him. They are full of obscene insinuations, and studied abuse. He spent September at Kirkmichael, and has been more irritable and troublesome since his return.

Alexander Stewart Williams.

22 Feb. 89. Mr Williams is now well & conducts himself generally in a fairly pleasant manner. He was staying at Kirkmichael at the new year & had some shooting.

28 ~~March~~ April. He is still keeping well & pleasant.

July 30th 89. Has been quiet lately as a rule - at times gets too much to drink, abuses his parole, creates a row in the house with the attendants and subsequently is deprived of parole outside. Is always in a state of mental exaltation. Occasionally breaks out at meal-times with abusive language against the Institution and its menage generally.

Sept. 30th 89. Much the same mentally. Physically - at times suffers from a mild psoriasis of face and head. He has been to Kinmount at times to shoot. Is not allowed out now outside the gates without an attendant, as he abuses his parole and gets drink.

9. II. 90. Somewhat excited to-day. In the morning was talking nonsense about electricity (once so full of it he could light the gas with his finger-tips, &c). Broke out at table-d'hôte with a tirade against the management, ending cause a tiff with an attendant about rules concerning hour at which he must return from his walk with the attendant.

July 10 1890. In middle of June, Mr Williams exceeded on regard alcohol, so his parole & allowance of liquor were stopped. Has been pleasant & well behaved since. Writes for the New Moon - reads a good deal - & talks pleasantly at present. At beginning of June was very bad tempered & rude, calling the Doctors bad names, for no reason apparent.

Nov. 3. Mr W. has been very well since last entry: has taken a great interest in a patient L. Lindsay whom he walks with. writes letters for &c.

14. 3. 91 Mr W. continues well and gives no trouble. Has a great opinion of himself. is dogmatic - mostly as on points he knows little & nothing about. Dresses fantastically.

1. 10. 91 Went to Kinmount to-day - fishing.

3. 10. 92 Returned from "

18. 2. 92 No change.

14. 9. 92 Mr W. occasionally goes fishing with Dr A's boys. He is exceedingly fond of children & will do almost anything for them. In the house he is most obliging minding billiard cues, &c. He often has full parole and goes out for a

(cont'd on p 756)

William Thomas Crumpton.

Continued from page. 638.

1887.

May 31st Continued. All these attacks have been aborted in about 36 or 48 hours by a dose of paraldehyde at night & Pot. Bromid. grs 30. ter die. Continued for about 5 days. Each attack has been preceded by a sleepless night.

June 28th Mr Crumpton is just convalescent from a more prolonged attack of excitement than any of his four last ones. On the evening of June 7th without any prodromal symptoms & with no preceding sleepless night he made his appearance in the writers room about 11 P.M. dressed as if for walking. & with his hat on. He was talkative & excited with forebodings of evil & fears for eternal punishment, alternating with denunciations of the asylum & all its officers. 3j Paraldehyde given at once.

June 8th Patient did not sleep at all last night & today is greatly excited enthusiastically religious, intoning the psalms & calling down the vengeance of heaven on the officials. Smoking a pipe & drinking beer. Pot. Bromid. grs 30. ter die. begun this morning. This evening he is much quieter.

June 9th Slept well. is quiet & sensible. not smoking - or drinking Ordered to continue Bromide till evening.

June 10th Again excited this morning. Excitement increasing as day goes on. Bromide recommenced. Taken to cricket ~~match~~ was noisy & talkative. Smoking ~~[illegible]~~ Is most erotic in speech & behaviour. [illegible]

After this Mr Crumpton has gradually subsided & very little access of excitement appears to follow the use of alcohol. This was best seen at a cricket match against Edinburgh Asylum. where he had some beer. & on Jubilee Day. where he sat down to dinner quiet & sensible. & a few minutes after taking a glass of Champagne become excited & began & abuse all around him. & to talk religion.

He now appears to be in his usual condition except that he is probably masturbating. He is still having Bromide

(See page 790)

Alexander Stewart Willison (cont'd from p 754)

long walk into the country every morning and a shake out in the afternoon. He occasionally grumbles about trifles especially when he is bilious, but he is on the whole happy, contented and a pleasant patient. His marked peculiarities are his style of dress and dogmatic manner. He is skeptical, and smokes very little.

8.2.93 Suddenly came in the middle of the night to the night watch & told him that he was not fit to trusted alone & ordered him to take the razors & carpenters tools out of his room. Had an attendant up all night with him & 3iss Paraldehyde but did not sleep

9.2.93 Very well all day. At night refused to go to bed without an attendant sitting up with him & says that he is the Son of God & has to take his own life for the sins of the world. Ordered fortnights leave of absence & to be taken out of his room in case he might "hurt" the attendant At three o'clock acutely maniacal rushed about the house without anything but night. Two attendants unable to stop him

10.2.93 Put into the Dove North.

11.2.93 Much more rational conversation but excited looking in the morning. Tried to commit suicide in the afternoon with a pair of scissors. Puncture wound 3/4 in long in left epigastrium.

10.3.93 He is more much better mentally He works hard cleaning & dusting in his gallery.

1.5.93 Now all right works at putting up fences & other work of that kind on the farm. As dogmatic as ever

15.10.93 Has stopped fencing & has taken to Golf.

13.3.95. In quite quiet & agreeable. Not more dogmatic than the majority of Scotchmen – His experience of life has made him a cynic, but a kindly one. No trace of excitement. Takes his food well, & his exercise regularly –

22/5/95. In Excellent good health & well So far as can be ascertained in all respects. Is an indefatigable walker golfer & bowler. Occasionally says rather hard things but as a rule is well Conducted kind & courteous.

28/9/95. Mr Willison has remained absolutely well. Is most companionable & considerate & what at times would seem harsh is in reality coming from him altogether meant as fun. He is the favourite of all & seems to be in all respects at present a perfectly sane man.

Peter Barr Munro.

Continued from page. 46.

June 26th Continued. He moves his neck freely + apparently without inconvenience. There is no tenderness on pressure over the spines. The wound in the neck is not quite healed yet. though it is superficial It became septic early in May by the shifting of the dressing + a good deal of cellulitis formed round the sterno mastoid. There is still some hardness there and a somewhat thick curdy discharge.
About a month ago a swelling about the size of a bantam's egg was noticed in the right axilla. it was very slightly painful. + was pretty freely movable. apparently glandular.
It has increased slowly in size. appears more irregular in outline + rather softer + is at times painful. Probably a strumous gland.

Aug. 30th The swelling in the right axilla was incised, and is now quite healed. The right hand was considerably swollen when the bandage was removed, probably from its having been too tightly applied. This swelling has not entirely disappeared, but is much less. The wound in the neck is almost closed. His general health is fairly good.

Sept. 14th. Weight 146 lbs. There is now no discharge from the wound in the neck, but it is not perfectly healed, a small scab having formed. The swelling and pain in the right hand has almost disappeared. Bodily health is fairly good: he now gets no extra diet. Mental condition unchanged.

Dec. 14th. Weight 145 lbs. The "Professor" is in good health at present, and a most active message-runner. His usefulness is some atonement for his troublesome familiarity & self-conceit.

30-3-88. Weight 152 lb.

20-7-88. Weight 147 lb.

15-9-88. Weight 146 lb. Is suffering from sciatica.

20 Feb. 89. Peter is now well + still acts as messenger.

23 April Weight 144 lbs. No change.

July 30th 89. Weight 141 lbs. Is still well and acts as a messenger. Quiet, ready and agreeable.

Sept. 30th '89. Weight 141 lbs. No change lately.

Feby 1891 Has gone to Kinmount: is very useful: he has given up the title of Professor and calls himself "butler".

Nov. 1891 He is now at Hannahfield

4-3-92. He is very useful and goes messages from Hannahfield. Is very stupid and has a very poor memory.

9-5-92 Removed to 1st House.

12-11-92 Makes himself useful going messages. Has no memory.

30-5-93 The professor has lately developed a hernia which interferes with his activity as messenger.

25-10-93 Recovered his physical health. Happy in the possession of a truss

12/12/95. Professor Munro is unaltered unless for the fact that he is aging. Of simple mind in some respects, he

is in others, cunning as a fox especially when his own interests are likely to benefit. Still acts as messenger, but in some respects is altogether unreliable & is very untruthful.

8.XII.96 Exactly the same, work and goes messages Still goes by the name of Professor and considers himself a person of some importance.

6.1.97. His name was given him because of his faculty of telling untruths – Professor of the "Faculty of Lies". and though he in no way believes it he is a very harmless and in no way mischevous liar, probably most of it comes from his degree of Mental Weakness and loss of Memory. He sits in the head attendants office and is ever ready to oblige by running a message. Physical health is fair he eats well and sleeps well.

29.1.97. For the last 2 weeks the old man has been failing heart is weak and he is greatly troubled with Cardiac Dyspnoea.
This morning he had an attack of Syncope and had to be put to bed.

30.1.97. Still suffering from Cardiac weakness Kept in bed and put on R.

Spt Chloroformi
Spt Aetheris āā ℥iii
Tr Strophanthi ♏ xxxvi
Inf Senegae ad ℥vi m
Sig
℥ss ex aq every four hours.

4.2.97. Shows no improvement is evidently breaking up.

8.2.97. Today he shows signs of Hypostatic Pneumonia, cardiac weakness increased. Given Whisky ℥ss ev. 4 hrs

Pulse 116 per min
Respirations 30
Temp. 99° at night 101°.

9.2.97. Much weaker today Pulse 118 124 Temp 101° 100.8°

10.2.97 Gradually sinking towards evening passed into a state of coma. and died suddenly at 7.30.

Died

William Thomas Crumpton

(continued from page 638)

August 8th Mr. Crumpton is in a state of great excitement. His manner is violent. He talks rapidly and excitedly, using threatening language when his wishes are not complied with. He is specially indignant at being refused a pass, and uses very strong language in regard to his treatment by the officials, from Mr. Rutherford downwards. He complains that other patients, with whose mental condition he contrasts his own most favourably, are allowed freedom which is denied to himself. He declares that the institution is doomed from the displeasure of the Almighty, who, he declares, is on his side. He states with emphasis that women are ravishes in the building, & that the Almighty told him last night to put this down. He says he has been the death of several of the attendants, and will be the death of others yet. He is getting Sod. Bromid. grs. 30, thrice daily.

Aug. 22nd Mr. Crumpton quieted down soon after the last entry, and continued comparatively reasonable till yesterday when he showed symptoms of excitement. He refused his food, smoked immoderately, was very anxious to get something to drink, and laughed in a senseless way at table. During the night he was very violent smashing the looking-glass, water bottle, and towel-rail in his room, and scattering his books and the contents of the drawers over the floor. He was removed to the strong room in the Infirmary. This morning he was put into the Mid-East gallery. He can give no explanation of his conduct, and is quite penitent, begging to be allowed to return to the High East, and promising not to repeat last night's performance. He gets pot. bromid. grs. 30, thrice daily.

Aug. 25. Mr. Crumpton still excited and violent. He tore his jacket today. He denounces the other patients in the gallery whom he despises, and requests to be sent back to the High East, where "the patients are gentlemen". When his wishes are thwarted he gets into a violent rage, and says he will "appeal to his father in heaven".

(Sept. 2nd. Weight 112 lbs.)

Sept. 19th Mr. Crumpton quieted down considerably, and for the last fortnight has been in the high well, and has had parole. Today, however, he has again been put into the Mid-East, and deprived of his parole. For the last few days he has been very talkative, incoherent, and troublesome, erotic, and craving for alcohol and tobacco. He is occasionally noisy at night, and does not sleep well. He is feeble and emaciated, and is being treated with codliver oil. His manner is not violent as it was during his last attack of excitement: he is incoherent and silly, laughing frequently without cause.

Oct. 19th Mr. Crumpton was removed to the Infirmary today, as he has been taking his food badly, and is emaciated. Codliver oil, Syrup of phosphate of iron, &c, have been tried without much benefit. Mentally he has improved somewhat since last entry. But is still very excitable and full of delusions. He is fond of Milton, and is constantly identifying himself and other patients with angels mentioned in "Paradise Lost".

William Thomas Crumpton.

He is sleeping much better than at the time of the last entry.

Nov. 14th Mr. Crumpton has again been put in the Mid East, as he has been violent of late. While in the Infirmary he did not improve in health. He takes his food pretty well, but it does not fatten him. His extra diet is continued. Last night at tea he refused to take his egg, and when the attendant insisted that he should, he smashed it on the floor, and then attempted to make a clean sweep of the dishes, but only succeeded in breaking a jelly-dish. He has been ordered KBr. gr. 30 thrice daily.

Dec. 14th Weight 112 lbs. He is quieter now, but frequently violent in his speech. When his wishes are thwarted he threatens to bring destruction on the officials & the Institution. He identifies himself with Gabriel, Raphael, &c. He has a habit of laughing to himself without cause.

Dec. 30th Mr. Crumpton was sent back to the High East today, for which he was very grateful, and promised to behave himself.

1888 March 30th Mr. Crumpton is very much depressed at present. He imagines that he has all sorts of diseases as the result of his dissipated habits, and that he is going to die. He has to be assured every day that this is not the case. He complains of terrible dreams, and believes they are sent as a judgment upon him. He is most gentle and gentlemanly in his manner, and frequently apologises for the trouble he has given. His health is improving. Weight 127 lbs. He has gained 15 lb. in three months.

June 27th Mr. Crumpton has got over his depression, and is very well at present.

July 23rd Excitement has begun again. Weight 125 lbs.

Aug. 8th. The attack has not been severe: he has rarely been noisy, and he is now quieting down. He is in the Low North.

Sept. 29th Mr. Crumpton is very much excited at present. When out with the working-party this forenoon, he got irritated, and struck Capt. Munro on the forehead with a stone, causing a deep wound which bled freely and required to be stitched. He expresses no regret for this, and is threatening in his language. He is in the Low North. Weight 112 lb.

Nov. 8th. He is still much excited.

" 17th. He was sent back to the High East today, in the hope that the society of quieter patients would do him good, but he is still very restless, excitable, and full of delusions.

1 Jan 1889. Mr. Crumpton is now very quiet well behaved & has been at table d'hôte for some time. Is in fair health.

22 Feb. 89 Has been excited for last few weeks & is in the Low North. He smashed a window in the High East.

23 April Weight 119 lbs. Still gets excited off an on, & is in Low North yet.

June 27th Has been quite quiet and well behaved for a long time, so much so that he has returned to table d'hôte & during the last few days has been allowed out of pass to stay with his aunt who is living in the town. Has apparently suffered less from masturbation for some time.

Vide p. 806.

Robert Lyon

(Continued from page 716)

is Coarse and blasphemous. He is perpetually stating that he is "going to hell for insulting the Scotch". He attaches wrong names to everyone, and never fails to stick to the name he has given. He talks intelligently about his university career, and has not entirely forgotten his mathematics: he will prove a proposition in Euclid with readiness.

18th Oct. Mr. Lyon returned today from Kirkmichael in good health and spirits. He has all his old peculiarities, and has not acquired any more love of the Scotch.

14th Dec. Weight 117 lbs. Mr. Lyon keeps in good health. He takes his food well, but will not fatten. When anything annoys him he makes for the corridor, where he stands gesticulating and shouting at the pitch of his voice: this seems to relieve him, and he returns quietly to the sitting-room. No threats avail to keep him from this habit; when taken to task he meekly replies, "I'm sorry I offended you. Kick me to death if you are able". His language is very coarse. He has a number of visceral delusions: he says he is "dying of the bowel complaint", has "stoppage of the guts", is "full of razors and telescopes", &c.

30-3-88. 127 lbs. Mr. Lyon has gained 10lb. during the last three months. His mental peculiarities are unchanged.

20-7-88. Weight 126 lb.

15-9-88. Weight 128 lb. His health is still improving, and he is less noisy.

22 Feb. 89. No change. He is always bright & lively & chatters away unconsciously. In good bodily health.

23 April Weight 132 lbs. No change.

30 " Today Discharged Relieved.

John Thorburn (cont'd from p. 394.)

requires dressing daily. He is feeble, is in bed most of the day, recognizes no one and requires to be fed.

4.2.91 A varicose vein of the right buttock burst during the night; haemorrhage controlled with a pad and bandage.

14.2.91 Blood has effused under the cellular tissue in the leg, and an abscess is forming.

21.2.91 Abscess in leg discharging freely.

10.5.91 He is in a very weak condition and can scarcely be got to take any food.

16.6.91 Gradually sank and died to-day.

James McAnally J page 102

2 Jan 1880 - Has lately had some fits during & after which he was not so violent as usual. He is excitable however.

30 March 1888 - Is in bed as he is taking fits. & is dangerous.

22 June 188[illegible]. This man is now quiet & in his usual state. He is civil & not all quarrelsome.

1 Oct[illegible] No change

18 Dec[illegible] This man is now better but has lately been wild & dangerous & required constant supervision - He had been taking fits.

30 Mar. 1889 - This is a dangerous epileptic.

1 July He has had a fit but not a bad attack - His excitement is much less.

10 Septr. - This man has been free from much excitement since last entry. His health is good.

17 Novr. He is still restless at times but not much excited.

8 March-90 In status quo, but less restless. Some Emphysema in lungs. 2nd Sound & heart accentuated. Knee Jerks & wrist Jerks are exaggerated.

Died of Epilepsy

Samuel Parks

30 March 1888 - Still a violent & dangerous imbecile. His temper varies much with his fits.

22 June 1888 Remains the same.

10 Oct Had a fit yesterday & is very stupid today.

18 Decr Still a fierce demented ~~imbecile~~ - Dangerous, dirty & troublesome.

30 Mar 1889 No change. The ulcer on his leg is severe.

1 July He still takes fits - This ulcer continues and he makes it hard to heal.

10 Septr He is still very excitable and at times violent in manner. Health fair. Ulcer healing.

17 Novr Continues excitable. His ulcer is very much better. Still takes fits.

15 Mar. 1890 No change.

Died of Epilepsy.

James Caven.

from page 688f

20 Decr - This man is again miserable & is masturbating. - he imagines that he hears at night the cries of women being violated outside his windows by the attendants

30 Mar. 1889 No change in this lazy masturbator.

1 July - He is bright again & goes about as before able to interest himself in things. Health good.

10 Septr. Miserable and in a depressed excited state, no improvement.

18 Novr. Still miserable & depressed & needing supervision. Health not good just now.

15 March-90 - Health fair. is quiet, & in fair spirits. Knee jerks very exaggerated. Triceps & Wrist jerks well marked

July - Plays bowls a great deal

1 November 1890 - He is an idle, utterly lazy fellow, masturbator, sneaking fellow & cringes always - Has no manliness.

15-X-93 Mr Caven is of a retiring hermit-nature - speaks with excessive shyness & holds his head as if suffering from pain. at times becomes very depressed & suicidal. Mr Kennedy (1st House) she had a fight on Tooling green which resulted in Mr Caven being "how stotched" for month. Is now in 2nd house & does pretty much as he likes

February 7th 1900:- In fair bodily health and still subject to Folie circulaire: The whole round takes about 3 months When well he is pleasant chatty and actively going about. He then becomes more restless sits up at night joining the others at the special in the evenings. Then becomes depressed and 'peepy'. You cannot get a word out of him but complaints, of his head, of his mind and so on. He may still be inclined to suicide during this period. Then he gradually again becomes well.
He has a single room and keeps very much in it being as a rule retiring and shy: Sleeps well as a rule and has a fair appetite.

James Coven - 798 -

July 28th 1900: Has been comparatively well & pleasant but is now slowly passing into the depressed stage.

January 18th 1901: - In good health: At present in the same period. becoming mildly exalted sits up at night - joins in the conversation is sociable & pleasant.

Jany 16th 1902 No change still going his 'round'.

July 10th 1902. Has been pretty well since last note and has given no trouble. In fair health.

July 10th 1903. Much the same. Has now begun to go out more & is allowed parole in the grounds. In fair health.

1904 March 1st: No change - keeps in fair health.

SEE CHRONIC CASE BOOK

Andrew Black

1889 from page 696.

22 Feby. Mr Black is quieter & better behaved just now, but still has delusions that poison is put in his tea etc. He has been a good deal troubled with toothache.

3 April Weight 192. No change. Ferri et Quin. Cit. is given.

July 30th Language abusive & obscene, delusions still much the same. Suffers from neuralgia. Weight 188 lbs.

Sept. 30th 1889. Weight 188 lbs. No change in the mental or physical condition of Mr Black lately. Although he is always stating that his food is poisoned he eats voraciously and so much that at times he can scarcely leave the table being so helpless from overloading his stomach and at the same time eating so fast. The alveolar margin is receding from his teeth which troubles him greatly with neuralgia - This he thinks is caused by poison being excreted there.

July 1890. Has of late been writing largely vide New Moon April & May & June & July &c - Often writes obscenely, also orders police in Britain to hang, burn or throw from the National Monument certain people whom he names. Imagines the food & water is poisoned. Has delusions of identity, inasmuch as he says that people known to him now were once other people altogether &c &c.

10th Oct. 1890 Makes continual complaints about his food being poisoned, & that he gets human flesh to eat. He often asks for a tonic but after taking a few doses always says it is poisoned. He has delusions of identity.

12. 4. 91 He is rather more irritable at present, and complains bitterly about the poisoning of his food. He suffers from toothache but refuses to have the tuth extracted.

4. 9. 91 He frequently issues orders for the execution of attendants & others whom he suspects of having poisoned him.

21. 12. 91 He is ~~fod~~ fond of stimulants. Often asks for them, and shals any if he gets a chance: he stole a quart bottle one day and almost finished it in 24 hours.

9. 3. 92 He has delusions of identity, of suspicion, & unseen agency. Is now so irritable & foul mouthed as he used to be. For the last 8 weeks he has taken an 8 oz bottle of tea every day: he supposes that it is a good strong tonic from the Surgery.

p. 801

Andrew Black (from p. 800)

12·11·92. Still taking his cold tea. He complains bitterly of poisoning at present and condemns all the attendants and officials in eternal perdition. Delusions of identity still very marked.

25·5·93 Has taken 3viii bottle of cold tea every day for 1 year & three months & has at last begun to suspect it. & has quite willingly stopped it.

12/5/95. In the house wears constantly a large heavy cloak, a muffler & a smoking cap. Very faddish on health matters, constantly grumbling about the condition of his eyes, about an influenza attack & of general weakness & a host of other ailments. Faithfully takes cold water (nothing more) for them all & thinks that he benefits by it. Believes he is the "Emperor" & tells of his treatment of some of his subjects. Some he "has executed", some he has had "cut into small pieces" & other endless varieties of tortures & deaths, but states that "by the deviishness of the Almighty they always come to life again." He is in fair health, has a good pulse & appetite, but states that his food & medicines are poisoned & tells several stories in support of this statement.

23/6/95 Mr. Black was looking out of sorts, had a white furred tongue & bowels constipated. He was ordered to bed & a physical examination detected a very distinct Aortic Systolic murmur & as one passes towards the xiphoid it would be hard to say that the 2nd aortic sound was pure, at all events it is slightly altered & considering the Systolic murmur the suspicion of an aortic diastolic murmur also existing is quite likely to be the case. There is however no water-hammer pulse. He has been ordered to stop smoking & has been given a brisk purgative

2/4/95. Is out of bed now. Much better & in buoyant spirits once more. Tongue is almost quite clean. Throughout entire illness, appetite has scarcely ever failed.

11/9/95. As full as ever of absurd ideas, about his being the Emperor & that he kills & orders all the people just as he desires. He is very well at present. The aortic murmur is as marked as ever.
His appetite is voracious. He states that everything is poisoned but takes precautions not to say so until he has had a very large portion of whatever is going.

See page 674

Archibald Roxburgh.

from page 470

20. Feb.y 89. Mr Roxburgh is still much the same. He always asserts that he does not sleep, that he is a great invalid; he frequently lies in for a few days, refuses his food & says that nobody can do him any good. He is a great grumbler.

23 April. Weight 119 lbs. He is much the same, just now in good humour.

June 30th Weight 120 lbs. Mr Roxburgh has been much
1889. the same as above lately. At times he suffers from constipation. He still has delusions that he is a great invalid and imagines that he has a shock of paralysis &c. limping about for a few days, until some new delusion is contracted.

Sept. 30th Weight 120 lbs. No change. Physically he has been pretty well lately. Very sour and bad. Tempered at times and then agreeable. Still imagines that he needs sleeps a wink and that he will never die - and at the same time is continually imagining he is very ill and even "at death's door" He often refuses food for a short time and pretends that he vomits all he eats.

July 1890. Thinks that he is very ill - limits on having either tea or medicine. Is irritable & strikes other patients. Is wonderfully well considering his age.

Sept. 8th Mr Roxburgh is much weaker today; confined to bed.

" 9th Mr Roxburgh died today from Senile Decay

Wm Johnstone.

Jr p. 525 Vide Page 810 —

William Thomas Crumpton.

continued from page 791 etc.

1889. Weight 120 lbs.

Aug. 6th Went to Kinmount and returned upon
Sept. 11th On his return he was somewhat excited.
Sept. 30th Has been excited and noisy at times, cannot come to table d'hôte. Shouts out to one while walking round the grounds and is often very rude and abusive to patients without the slightest cause. Weight 120 lbs.

May 20. 1890. Tears button off coat, hides his beacons.
Occasionally excited, at other times will not speak.
Is generally busy during the morning with the polishing brush in High West gallery. Comes back to Table d'hôte. Occasionally plays at cricket in a small way. Is getting demented.

July 2nd Mr Crumpton has been remarkably quiet, docile and pleasant of late, but to day he says he is 'not so well'

July 4th Last night Mr C. had to be removed from the High West to the Low West as he broke his chamber pot & a window. He is in the H. W. gallery to day, is confused & does not speak. He is to sleep in Low West. (Shutters on window)

10 Mr Crumpton sleeps now in H. W. gallery, temporary - confusion excitement gone off now.

18. Sent to Kinmount to day - Has been quiet during last few days.

Sept. 24th Returned from Kinmount in good bodily health.

17.12.90. He is generally quiet and orderly, but at times becomes excited, impulsive & destructive.

6.6.91 Mr Crumpton has been very excited lately, says that his name is Raphael, Israel, Jesus Christ &c: he smashes dishes, jugs, globes, tumblers & when he gets the chance. Is in Low North.

9.3.92 Still in Low North. Quiet at present, but may become suddenly impulsive at any time.

27.5.92 - Gone to Kinmount.

15.9.92 Back from Kinmount

12.11.92 very high at present.

25.5.93 Escaped some time ago & walked towards Annan from Kinmount he met Mr Hoare who induced him to go up to the house.

25.10.93 No change. Some times excited & abusive but that is rare. Visits his aunt in town every week.

16/5/95. Had slight Rheumatism & nasal catarrh both of which are now almost well. Pulse good. 78 per minute.

over.

William Thomas Crumpton –

11th Aug. 1895. Is very excited at present. Imagines he is an angel, a prophet, the Almighty etc. Last night he wet his bed, a most unusual if not unheard of thing before for Mr Crumpton.

18/9/95. Mr Crumpton is at present very peculiar. Two days ago on the bowling green, without any provocation he suddenly rushed at Mr R.M. Buchanan to strike him & when the A.M.O. spoke to him he immediately turned round on him. An attendant caught him & soon afterwards Mr Crumpton swooned. He has frequently shammed a faint, but on this occasion it was very real. In a short time he had recovered & apologised for what he had done.

12/12/95. Mr Crumpton is very variable. As a rule calm & peaceful, he is at times excited & violent & then very repentant. His delusion that he is the Angel Gabriel continues. He is occasionally troubled by chronic rheumatism.

25.1.97. Mr Crumpton remained well for 3 months but lately his delusions have returned. He fancies that God speaks to him and visits him personally.

30.6.97. This patient is a delusional case with hallucinations of hearing & sight; he has periodical attacks of excitement in which he is restless and impulsively violent. These attacks vary from a few days to a month in duration pass off and leave him quiet and aggreable.
His physical health is fair, occasionally he is troubled with rheumatic pains and tachycardia.
Treatment: Extra diet. ℔ Bt. Porter per day.
Anti Rheumatic treatment & sedatives for excitement.
he does well on a mist.

℞ Potass Bromid ℥vi
Tr Cannabis Indica ʒß
Aquam ad ℥vi
Sig ʒß ex aq t.i.d.

19.10.97. Continues as above, is very weak minded and dirty in his habits when excited.

20.5.98. Has been quiet since last note; free from attacks of excitement. Physical health fair. There are motor signs which indicate a spinal degeneration, contracted pupils

to page 881.

Charles Ramsay Fleming Loch.
cont.d from p. 74.

Sept. 30th 89. Has been in good health ~~for some~~ during last few months. Mentally there has been no changes whatever from the description given above. Weight 130 lbs.

May 20th 1890. In good health. Has still various delusions. Believes Kinmount belongs to him. Thinks some of the milk is half goat &c.

July 18. Was sent to Kinmount to day, in fair health.

Sept 3d Returned from Kinmount to-day in good health.

10.10.91 He has been spending the summer at Kinmount. He has many delusions e.g. that he is annoyed at night by the Virgin Mary coming into his room ~~at night~~ and pulling down his bowels & that a monkey which is kept by his wife in the catacombs is sent to annoy him. He occasionally imagines that his food is poisoned and refuses certain articles at table. He writes long letters to Queen Victoria and signs himself – the Emperor, the King – the Bull. He imagines that the Institution is his property. He is very retiring, seldom speaks to the attendants or other patients, but is always quiet and well behaved. He washes himself several times a day, is most tidy in his habits and spends most of the day in cleaning and dusting his bedroom. His bodily health is fair.

3.11.91 Mr. Loch's piles are troublesome at present and he is applying Ungt. Sallae ō Opio externally and taking laxatives.

14.12.91 Mr. Loch is suffering from an attack of influenza: his temp is 102°. and there is consolidation at the base of his right lung: pulse 106. resp 32. appetite poor.

23.12.91 His temp. is now normal, his appetite is good, and the patch of consolidation is clearing up.

14.1.92 Quite recovered & out of bed.

3.3.92 He has caught a slight cold and does not get up till after breakfast: takes his food well. No change mentally.

5.3.92 Sent for the A. M. O. tonight & told him that he had just had an "apoplectic stroke". He was suffering from diarrhoea.

2.7.92 Mr. Loch fainted this morning after breakfast & remained in a state of collapse for an hour.

4.7.92 Still in bed: has a good appetite: pulse slow & firm.

7.7.92 Died suddenly to-day in bed with his spectacles on and his bible in hand

W. M. Johnstone for p. 545

1 July 1889 Quiet & in good health. He still goes messages between the Houses.

10 Sept. This man is quiet & is a messenger still. He is a great grumbler and has very exalted notions at times.

17 Nov. He is excited, talks much nonsense & is very lofty at present. His hallucinations of sight have returned.

8 March 1890 Seems rather depressed? – Physical health fair. Knee Tuccps & wrist jerks much exaggerated.

22nd March (The above entry is a mistake viz that for 8th March.) He is a messenger or useful or not excited nor depressed. Physical health good.

1 November 1890 He is much exalted – quarrelled with the Crichton Hallward, then with the matron (2 Ho) & then with others, all before breakfast – He is a highly scurrilous & abusive fellow when he starts & has a bad tongue – He is going to "leave the Institution today".

15 Jan. 1893. Mr. Johnstone has been very quiet for some time. He continually complains of his little ailments & speaks as if they were the absorbing topic of the world's conversation. Blames smoking for all his evils. Has paid & is useful in day rooms.

27th May 1893 Discharged relieved to care of sister

David Lorimer.

fr page 582.

1 July 1889 This man is talkative and uses very bad language. He still works in the Clerks Office (Stewards)

10 Septr. No change.

15 Novr Still works in the Stewards Office & is restless & noisy but quite coherent as a rule.

15 mar. No change

July - 90 No change - wants always an electro-pathic belt or an astringent lotion for his scrotum

19th Sept. Still desires quack remedies, electro pathic belts & an astringent lotion for his scrotum. Is in the First House

14. 12. 90 Still in the Stewards Office. No change mentally.

6. 6. 91 No change: walks about muttering and owning some imaginary person named Mary Mann. Every time he meets a medical officer he wishes his case considered, wants an astringent lotion for his scrotum, an electropathic belt for his waist. Sir Astley Cooper's Vital Restorative, Warners pills & quack medicines. He works in the stewards' office, and is very quick at mental arithmetic.

9. 3. 92 No change.

24. 7. 92 No change mentally. Is in good bodily health.

12. 11. 92 No change.

25. 5. 93 Is getting thinner. Still applies for an astringent lotion for his scrotum. Asks me regularly after every board meeting if I have his discharge. Walks the passages loudly cursing Lady Elizabeth Mary Mann &c

25. 10. 93 No change. Physical health rather better.

15/6/95. Still insists that his "manhood is gone". Reads all the trash of "quacks". Looking up the papers & replying to advertisements. Is at present working on the estate.

18/9/95. There is a patch of psoriasis on his chest thinks that his manhood is returning. Very much interested in the "Agony Column" of the daily papers. Regards every message in them as for himself & is particularly fond of replying to the advertisements of young ladies desirous of obtaining husbands. setting himself down as young & good-looking & as the adopted brother of & intended for marriage with the Lady Elizabeth Mary Mann.

page 871.

James Jackson

p 662

1 July, 1889 He has been laid up with his left leg swollen enormously.

7 July Rather better

14 July His leg is diminishing in size & getting back to normal.

31 July Is up again & doing well.

1 September He is now up & tearing his clothes as before.

1 Octr. Still tearing his clothes & swearing & spitting.

18 Novr. He is restless, depraved, spits on people, tears his clothes constantly and is troublesome. Bodily health usual - not good.

7 March 1890. Is almost quite sane, easily excited by talking however, but behaves very well as a rule. Bodily health very good - an eruption on skin over thighs. Knee Triceps & wrist jerks very exaggerated.

22nd March - More excited and talkative now than last week. but is always coherent, & does not talk much unless spoken to.

1 April More excited, & occasionally incoherent - very restless

19th Sept. M. J. is now passing into the excited stage; writes very much; quarrels with every one.

1 November, 1890 - James Jackson a pauper patient is quiet & never incoherent. Has no delusions, is very useful in the Infirmary (2110) where he always stays & is a great "character", will give a sermon or tell a comic story with equal facility & is always alert. He never keeps a button on his trousers an hour & always goes about holding them up & with perhaps his scrotum protruding through a tear -

over

James Jackson - 814 -

February 8th 1900:- In good health: Mentally he is able now to do a good deal of work in store and is generally quiet and easily guided. He has a most retentive memory and can repeat long recitations or poems &c He has parole taking round the stores. He is always pleasant not to say obsequious to the officers but is domineering and very nasty to other patients: Is quickly excited and irritable also: He has a large callous ulcer in the leg and he is very deft in dressing this: Cleanliness cannot be said to be his strongest point: Stumps eats well.

July 28th 1900:- No change mentally: his bodily health is good.

January 9th 1901:- In good health: His leg is still smelling badly but he will never give it a chance to heal: He is unchanged mentally, still aggravates and annoys the other patients. Irritable at times - A very important man in the stores department.

July 16th 1902: He should now be retired from the stores as a pensioner. He is too dirty and careless about the way he handles food &c. Irritable at times

July 18th 1902: Continues to do work in store. Keeps well mentally & in fair bodily health.

July 18th 1903. Still works in store & keeps well mentally and bodily

1904 March 1st: Jackson is now confined to his bed. Both his legs have become inflamed & his health is running down.

Robert Thomson

for p. 218.

1 November 1890. "The great I-vive" as he is always called is in his usual health & is a useful farmer.

15 Jan. 1893 Mr. Thomson when he speaks to you takes hold of your cret – "tailor-fashion". Talks sensibly enough about some things, but rambles a great deal to believe that mice are in his inside. always wants to get paper to write.

February 5th 1900:– Has been sent to Farm Annexe —

see Farm annexe Case book.

1908. also Chronic Case Book.

June 5th This old man works a little at light farm work. He is getting old but is still active and keen to work as ever. He has delusion of persecution by unseen people. "every villanous invention they can invent" ... "one cannot have them" .. "to the king & crown the stars. The Co-eternal-its the gift you know" etc etc.

1909 Aug. 19. Old Robert Thomson is now at the Farm Buildings. He is still able to do light odd jobs outside & indoors. He is keeping in fairly good bodily health for his age.

1910. Feb 12. This old gentleman is able to do light polishing in the Farm annexe day room & may be able to go out when the milder weather comes. His mental state is the same as (5.6.08) Bodily rather frail.

28th Aug. 1910 – During the summer this old man has been paining the road-sides along towards the farm. He finished it on Saturday morning. On Saturday night he was noticed to be looking rather ill and was sent up to the hospital where nothing very definite could be detected. However during the night he began to vomit and vomited several times up till 5 am. At 10.30 a.m he suddenly became worse and was very livid and unconscious and died at 11.5 a.m. Probably the vomiting – the result of a chill – was too great a strain for his heart to stand and it gave out.

DIED – 28.8.10

Ambrose Lankworthy
to p 250.

1 November 1890. Is in the 2nd House & is noisy violent excited & very dirty in his habits.

H.H. 91 Is in the first house at present. Is much quieter but occasionally becomes excited and noisy.

14.10.92. He is very quiet at present.

5.3.92. Is getting rather excited again, and is beginning to talk more.

24.7.92 He is quiet at present and seldom speaks.

12.11.92 Quiet at present – occasionally talks to himself; best left alone.

25.5.93 Has now practically recovered from an outburst of violence & excitement which has lasted about six months

25.10.93 Still in Low Worth Inst. has been quite quiet since last entry

13.4.94. Dirty in his habits & very noisy. Today fractured the metacarpal bone of the ring finger of left hand by a door slamming & squeezing his hand.

15/5/95. Constantly asking to have a tooth extracted & points to a part where there are no teeth. Very incoherent. At times violent. Appetite good. Pulse 92.

18/9/95. Sulky & obstinate. Very much quieter than he was at time of last note. Says very little now but what he does say is as incoherent as ever.

12/12/95. Mr Lankworthy is at present rather wild & excited & struck out at me the other morning without any provocation. Is incoherent. His physical health however continues fair.

2.1.97. Quiet just now, refuses to talk if asked a question will brusquely reply "Go to Hell"

2.4.97. Has passed into an attack of excitement, is restless noisy, destructive, dirty in his habits. It is a common thing for him to order any person who offends him 9 days Cell

20.8.94. The attack of excitement excitability is over, he is quiet, rarely talks.

20.11.94. After remaining quiet for about four months another excited attack has come on. He is very noisy restless sleeps badly at nights Physical health is fair.

15.11.1900 Mr. Lankworthy is at present excited. he suddenly ask for a sweetie or something & if not given him at once he gets more or more excited, shouting at the top of

his voice & gesticulating violently. Some days he is fairly quiet on others he shouts most of the time. Physical health is good.

29.3.1901 This patient has remained as above nearly all winter he is destructive, dirty, & noisy, is apt to strike at times. He has picked several sores on his head & arms wh. it is difficult to heal up. His general health is good but he sleeps very badly at times.

1.6.1901 Patient has suddenly changed from his state of mania to that of depression. He speaks to no one except the N.O. with whom he occasionally exchanges greetings. He takes his food well sleeps quietly & has an expression of deepest melancholy. He is not dirty in his habits as he was prior to be when excited.

1st Aug. 1904. At present he is fairly quiet. but occasionally shouts and is very restless. He is demented. dirty and liable to be constipated. Sleeps in a single room. He occasionally receives 1111 of Croton Oil. He is in indifferent bodily health.

1st Aug. 1905. For the past 8 weeks he has been in a state of mental excitement. noisy. restless. using bad language. dirty in his habits and very troublesome. Is given sedatives at nights when he is disturbing the other patients. and his alimentary functions are attended to.

20th Sept. 1905. Transferred to Second House.

16 Dec. 1905. Returned from Second House. Not so noisy. but still dirty in his habits.

1st March 1906. Has shown no change mentally since he was admitted into the first house. Demented. Extremely noisy at times, & his habits and language are both filthy. Mostly in bed.

14th March 1906. During the past fortnight he has been taking but little food. Has been getting much thinner & weaker. He is quite emaciated owing to his restlessness & sleeplessness to make a satisfactory physical examination. For the last three days he has refused all food, and this morning he

Died,

16 Mar. 1906. A p.m. examination today showed cancer of the Caecum and chronic kidney disease.

Robert Gibson

for p. 370.

1 November 1890. Same state.

8 August 1891.— He has been working steadily about the houses since last note. Repairing the broken glass & also painting. His friends thought he might be hired at home & he was discharged today on Minute of Parish Council.

DISCHARGED.

John Burke — 146

July 29th 1900:— In good bodily health — No change mentally: the memory is very poor. He is rambling & incoherent & indeed unintelligible in talk noisy and chattering. Cleanly at nights.

January 19th 1904 — In good health: incoherent chattering unfit for any work: easily excited: He still has occasional jumping turns in which he shouts & dances like a monkey on a stick: He sleeps & eats well.

Jany 16th 1902 No change in any way.

August 15th 1902. Burke jumped through the shoot-hole to tunnel in 3rd Div and sustained fall fracture of left leg. He is in bed in S.W. restless, mischievous and interfering.

Dec: 15th 1902. Leg is now all right & he is back in 3rd Div. restless, full of mischief & requires a good deal of watching. In fair health.

July 15th 1903. Much the same. continues in 3rd Div.

1904. March 1st: Continues to have recurrent attacks of excitement when he is mischievous & troublesome. Is at present just recovering from one of his attacks & has been in 1st Div. for some time.

~~See Chronic Case Book~~

Notes re transferred from Chronic case book.

June 15th 1904.
Has frequent attacks of excitement during which he is irritable & troublesome. retains some of his old peculiar habits. e.g. taking off all his clothes. He is in good bodily health.

Jan 15th 1905.
Noisy: shouting irritable & impulsive at times & is not improved. In excellent health. (Dr. Cullum.)

Aug 27th 1906. This man has not altered in any respect. He varies from time to time. For weeks & months at a time he will be quiet & fairly well behaved, then for a bit he is very noisy & challenges incessantly in the most incoherent manner. (Dr. Gordon)

April 8th 1907. This old man is in fairly good physical health. He jumps up suddenly like a jack in the box when spoken to & nothing can be made of his unintelligible mutterings. He has not been violent in any way of late. J.A.W.

page 822

Robert Nicholson

fr p. 566.

1 November 1890. He has excitement at times & is a most murderous fellow – also suicidal & full of delusions.

22nd May 1899:– Died today.

John Burke. (from p 21).

June 5th 1908. This old man has been in his usual health since last note except for a slight bronchial catarrh for which he was in the sick room for a few days. He is sometimes noisy at night when he sleeps in the observation dormitory muttering in a loud way for hours at a time. He is visited regularly by the Prison governor from Maxwelltown about every 3 months.

Sept. 10. 1908. There is no change to note in this patient's mental or physical state

Jan 15. 1909. Burke remains fairly well for a man of his advanced years, in bodily health.

May 10. 09. Patient remains unchanged mentally or physically

Aug. 14. 09. Burke is still able to be in II. Ho. III. Div. Sleeps under observ. upstairs at night. He is a chattering demented old man. It is impossible to tell what he is saying. On physical examination – unable to detect any physical abnormalities except those common to advanced life.

Aug. 16th 09. This old man was transferred to-day, among the other patients – from the III. Div 2nd House to the new South Closed villa where he is in observation at night. He is noisy and chattering at times and tends to be dirty. His general health is wonderfully good for a man of his advanced years.

Dec. 12. 09. This patient is now in the Lower Mark Hospital. He is becoming a little more frail. Mentally remains the same.

March. 25. '10 Patient's mental & physical state remains unchanged. He is still in the In. H. and is occasionally slightly noisy – jumping up suddenly and talking quickly in an absolutely untilligible manner. He takes his food like a wild animal & is destructive to clothing. Physically – frail

30. Feb. 1910 Dropped dead suddenly. M.P. chronic valvular disease (mitral & aortic)

James Herriott. (Cont. from p. 342)

1890

Oct. 1st There is very little change to report in Mr Herriotts condition, his health is not so good as it was.

Nov. 20th Mr Herriott has not been very well during the past week, having had several fainting attacks during wh. his pulse became very weak. His face pallid. He had a slight diarrhoea today.

21st Diarrhoea still continues today with a quantity of blood in the stools. To confined to bed. Given Brandy. Lead + Opium.

23rd Motions still continue scanty and there is much difficulty in getting him to take his food.

26th Mr Herriott is getting weaker.

Dec 1st Motions still continue scanty.

5th Mr Herriott got gradually weaker and died today at 2 P.M.

Gruffyd Clayton Lloyd. (contd from p 34.)

3.2.91 The Captain today had an apoplectic attack, became semi conscious and was put to bed. There was no convulsion.

4.2.91 The left side is totally paralysed and he can neither move arm nor leg: the face is drawn to the right side: the speech is more thickened: complete consciousness has returned.

19.3.91 Power of movement has gradually returned in the leg and the Captain is out of bed today. He is quite unable to move the arm

14.6.91 The Captain is now able to walk: the left drags in walking but there is no tendency to trip: arm still immobile.

4.6.92 He now walks pretty well though the left leg still drags: arm remains powerless, and contraction has taken place flexing the fingers on the palm. The Captain is always cheerful, generally facetious. He often picks the skin off his nose.

5.3.92 The Captain can now raise his left arm almost as high as his shoulder: he is in good health.

7.6.92 Went to Kenmount today.

4.7.92 I was sent for to see Capt Lloyd today: found him in bed cyanosed with almost stertorous breathing, cold extremities, feeble irregular pulse, irregular action of heart, subnormal temperature, and slight oedema of ankles. Warmth & stimulants exhibited.

5.7.92 Much better today and face not so cyanosed. Breathing irregular in rhythm approaching Cheyne Stokes type. Pulse firmer but intermittent: slight oedema of ankles & under eyelids. He has some difficulty in swallowing.

6.7.92 He is still improving but is very restless & will not remain in bed.

8.7.92 Brought up to Carlisle today in close carriage: put to bed: legs oedematous as far as knees: heart's action rapid & irregular: urine contains large quantity of albumen.

10.7.92 Oedema much increased & extends up to abdomen. The right leg below the knee feels cold & complains of pain when it is touched. Breathing irregular.

11.7.92 Right leg cold & white up to knee: blister appeared on right great toe.

12.7.92 Blister extended over right foot which is dark in colour.

14.7.92 The gangrenous discolouration has extended as high as middle of right leg: left leg oedematous: oedema of hands & face: oedema of lungs behind: gradually sank and died at midnight

Joseph Bell Richardson. (cont'd from p 102.)

14. 10. 91 Mr. Richardson spent the summer at Kinmount when he always enjoys himself. He is using a lotion for his back which he states is weak and painful. He continually asks the R. M.O. for certificates of sanity (and is content with any rubbish that is written) so that he may be discharged & live in Dumfries. He gets 6 a week wh. he spends judiciously – often on sweets. He is fond of trumpery jewellery. wears a chain of beads &c. His bodily health is good. He has a mild attack of excitement

5. 3. 92 Mr. Richardson is becoming more demented. About once every six weeks when he talks incoherently for a few days, lies on the sofa most of the day, and does not take his food so well as usual: during these attacks he always speaks of himself in the third person.

7. 6. 92 went to Kinmount today

26. 8. 92 Returned from " "

12. 11. 92 Is at Hannahfield at present. No change.

25. 5. 93 Has at present two watches which requires. He [illegible] to wind every morning. Little change. [illegible]

25. 10. 93 Still greatly desirous of obtaining signatures vouching for his perfect sanity. Still content if such certificates are given him as his mental condition is what it is which was to be demanded.

15/4/95. Has been high of late, & talking a great deal of incoherent rubbish. Very obstinate. To-day however he is much better. Tongue clean & moist. Pulse fair. Rate 84.

18/9/95. Quiet at present. Busying himself in making bead chains of which he is very proud & which along with some bead rings made some time ago he shews to all visitors. Is Still at Hannahfield.

12/12/95. There is no change in the mental condition of this old gentleman, who seems to be very happy, comfortable & contented at Hannahfield.

1 X 96 No change, Is at Hannahfield & seems perfectly contented and happy

March 5th 1897. Mr. Richardson remains mentally the same, reading his Bible & muttering away to himself & his physical condition also is much the same & he is very quiet & happy at Hannah field.

June 1st 1897. Mr. Richardson is still at Hannah field and physically & mentally is quite the same and is quite contented & happy.

Mch 8th 97. No Change.

7 June 98. Still at Hannah field. Quiet & demented & seems happy. Bodily health very fair.

Aug 1st 1904. During past 47 years has become more & more enfeebled mentally. Continued to write voluminously. Always delighted in wearing sham jewellery. Every now & again becomes mildly excited. Alternative restless & incoherent. Complained always of pain in back - but was always satisfied with a lotion. Since 1892 has been at Hannahfield & is there at present.

Oct. 1904. Brought to the First House. 22/4/05. Sent to Friars Carse.

2/6/05. Returned to First House. 6/6/05. Sent to Hannahfield 30/6/05. Back to 1st House.

1 Aug. 1905. Kept in good physical health for last 12 months. At times excited - Excited restless incoherent. a purge then has a sedative effect. Much enfeebled mentally. Still decorates himself. Takes much interest in religious matters, & always anxious to be certified as sane & fit for discharge.

Nov. 17. 1905. Sent to Friars Carse.

1st Aug. 1906. Now at Rosebank. Mentally unchanged. physically keeping well.

In chronic case book.

8 Dec 1908. This gentleman was today sent from ~~Cakfield~~ Rosebank to Cakfield. Mentally he is delusional, but is as well enfeebled.

1 July 1909. This gentleman remains at Cakfield and continues to do well. He is enfeebled mentally but remains in good bodily health.

1 Nov. 1909. Still at Cakfield, where he shows no change mentally or physically.

1 July 1910. Went to Rockcliffe -

17 July 1910. Unchanged mentally or physically. "Wonderful for his years"

31 July " Returned to Cakfield from Rockcliffe -

1 Aug: 1911. Went to Rockcliffe today.

24 " " Returned to Crichton Hall.

4 Sept: " Went to Cakfield -

30 Mar. 1912. Remains wonderfully well. Has occasional fits of restlessness and excitement. Writes his sermon regularly every week and sends it to his sister. Is at Cakfield.

1 Aug. 1912. Went to Rockcliffe for a month -

27 Aug. 1912. Seen at Rockliffe today, rather more excited than usual.

31 " 1912. Returned from Rockliffe, not so well in bed at Cakfield.

11 Sept. - Back to his normal up today.

July 16th 1913 Mr. Richardson fainted when up on bowling green. Put to bed in L.E.

" 20th 1913 Better physically. A little excited.

" 26th " Not sleeping well. Getting up again

1914. Mar. 4. No change.

1915 - Sept. 30. Occasionally mildly excited - In very frail health -

June 30. In fair health for his age - has periodically a week of greater excitement when he stays

Aug 30 in bed - Had a month Rothin on the Solway, greatly enjoyed it & benefited much

Dec 28. Just now he is a little excited. Writes a weekly sermon - correspond with his people - & in the main enjoys life

1916 Jany 24. No change, well & enjoying life - writes & sermonises

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William Finch (contd from p. 114.)

14.1.91 Mr Finch has got into the disagreeable habit of belching up wind in a noisy manner after each meal. He is rather irritable at times & appears to suffer from hallucinations of hearing as when sitting alone he will say "Go to hell. Attend to the doctor". He tells pointless stories and has a wonderfull memory for the dates of births & deaths of notable individuals. He has full parole.

6.7.91 went to Kinmount to-day.

10.10.91 Returned from - - - On account of the above habit Mr Finch has been removed from Table d'hôte and put in the wards.

5.3.92 He is very anxious for a change to Table d'hôte again. He has been swearing rather more lately, and addressing more remarks to imaginary persons.

24.7.92 Mr Finch continues to be as methodical in his habits as ever.

2.8.92 went to Kinmount to-day.

27.8.92 Returned from - -.

12.11.92 Still belching away. Habits peculiar and methodical: reads his almanac each morning and tells other patients "who died & was born on this day".

29.5.93 No change.

25.10.93 Does absolutely the same actions every day. Most methodical man

23/5/95 Will scarcely speak & constantly asks the A.M.O. to leave the room & attend to Dr Rutherford. Is somewhat excitable. Tongue clean & moist. Pulse small & very rapid. 140 per minute

21/6/95 Sometimes very friendly & at other times quite antagonistic & perverse, refusing a physical exam: & on no pretence can he be got to take medicine. A few days ago he went down town & took rather much whisky. Pulse very small & rapid (100 per minute) but it is invariably so.

18/9/95. Mr Finch spent a month at Kinmount. He is still very variable sometimes conversing quite freely & at other times refusing to speak or only to say No! attend to Dr Rutherford. Attends the dances etc. & is very fond of having a hand at cards.

29/12/95. No improvement. Still very incoherent at times & ready to take offence

1.X.96 Continues exactly the same. Physically he is well.

William Finch

6.1.97. Continues as before described quiet, methodical and little given to conversation.
Physical health good.
30.4.97. Sometimes fairly talkative, sometimes reticent is addicted to alcohol when he can get sufficient money. He has parole and is quite harmless.
4.12.97. No change Physical health good.
27.8.98. Time passes and Mr Finch alters little.
20.3.99. He shows very little change in the last two years Mentally quiet and inoffensive if left alone excitable if his methods are in any way interfered with. Physical health is good he eats well and sleeps well.
20.11.1900 Mr. Finch remains as above, he sometimes starts off a story but if spoken to will become silent he will not answer questions.
Physical health is good. He does not dine at table d'hôte.
3.3.1901 Remains as before is quiet & methodical
1.6.1901 In Statu quo as regards his mental state. He has been frequently noticed lately to suffer from urinary dribbling & on examination a large inguinal hernia was discovered. He says it has existed for several years. It could not be reduced at the time nor after he had lain in bed for a time. His health continues good & he is going to Friars' Carse for a change.
1.8.1901 Patient returned after a month's residence at Friars Carse & continues exactly the same.

1st Aug. 1904. At time of admission & for long. Mr. Finch has been depressed. had delusions of suspicion & hallucinations of hearing. Took alcohol when he got the chance. Has gradually become more enfeebled: In 1891. large inguinal hernia discovered. in same year urine began to dribble.
At present in low East. Is Rheumatic & heart is weak.
20/7/1905. Sent to Friars Carse. 1st Aug. 05. Still at Friars carse. In fair health. Methodical ~~in fair health~~. Much enfeebled mentally. rambling incoherent. He is troubled with the desire to micturate very frequently.
1st Aug. 1906 Still at Friars Carse. Quite contented. potters about. Still rambling incoherent and incoherent & exhibiting a good deal of mental enfeeblement.
7. Jan. 1907 Returned from Friars Carse today, and was sent to Rosebank.
15 Jan. 1907. Returned to 1st House: as he was not suitable for Rosebank. Is in the lowest Gallery.
30 Mar. 1908. No definite change Much demented, Bodily health only fair, - Is showing signs of advancing years. Has an enormous left inguinal hernia. Habits faulty.

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Charles George Morrison (contd from p 166.)

20. 9. 91 Returned from Kinmount to-day.
5. 3. 92 He is most untidy in his habits & always has his clothes in a filthy condition. He continues to scribble on scraps of paper and any books he can lay his hands on; asks constantly for pills & castor oil. He occasionally has a diarrhoea - the result of eating the rich & indigestible pastry which his sister sends to him.
24. 7. 92 No change
26. 8. 92 Went to Kinmount to-day
12. 11. 92 Is at the Crichton now. No change.
25. 5. 93 No change.
25. 10. 93 Has been absolutely no change in Mr Morrison during last year
14/5/95. Wants to know what is meant by the historical value of money". Talks in an incoherent way of pounds, shillings & pence.
18/9/95. As incoherent as ever. Going about at present with paper & pencil making absurd calculations with not a particle of sense in them.
29/12/95. Mr. Morrison's mental condition shews no improvement.
1. 6. 96 There is no change mentally in Mr. Morrison condition He is weak minded. His Physical condition is fair.
2. X. 96 Mr. Morrison continues much the same there is no improvement in his mental condition. Is untidy in his habits.
1. 6. 1901 Mr. Morrison continues just the same. He is in a state of senile dementia & mutters inconsequently at times. He frequently covers shats of paper with calculations & occasionally & very abruptly emits a sensible remark.
1. 9. 1901 Continues the same. Came home the other day from an outing with his sister considerably inebriated & spilt a bottle of sherry on the floor. Physical health satisfactory
1st Aug: 1904. At present he is childish, incoherent & very weak minded. Frequently he has incontinence of urine. He is weak physically.
1st Aug. 1905. Has been free from any illness during the last 12 months. Has become rather more enfeebled mentally. Asks foolish questions. Does nothing beyond scribbling on paper. Has to be watched, otherwise he becomes untidy in his habits. Takes his food & sleeps well.
1st Aug: 1906 Now in Low North. Rambling in his talk & incoherent. Does nothing wanders about by himself. Well physically considering his advanced age.

30 March 1908. This gentleman shows no change. Incoherent rambling in his talk. Always wanting a dose of medicine. Takes his food well and sleeps well, & is in wonderfully good bodily health.

10 Aug. 1908. No change mentally or physically.

30 Jan. 1909. Considering his years he is in wonderfully good health, but mentally is demented and at times very incoherent.

1 Mar. 1909. This old gentleman shows little change mentally; he is much enfeebled mentally, is incoherent and rambling in his talk - always greets the doctor with the remarks- "Send me two pills please" - Physically he is becoming weaker - and lately has had very now & then slight attacks of giddiness - which suggest the possibility of something grave. ~~Apoplexy~~ (? apoplexy) -

23. March 1909. This old gentleman took another of his faint turns about two days ago.- Became gradually uncon-scious, and at 1.55 am. he

- died -

Charles Ellis Barker

cont^d from p. 514.

9.3.92 Mr. Barker is suspicious, at times very irritable and easily excited. He spends most of the day in reading guide books of which he has a large collection, playing music &c. He attends the dances heard parties. He has parole in the grounds. His psoriasis has been very troublesome this winter; his health otherwise is good.

24.7.92 No change.

2.8.92 went to Kinmount to-day

15.9.92 Returned from.

12.11.92. He is suspicious irritable and easily irritated. Psoriasis better at present

29.5.93 His psoriasis being better he went down to Kinmount. He has been wasting his parole here ordering many articles from shops in town & bringing whisky into the house

25.10.93 drank contents to stay at Kinmount so long as he gets a daily glass of beer.

21/6/95. As a rule very quiet. Spends most of his time when indoors compiling a catalogue. Walks a great deal is an inveterate smoker. Has a patch of psoriasis on his chest. One day recently he was rather offended at table d'hôte & started cursing & swearing. Is very peculiar at times

18/9/95. Mr. Barker who was at Kinmount returned a little ago with his whole trunk & arms ~~and~~ & literally covered with psoriasis. He has been in bed & been treated with a Solution of Arsenic & Iodide of Potass. internally & hot baths morning & evening as warm as they can be borne & the application of an ointment made up of Lanolin, Vaseline, Cerati Galeni & Glycerine. The result has been that he is now very much better, though the patches of psoriasis have not by any means altogether disappeared yet.

29/12/95. Still taciturn & grumpy. The psoriasis keeps well.

Mr. Barker is well at present. He is quiet and does not seem to like to be spoken to. He is occasionally irritable and excitable the least thing makes him very hard tempered. He writes away for trifles such as toy watches etc.
The Psoriasis keeps improving

Charles Ellis Barker.

1-8-1901 Is still taciturn morose & solitary though as a rule undisposed civil to officials. Skin disease is not so bad as formerly & does not like eczema at present. It has improved very considerable with simple zinc ointment & a course of alkalies. He has been for a month at Friars' Care & his general health is satisfactory. He drinks in the recess.

15th Aug. 1904. As before. Irritable & unsociable. Amuses himself by smoking cigars, tearing pages of newspaper, unintelligible rubbish. Still has a very extensive eczema, which resists all treatment.

22 Apr. 1905. Sent to Friars Care.

2 June 1905. Returned from Friars Care.

25th July 1905. Sent to Friars Care

1st Sept. 1905. Returned from Friars Care. Much excited mentally. Irritable & easily annoyed. Continues to write scraps of incoherent rubbish. Unsociable. Eczema still being treated but without benefit.

29th May 1906. Sent to Friars Care today.

18 June 1906. Returned to First House today.

1st Aug 1906. Keeping the same. Irritable at times and always unsociable. Says but little. Occasionally plays on organ. Scribbles a great deal of unintelligible rubbish. Keeps in good health except for the condition of chronic eczema which still troubles him —

1 Jan. 1907. No change. Irritable & unsociable. Still much troubled with his eczema, at times, and which resists all treatment.

10. 9. 07. No change mentally or physically. but remains unsociable & irritable

1 Apr. 1908. Remains the same. His eczema is a little better at present; It is still very irritable.

26 June 1908. Has gone today to Friars Care for a change.

8 Oct. 1908. Returned from Friars Care to First House.

30 Jan. 1909. Is now in the Mid North sharing own rooms. Mentally shows little change — In as much as he is less irritable, he is if anything more supported mentally. B. H. good with the exception of his skin condition, (? psoriasis + eczema) wh. still resists all treatment, but is at present not so acute.

1 July 1909. No change. Mentally he is extremely irritable "Surah" Still has his skin disease which resists the treatment, but at present it is fairly quiet. Is in Mid North.

1 Nov. 1909. No essential change mentally, except that he is less irritable at present. His skin is just the same; recently it was treated by prolonged warm baths, but they did no good. Now occupies rooms in the High North.

1 July 1910. Went to Rockcliffe for a change —

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John Hird contd from p. 558

11.11.90 No change. Is occasionally excited.

6.6.91 He is occasionally excited & morose, swears at any one who goes near him and threatens personal violence.

9.3.92 He has been keeping very quiet for some time. Health good.

23.4.92 He is keeping very well at present & is seldom irritable

12.11.92 He is an excitable, restless mood at present & best left alone as he would become dangerous if interfered with. He occasionally swears and curses. Is in good health.

25.5.93 Has injured his elbow. The Bursa is opened into & much fluid exuded. The apparently unopened.

~~25.10.93 Quite content to stay at Kinmount so long as he gets a daily glass of beer.~~

25.10.93 Generally carries hens meat to Maryfield &c refused to go lately as he would frighten the Highland cattle & prevent them pudy

16/5/95. Feels very well. Tongue clean & moist. Appetite good. Disposed at times to strike. When he becomes very bad he fortunately as a rule takes to bed Pulse 68 & of good force.

18/9/95. Continues very well. Spends a great deal of his time in work connected with his gallery (low North.)

28/12/95. In much the same condition as at last note. Makes himself a very useful man in the galleries

Joshua Hodgson

cont^d from p 684.

11th Nov. 1890 His patient never speaks except to say 'good morning' at the morning visit. He keeps aloof from other patients and walks out in the grounds alone.

14. 4. 91 No change.

14. 10. 91 He has been speaking more lately & asked permission to attend the dances. He has been making long rambling statements about his wife, whom he still refuses to see.

9. 3. 92 As silent and taciturn as ever.

24. 4. 92 There is no change in his mental condition and he continues to enjoy good bodily health.

12. 11. 92 He is quiet and retiring: occasionally talks in a rambling monotone about his monetary affairs. If interfered with he becomes irritable and strikes out. He shuts all doors after him no matter who is behind him.

25. 5. 93 No change.

25. 10. 93 His daily expectation of going away. Will not have anything to do with his wife.

23/5/95. Very quiet & uncommunicative. The only thing that can be got out of him is a morning greeting & this often with great difficulty.

18/9/95. Very quiet. Is most methodical in all his doings in his walking exercise, his reading &c.

29/12/95. Only speaks when spoken to. Remains well bodily.

1st Aug. 1904. This delusional suspicious and is rambling incoherent in his conversation. There is a good deal of mental infirmity now present. This is an average physical health

1 Aug. 1905. Delusional. reserved, unsociable and a good deal infirm mentally. Most methodical in all his doings. Keeping well physically.

1 Aug. 1906. Remains delusional unsociable. Goes out at regular hours for walks by himself, and is in good health.

8 Mar. 1907 Unchanged. Delusional unsociable. Goes out at regular hours by himself. Bodily health good.

6 April 1908. No change. Methodical but eccentric. Suspicious & unsociable. Goes out daily for his walk, & always wears a silk hat. Remains in Right East. Has good Bodily health.

7 Dec. 1908. Unchanged. Eccentric. asocial. Suspicious. but keeps in good bodily health. Was today sent to Oakfield.

10 Feb. 1909. Doing well at Oakfield.

1 July 1909. No change. Eccentric & suspicious with Superviening dementia

1 Nov. 1909. Still at Oakfield, & shows no change mentally or physically.

1 July 1910. Went to Rockcliffe.

Ishua Hodgson.

10th July 1910. Mentally or physically this gentleman shows no change he is suspicious, eccentric & demented.
31 July 1910. Returned to Oakfield from Rockcliffe.
1 April 1911. Brought to First House.
1 Aug. " Went to Rockcliffe today.
31 Aug. " Returned to Crichton Hall.
4 Sept. " To Oakfield.
20 Mar 1912. At Oakfield still and quite unchanged.
1 July 1912. Went to Rockcliffe today for a month.
1913. Feb. 4. D. S. Q. Aug. 1. D. S. Q.
1914. Mar 4. D. S. Q. Sept. 30. D. S. Q.
May 18th 1915. When Mr Hodson was returning from his walk yesterday, he collapsed on the doorstep and had to be carried up to bed. After 1/30 strych. hypoderm. he came to. His heart is bad, the normal heart sounds are replaced by soft blowing murmurs.
July 31. 1915. He has been at Portling all July & has enjoyed the change. He was too enthusiastic in his walks & as a result he had a syncopal attack during last night. When seen at 6 a.m. by the doctor he was over the worst of it, he was ordered to keep quiet in bed for some days & light diet.
Aug 10. 1915. He returned from Portling on Aug 2 & has quite regained his old form.
1916. Jany 24. Mr H. has kept very well since last August. He has now a cough & his heart is vicarly irregular & tumultuous in its action so he has spent several days in bed, & has improved considerably. He now gets up.
Feby 2. Weak, difficult to feed, coughing, put to bed & ordered extras.
14. Much better, gets up at 4 p.m. still sleeps badly, & has delusions to the effect that there is no passage thro' his bowels.
Mar 15. This morning Mr H was worse physically, his heart being weak & his cough very troublesome. He also had delusions of persecution. moved to L.W.
" 23 After being very ill for some days, he is now improving
" 25. Much easier, takes food very well, cough little trouble. Still has a good deal of cardiac weakness, systolic murmur at both apex & base, has delusion still that his bowels never move.
26. Was up repeatedly in the night & sat for lengthened periods on the commode. This morning he has evident bronchitis, cough very troublesome, sputum greenish yellow. "Mist. Expectorans. Stim"
28. Had a very bad night, restless, coughing, delirious, heart very irregular in its action
30. Less distress, less sputum, less cough, weak & disinclined for food, heart acting better.

to Folio 849.

Alfred Crawley (cont^d from p. 26

2. 8. 92 Mr. Crawley grumbles at the cold weather, always complains of cold's head. went to Kinmount to-day

5. 8. 92 Returned from Kinmount to the Crichton

12. 11. 92 No change. always grumbling about the weather.

29. 5. 93 No change. Always repeats the same the same statement in reply to morning salutation of A.M.O. "Just the same Got a cold Very draughty place."

25. 10. 93 Same state. Perhaps a little more Talkative & a little less dirty

8th May 1895. Patient left to-day. Recovered.

Circulatory System.

dium

(M. 11 oz., F. 9 oz.)

(A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.)

and Vessels

Respiratory System.

ft Pleura

ft Lung (M. 21 oz., F. 15 oz.)

ight Pleura

ight Lung (M. 24 oz., F. 17 oz.)

espiratory passages

Alimentary System.

ritoneum

ver (M. 53 oz., F. 44 oz.)

all-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

arge intestine

mall intestine

tomach

pper alimentary passages

Urino-Generative System.

eft Kidney (M. 5½ oz., F. 5 oz.)

ight Kidney (M. 5½ oz., F. 4¾ oz.)

Bladder and ureters

enerative organs and passages

Microscopical Examination.

Signature of Assistant Physician

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name Joseph Bell Richardson. Aged 91.
Died on 6 Jany 1917 at 3.40 a.m. P.-M. on 9 Jany 1917 at 11. a.m.
Mental Disease Dementia adolescent – senility
Cause of Death senile decay

General Survey.

P.-M. Lividity Slight
P.-M. Rigidity
Nutrition good
Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin well nourished
Subcutaneous Fat fairly plentiful
Bones
Joints
Muscles and Fasciæ
Lymph Glands
Thyroid Gland
Spleen (M. 6 oz., F. 5½ oz.)
Blood

Nervous System.

Peripheral Nerves
Spinal Cord and Column
Sympathetic Chain
Sense-Organs

Brain.

Scalp
Skull—Measurements

Vault of Cranium
Floor of Cranium
Hard Palate
Dura Mater thickened & closely adherent to cranium - Pacchionian bodies. calcified
Pia-Arachnoid thickened - especially at upper end of Rolandic fissure
Fluid in Cranial Cavity normal amount Weight of Encephalon (M. 49 oz., F. 44 oz.) 57 oz
Arteries at Base of Brain Extensive atheromatous plaques
Cerebrum convolutions flattened

Cerebellum
Pons-Medulla
Ventricles
Choroid plexuses
Pineal body
Pituitary body

Joseph Bell Richardson.

from p. 828

1916.

Jany 28. Today Mr R has a cold, bronchitis seems likely to develop
29. Bronchitis is now evident, cough, sputum, many crepe rales
removed patient to L.W. – at first he refused all food & medicine
30. had no sleep last night, refused whiskey, spat out Paraldehyde
has taken little food, is delirious
Feby 2. is eating better, & takes his medicine now. still gets little sleep
4. still delirious, takes food & medicine, gets little sleep.
6. is weaker today gets better more sleep, takes food fairly
8. Temp and little cough, & temperature & the bronchitis is improved
but the strain of it has tried very severely the strength of
this gentleman of 92.
10. He sleeps rather better takes food fairly, but is still delirious
17. This week he has improved – gained strength, slept better, quieter in mind.
23. Takes solid food now & is clear in his mind
March 22. up after breakfast, eating, sleeping well, leading his ordinary life at L.W.
April 4 to Oakfield from L.W. He walked to Oakfield & was none
the worse
May 1. He got up after breakfast, lies down in the afternoon, is
up again for tea – He is sensible & amenable & enjoys
1917 writing to his sisters, & composing sermons.
Jany 1 for the last week Mr Richardson has been in bed, &
he was confused & also weaker. He has taken his
food, but he is dull & dozes all the day.
6. Mr Richardson died in his sleep & was found
dead in bed by Nurse Fair at 7.40 am today

Died – Jany 6/17. in the 60th year of his residence at the C.R.I. prior to which he had been for 10 years in Montrose Asylum. He was described as a delicate youth. He was an inveterate heavy smoker of strong tobacco all his 70 years

David Morgan (cont'd from p 157)

8.5.92 There is no change in Mr Morgans mental condition. He is dirty in his habits especially during the night. Is quite demented. When spoken to says "Good God. It's awful". Is in good health.

24.6.92 To-day found to have developed Pneumonia in the Right lung - lower lobe affected. Evening Temp. 103.4.

26.6.92 Whole of right lung affected. Temp. fm 102. to 103.5. Pulse 130.

29.6.92 Gradually sank and died to-day.

Kirchwar William Arnold.

cont from P. 178.

29.5.93. Reads a little. Mutters a little. Talks very little. Still reputed to be an escapist.

25.10.93 Uncommunicative. Fairly acute. No change

15/5/95. Very stupid in complying with request. Pulse good. 76 per minute.

29/12/98. Mr. Arnold's condition shews no improvement.

17.1.1901 Patients condition remains as above. He sits most of the day near the fire with a book but does not read much. His health remains good. He eats & sleeps well. He shows marked mental enfeeblement.

1.8.1901 Remains as in last note. Quiet & harmless.

1st Aug. 1904. When admitted delusions of persecution. Has more or less settled now he is demented, indifferent, and in fair bodily health.

1st Aug. 1905. No change during last 12 months - Mentally his state is one of dementia. Seldom speaks. does nothing. Quite manageable. Eats & sleeps well.

12 Aug. 1905. Not looking well. Complaining of pain in the back. Temp. 99.6. Pulse 100.

24 Aug. 1905. Remains in bed. Temperature up to 99 in the morning - pulse varying between 96 & 110. Prescribed mixture & Krill. now on Tr. digitalis.

1st Sept. 1905. Still confined to bed. but has improved under treatment.

5th Sept. 1905. Continues improving. Temp. 98. Pulse 88.

1st Aug. 1906. Quite recovered from the above illness. Mentally demented. Says & does nothing. Takes his food and sleeps well. Is in the Low work Gallery.

10 May 1907. No change. Much emptied. Does nothing. Remains in Low work.

30 March 1908. This gentleman remains unchanged mentally, and is in fairly good bodily health. Eats & sleeps well. In Low work.

10 Aug. 1908. Remains in good bodily health altho' ailing agreg. Mentally no change.

30 Jan. 1909. Takes his food well & sleeps well, but mentally is much enfeebled.

1 July 1909. Remains unchanged in any respect. Atpresent is in Low Yard.

1 Nov. 1909. Mr. Arnold shows no change mentally or physically, and is now in the Low Work.

11 July 1910. Unchanged mentally or physically and is now in the Low Work.

23 Jan. 1911. No Special change mentally or physically.

10 Apr. " Mentally the same. Physically he is becoming thinner and looks frail. Nothing abnormal detected.

14 June " In bed with a cold. Nothing else detected.

22 " " Patient had an obstructive attack today at 1 pm. He rallied from it, but with another about 2.15 pm. and at 2.30 pm.

Died

Alexander Denny Tolmie

from P. 756

30.5.93 No change in Mr Tolmie Lets no one interfere with his room or methods of life. Carries in his own meals from the table outside table d'hôte room.

25.10.93 No change

8.4.95. No change in general condition. But no signs of violence. Opens his door every morning for the medical visit, puts out his head, & says "My bowels are all right, & I slept well last night" — or if there is any irregularity in their functions, he reports it. Rarely condescends to converse further.

14/5/95. Is a good worker when inclined. Talks a great deal & on every subject. Went to Moffat & wrote out a simple account of his day's travel to the medical assistant. Goes about the house in the morning with clothes that are nothing but rags & he cannot be persuaded to lay them aside for a better suit of which he has more than one in his possession.

18/9/95. Is most methodical in everything. Is at present contemplating an excursion to Kirkcudbright & another to Abington & Leadhills. His conversation with the A.M.O. is as perusal "Slept well last night, bowels all right;" then he will make some remark on the atmosphere or on the book that he is reading at the time. Of his books he is most careful, gives them an airing & sunning every week & handles them always like some precious jewels of untold worth.

29/12/95. Mr Tolmie remains in the same mental condition. His sole morning greeting is as a rule "Slept well; Bowels all right; East wind Temperature so & so."

4.1.94. Continues the even tenor of his way, lives a methodical life, doing the every day things of life at regular times. He tidies his room in the early forenoon, changes his clothes and goes for exercise round the high green, comes in & reads and then paces his gallery for the good of his health. Physical health is fair

30.6.94. There is little change in Mr Tolmie, he is mildly demented quiet & reserved, lives a life absorbed in peculiar to himself. Physical health good.

2.12.94. Quiet & unobtrusive, gives no trouble and is easily managed. He spent the anniversary of his stay in Asylums.

Alexander Denny Tolmie

in St. Michaels cemetery saying "he wanted a quiet place to meditate"; his life is varied by excursions to places in the neighbourhood which he plans and carries out himself. Physical health good.

30.5.98. As above, Peculiar & Eccentric continually writing incoherent notes. Physical health good.

2.12.98. Mr Tolmie has awakened to the fact that he is getting older & requires more creature comforts, he asked to have a fire in his room and to be allowed 3½ whisky per day, both requests granted. There is little change in the past two years, he is as methodical and as eccentric as ever, informs the assistant about the state of his bowels and how he slept every morning and occasionally adds an incoherent conglomeration of words in the form of a note which he hands you.
Physical health good.

7.9.1901 Patient remains well & announces to the M.O. every morning how he has slept & the state of his bowels. He goes out for long walks sometimes doing 30–50 miles in a day. He has gone for a week to a hotel in Glasgow to see the sights. Absolutely declined to have an attendant with him. Said one could be sent if Dr. Rutherford wished & that he would report himself to the attendant morning & evening but would have nothing to do with him during the day. He will stand no interference of any kind & chiefly communicates with the officials by means of notes written in incoherent words & sometimes cabalistic signs.

1st Aug. 1904. There has been little variation in this patient's mental state since he came here 20 yrs ago. Then as now he showed mental enfeeblement, coupled with eccentricity of behaviour & occasional irritability and excitement. Left to himself he ~~[illegible]~~ never gives any trouble, thrawted or interfered with he becomes troublesome & even dangerous. He keeps entirely to himself, will allow no attendant in his room goes for his own meals & attends personally to all his requirements.
He employs himself reading, & he puts curious pencil marks all through his books. He has a great aversion to new clothes & he takes exercise in the form of walking. He will go away for 24 hrs & walk 50 or 60 miles on a stretch.
He announces his physical condition every morning, usually in these terms "Slept pretty well. Bowels moved freely" or "Slept pretty well took a pill & bowels moved freely at 5. 12 & 4".

1.8.06 Unchanged. Keeps much to himself, makes a daily report regarding his condition unsociable & eccentric in his behaviour. Keeping quite well physically.

continued on page 900

James Dunlop Hill

3.5.93 I'm the Sheriff of Edinburgh's son I'm the King of Scotland you know is the usual way in which he introduces himself to strangers

25.10.93 No change, excitable, unstable & prompt of strange delusions.

24/5/95. Very simple & incoherent; imagines himself several individual of high degree eg. "The Prince of Wales" that he is possessed of extraordinary wealth & various other grand delusions.

18/9/95. Incoherent as ever. A little time ago he went down to Mrs. Fletcher (Kelton mains) ordered them out of the house as he had bought it & said that if he had them over in Kirkcudbrightshire he would cut their throats. His parole was stopped & he was sent out to the barrows, at which he was mortally offended, said he did not understand why he had been sent that he had no bastard children to support: had he had, it would have been quite different.
He still chatters away to the leaves on the trees & the birds & carries a slip of paper in his hand with his name upon it, a thing which he has done for years.

29/12/95. As incoherent as ever. Talks all manner of rot & nonsense & magnifies himself the ruling spirit & owner of the place.

20.2.1901 Mr. Hill remains as above, simple & incoherent in his talk, he will prattle away for hours about nothing. He is easily managed & helps in dusting & other things. His delusions are still present & he takes a great interest in the welfare of the Institution. Bodily health is excellent.

17.9.1901 Continues the same. Had a fit of excitement recently which lasted two days because another patient insulted him at times but is in his usual quiet state again.

1st Aug. 1904. At the present time he is delusional. Thinks he owns and manages the Institution. Busies himself about, apparently doing much, but really doing nothing. Plays the piano ad nauseum. In fair physical health condition.

1st Aug. 1905. Delusional as regards his own importance, his possessions & abilities Exhibits incoherence. Keeping well physically.

1st Aug. 1906. Remains in just the same condition mentally & physically Still delusional, believing that he is a King. Shows incoherence at times Employs himself dusting the gallery. He is in good health.

Mr. Hill

10 Mar. 1907. Remains unchanged mentally & physically
6 Apr. 1908. This gentleman is seen in the High West. He is quiet & easily managed. Childish in manner & appearance. Goes out regularly - has parole. Amuses himself playing the piano. He is in good bodily health. Eats & sleeps well.
10 Aug. 1908. No change mentally or physically.
12 Jan. 1909. Was today sent to Rosebank. He made a great fuss about going, but his vindictiveness did not last long.
16th Aug 1909 Mr. Hill after over 7 months stay at Rosebank has been returned to 1st Ward on the breaking up of the Rosebank Establishment. On being seen Mr. Hill. Says Hiccup Jain. He is a quiet fairly intelligent little man who talks quite rationally & sensibly about his various projects.
1 Nov. 1909. This little gentleman is keeping fairly well just now. He is excitable & eccentric. Is now in the first house dispensary where he does well.
10 July 1910. Remains unchanged mentally & is in good bodily health. He continues to do well in the Low North.
12 Dec 1910. J.S.Q.
10 Jan. 1911. J.S.Q. 20 Dec 1911. J.S.Q.
21 Jan. 1912 No Change. This pedantic and rather pertinacious little gentleman who does the whole Creation is just the same and is still in the Low North.
1913. Jan 6. J.S.Q.
1914. February. In Bungalows - no change to note.
Sept. 30. On observ: -
1915 July 31. in status quo - at Bungalow - active & in good health.
1916. Jany 28. No change to report - contented, has fabulous delusions, gives little trouble, is in good B.H.
Sept 11. Today he left the Bungalow about 10 a.m. & did not return. He was found walking at Pardgate 14 miles away & brought back very tired but otherwise apparently no worse for his feed.
Sept 12 - This morning he is still elevated & delusional but not suffering any bodily consequences from his long walk.
Oct 12. Has been very content on L.W. has gained weight & strength.
16. He is quite in his best form - moved to Oakfield today.
1917 Jany 6. He is happy & contented at Oakfield, has gained weight mentally unchanged - often plays the piano.
1918 Jany 25. at Oakfield, contented, bodily health good, very delusional.
March 1. On morning Feby he went into Offs & beyond it to a large house. The colored told the people it belonged to him & frightened them so that they reported it to the Police. Mr. Hill was moved to L.W. for some weeks - today he was put in H.E. Square grounds parole

see p. 856

William Smith.

25·10·93. Tells quite long stories with details which voices have told him about people in the house. Thinks that he has been told them by some one that should know but he cannot tell who they may be.

11/5/95. Says he hears voices of people whom she knows ~~do~~ who have repeatedly made an attempt upon her life without avail; that "people were dropping off in this part of the country & that the murderers could not be discovered" & that "he gave the police their names & so led to their apprehension"; that he "knows their oath" which is that "no man is to see them & live". Fails to identify faces.
Pulse very good & regular; rate 68.

18/9/95. Chatters away still, in reply to voices which he hears speaking to him. Complains very much of pains, particularly in his left leg.

29/12/95. Holds conversations with voices that he hears from without. This morning he was talking to a voice which told him that yesterday he had taken Major Gombertz's dinner instead of his own

1 X·96 Physically W. Smith is weaker. There is no improvement mentally. He sits quiet all day, does not talk & take any interest in his surroundings.

X 11·96 No visable change sits in his chair doing nothing. Is very thin there is swelling of the left hand & arm which is paralysed. He is very thin. Hardly ever speaks. Has no memory.

10·3·97. For the past week patient has been running down rapidly. He has attacks of syncope and has been confined to bed.
He died early this morning evidently in one of those syncopal attacks

1916. Joshua Hodgson. from Fo. 838

March 31 - cough troublesome, lungs congested, hearts active weak & irregular, slept fairly but not long at a time. hands & feet cold & cyanosed.

Apl 1. takes food badly, delirious, very weak,
2. died quietly & painlessly at 1/50 P.M.

Died

John Hector.

from 780

15-X-93 Mr Hector is very peculiar - gives what have swearing at pitch of his voice. It can stop & speak most politely. Imagines people sit on his chest during night & writes to Supt asking him to stop these "annoyances". Keeps a diary most faithfully. Employs himself working in garden & has a key of which he comes & goes as he likes. Is a dangerous patient & is both homicidal & suicidal.

rather contradictory.

The commissioner on his last visit thought him more demented than on former visits.

This Case is Continued on page 886.

James Ponsonby Steel from 330.

23/5/98. A very quiet old gentleman. He takes a good deal of exercise & maintains good bodily health. His habits are at present cleanly.

18/9/98. Is very devotional at times, dropping down irrespective of place & conditions to put up his petitions to heaven. He continues cleanly in his habits & takes a great deal of exercise.

29/12/98. Still devotional at times. Chatters away to himself. Reads a good deal, mainly from the bible.

March 6th 1897. Still much the same mentally, chatters away as usual & still reads the Bible. Bodily a carbuncle has developed in his right groin at the angle of the scrotum & abdomen & thigh with much induration into the surrounding tissue. The cord is thickened & there is a slight nodule reddish in colour on the side of the scrotum on the Right side. His health otherwise is good. Was removed from Hannah field to C.R.I. on 2nd March.

March 8th 97. Mr. Steel is improving slightly. Appetite good sleeps fairly well & the induration round the Carbuncle not so marked.

" 12th 97. Mr. Steel is improving rapidly. Sleeps well. Appetite good. Induration round the Carbuncle gradually fading away & altogether much better.

" 18th 97. Mr. Steel is now convalescent. Carbuncle gone & the induration round gradually subsiding. He is able to be up & takes his food very well.

Nov. 6. 1897. Mr. Steel is now up at the Cubicles 1st Ho. He is in good bodily health, mentally no change.

4. 1. 98. Patient is demented and quiet rarely talks and only on an odd occasion answers a question. he spends most of his time reading the bible: his habits are dirty and require the constant attention of the attendant. Physical health is fair.

14. 7. 98. Continues as above, is in good physical health.

19. 9. 98. Transferred to Hannahfield, nothing fresh to be added.

Dec 15th 1898. Patient was this day admitted from Hannahfield suffering from Herpes affecting the distribution of the left facial and frontal branches of the 5th nerve on the right side. The surface of the skin is covered with a glutinous serous exudate and the eye is catarrhal, the edges of the lids are glued together and the conjunctiva inflammed in a marked degree.

James Ponsonby Steel.

The skin surface is being healed by moist boracic dressings and the eye bathed with Boracic lotion after which the edges of the lids are annointed with Pagenstecher's ointment. He is kept in bed.
Temp 98.4° Pulse 78.

16th Pulse 76 Temp 98.4°.

17th Pulse 80 " 98.4°. The crusts are slowly separating but the eye condition is still acute. There is a considerable exudation and the lids are glued together in the mornings.

18th This morning is the first time Mr Steel could allow me to examine his eye and then it pained greatly. The conjunctiva covering the ball is uniformly inflammed and injected, the iris is muddy and there is a haze with yellow punctiform spots in the anterior chamber. bathing with Boracic lotion and anointing with mercurial ungt. continued.
Pulse 78 Temp 98.4° he takes his food well.

21st The crusts are separating and leaving large patches of smooth skin. this separation is more advanced over the scalp than the face where with slight separation there is a bleeding tendency. The eye is still markedly inflammed & very painful
Pulse and Temperature are normal.

24th The skin surface is now healing rapidly but the eye is not clearing up being still subacutely inflammed His general health is fair and has suffered little throughout.

1.8.1901. Physical health good. Mentally in same state as formerly

1st Aug. 1904. At the present time is demented. Does nothing. Seldom speaks, takes his food well, & remains in fairly good physical health. Has a curious habit of turning "head-over-heels" in his bedroom or in the sitting-room, without any apparent reason.

1st Aug. 1905. The subject of dementia, but he sometimes brightens up in quite a remarkable way. When visited by his friends. Keeping well physically. Is in High East.

1st Aug 1906. Quite demented. Steel indulges in curious acrobatic movements performances Takes his food & sleeps well. Micturates frequently. Now in the Low North.

1 Jan. 1907. No change. Remains in Low North.

10 Dec 1907. Becoming weaker physically. Is much confined to bed. Cardiac action slow. pulse irregular. otherwise nothing abnormal detected.

30 Mar 1908. Much the same. Sometimes he gets up. and is still given to perform his acobatic feats.

p. 903. 903

Edward Barrington from 434.

25/5/95. Never speaks not even in reply to questions. Seems however to enjoy cricket. Pulse good rate 72 per minute. Patient appears to be in good health.

18/9/95 Mr. Barrington who was at Kinmount for a month has become a little more approach & will even now address a few words at times to the A.M.O. He is playing a good deal at billiards at present & plays very well

29/12/95. Still stubborn & sulky as a rule & when spoken to rarely ever replies or if he does so it is in only in monosyllables.

1.8. 1901 Continues in good health. Is very quiet. Hardly ever speaks to any one. Is very deaf but bright & cheerful & seems to enjoy life. He eats well & sleeps excellently. Was at Friars' Carse for a month this Summer & enjoyed the change. Has occasionally joined in the cricket practices & seemed to enjoy the exercise but is getting too old to continue regularly

1st Aug. 1904. Has gradually been becoming more & more enfeebled mentally. Never does anything and he seldom speaks. He is deaf and stupid in appearance and manner. At present is in the High West.

20th July 1905. Sent to Friars Carse.

1 Aug. 1905. Still at Friars Carse. Quiet and much enfeebled mentally but keeping in good physical health.

7th Sept. 1905. Brought in from Friars Carse to the 1st House

1st Aug. 1906. Now in the High East. Is demented quiet, does nothing & is keeping in good health physically –

16th Aug. 1906. Has been out at Friars Carse for about a fortnight, and was brought in again today

10 Jan. 1907. No change. Quiet & demented. B.H. fair.

26 March 1907. This gentleman shows no change. Is now in the ~~Low North~~ High West.

5 March 1908. No change. Much enfeebled mentally. B.H. fair. very deaf.

26 June 1908. Has gone today for a change to Friars Carse.

8 Dec. 1908. Although there is no change mentally in this gentleman he keeps in excellent physical health, & today was brought to Oakfield –

30 Jan. 1909. At Oakfield. Remains unchanged. Is very deaf

1 July 1909. Is at Oakfield & remains unchanged mentally or physically.

1 Nov. 1909. The captain remains at Oakfield where he does very well, giving little or no trouble. Is in fair bodily health, but considerably demented.

1 July 1910. Went to Rockcliffe today.

10 July " Remains at Rockcliffe. Is in good bodily health, but is considerably demented & very deaf.

31 July 1910. Returned to Oakfield from Rockcliffe –

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name Edward Barrington

Died on 19th June 1921 at Dumfries P.-M. on 21st June 1921 at Dumfries

Mental Disease

Cause of Death

General Survey.

P.-M. Lividity Well marked

P.-M. Rigidity Moderate

Nutrition Good Pupils R & L equal & regular

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F. 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium

Heart (M. 11 oz., F. 9 oz.) 14 ozs

Cavities Auricles slightly dilated. L.V. thickened & dilated & open.

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.) P. atheromatous. A fairly complete atheromatous.

Muscle V. Pale & fatty, also endocardium

Aorta and Vessels Marked Atheroma of Aorta & Coronaries.

Respiratory System.

Left Pleura

Left Lung (M. 21 oz., F. 15 oz.)

Right Pleura

Right Lung (M. 24 oz., F. 17 oz.)

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.)

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz., F. 5 oz.)

Right Kidney (M. 5½ oz., F. 4¾ oz.)

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician J. Campbell Smith

Edward Barrington.

20 Aug: 1911. Went to Rockcliffe today.
24 Aug: " Returned to Crichton Hall
4 Sept: To Oakfield today.
20 Mar. 1912. At Oakfield and is unchanged mentally or physically.
1 July 1912 Went to Rockcliffe today for the month of July.
1913. Feb. 4. I. S. Q. Aug. 1. No change.
1914. Mar. 4. No change to record.
Sept. 30. As above.
1915. July 1 No change
1916 Jany 28. at Oakfield, in good bodily health, mentally unchanged. He ~~did~~ always busy reading the paper
Sep 16. He was sick & unable to take his Breakfast today
XX→ 17. His urine is albuminous & contains casts
no return of sickness
1917. Jany 6. Condition unchanged
1918 Jany 25. at Oakfield, has kept in good health, save that urine contains albumin - mentally no change.
1919. Sept. 2. Very dull & demented - no occupation - It very deaf - In failing health - but kidneys cause no symptoms -
1920. June 1st. Continues much in the same way - [illegible]

1921 June 19th. Died at 6.10 p.m.

Patient fainted when returning from church 3 weeks ago. His pulse was irregular & intermittent & he was kept in bed for 10 days. Alk. Tonic & Tr. Digitalis were given t.i.d. Pulse became stronger & steadier.

To-day patient spent the afternoon in the garden, resting on a seat. He went to his bedroom about 6. Nurse found him, when he did not come to tea, lying on his bed almost pulseless. He died a few minutes later.

P.M. report appended.

Cause of death "Fatty heart & Atheroma."

Wm. Sinclair. from 130.

12/6/95. Newly back from Kinmount. Talk incoherently about abolishing civilisation & giving savage life a fair trial. Pulse fair. Rate 48.

18/9/95. Very touchy; taking offence at what would be regarded by other people as nothing. Two days ago he requested to have a private talk with me, asked if I would deliver a message from him to the Revd. Alex. Willison & then gave me the message which was "From henceforth, now & for ever, he & I are to be complete strangers to each other". Asked, why he had taken such an extreme step he replied "I choose to give no explanation." He pesters all & sundry with absurd childish questions & when taken up short, has tended to shew fight.

29/12/95. Went to Kinmount on the 23rd of this month. Is unaltered as regards his mental state.

March 6th 1897. Mr. Sinclair physically is very well. Walks outdoors regularly & has a splendid appetite, though still slovenly in taking his food. Still pesters one with childish questions & gets on fairly well with the other patients at Hannahfield when he has been now for some time. His mental condition remains the same.

June 1st 1897. Mr. Sinclair still at Hannahfield. Appetite good. Enjoys good health out every day. Mentally he is just the same.

Novr. 5 97. Mr. Sinclair keeps in good bodily health mentally no change.

Mr J. D. Hill – from p. 847.

1919. Sept. 2. In H.E. & on parole. Occas. mild attacks of elation & talkativeness. Has quaint delusions – thinks he owns the whole place – Is gentle & well behaved. In failing health.

18/1/09 Friends to communicate with in case of sudden illness or emergency
857 Rev. Mr. Thos Strachan. The Manse Waterloo Place. Dp.
Harry Wilmot from 346.

ran away & hid in the woods. He was missed searched for & discovered but before he could be caught he had run well nigh 3 or 4 miles, going from one road to another.

21/4/95. Mr. Wilmot was brought back from Kinmount yesterday.

18/9/95. Very quiet at present, indeed cannot be got to speak. He will stay nowhere, but in the bath room of the High West.

29/12/95. In statu quo. Physical health good.

1/6/1901. Patient remains as before. Is in Low North gallery. Is perfectly quiet & harmless. Takes his food well & is quiet at night.

1st Aug. 1904. Mentally no change. He is a congenital imbecile. Is in the Low North. Requires everything to be done for him. & he exhibits now as he did many years ago. A peculiar habit of jumping up from his seat, turning round several times & then sitting down again.

21st Jan. 1905. Today whilst in the lavatory the patient ~~fell~~ fell and fractured both bones of the Right leg immediately above the malleoli. He was attended to at once & is doing all right.

21st April 1905. He is up again & is about, there is partial ankylosis of the joint.

1st Aug. 1905. Demented. Says little. Keeping in good health. Is Panic. Outside every day. Is in the Low West.

2 Sept. 1905. Removed to Low East.

1 Aug. 1906. Quiet and demented. Does nothing. Is in good physical health. Still in Low East gallery.

1 Jan. 1907. No change. In Low East. Much enfeebled mentally but in good bodily health. - although lame -

30 Mar. 1908. Remains the same. Requires constant supervision. - If left alone he jumps on the window ~~side~~ sill, & puts his arms out of the window, & goes on with numerous ~~antiques~~ antics. In good Bodily health. Mentally much enfeebled, - seldom speaks - Does nothing in the way of work.

10 Aug. 1908. Remains unchanged mentally or physically.

30 Jan. 1909. No change. is much enfeebled mentally. Is in fair bodily health - Eats & sleeps well.

1 July 1909. Dementia is progressing, but otherwise he shows no change mentally or physically.

1 Nov. 1909. No change from above. - Quiet & demented & in fair bodily health.

27th April 1910. Patient today fell in the lavatory. & evidently had a slight shock, altho' at present he shows no signs of paralysis &c.

30th Ap. 1910. There can now be no doubt that this patient has had

a slight shock. There is paralysis of the right internal rectus - slight paralysis of lower part of left face, and a left Babinsky - the haemorrhage has evidently caused some of the fibres of proceeding from the right 3rd nucleus. - no other eye muscles are affected.

Patient died today 2nd May 1910 at 11.40 am.

James Graham from 210

17/9/95: Still complains of an impure motive or handle as he calls it, being upon him day & night & at times gets very violent & threatening on account of it. He rarely ever speaks & often when spoken to sticks his fingers in his ears.

29/12/95. Maintains that there is still an impure handle upon him & that the socks he has to wear are not his. Physical health good.

1.8.1901 Continues in the same state. Rarely speaks to anyone but is evidently disappointed if the M.O. does not spend a little time with him at each visit. Is very quiet & harmless. Was treated rather roughly a few days ago by an attendant who was bathing him. He did not complain but seemed pleased on hearing the attendant dismissed shortly afterwards. Physical health is good but habits as very dirty. Seems to take a delight in handling his excrement & adorning his person with it. So however easily managed.

Disclo. 31/10/98

James Somerville.

From p: 378.

1903: July 10th: Keeps in wonderfully good health. Incitable and passionate when raised.

1904 March 1st: No change. In fair health.

1905 December 11th: In fair health. Went last week from Male Hospital to Sanatorium.

Dec. 18th Back to Male Hospital. Reason ?

CRICHTON ROYAL INSTITUTION

PATHOLOGICAL REPORT.

Case of Mr. Angelo Durand. *Register No.*

I. Date of Admission

Occupation

Age

Date of Death Found dead in bed at 18
7 am. on 25th March 1911.

Date of Post-Mortem Examination 27th Mar. 1911. 18

II. History of Case

III. External Appearances.—Height Circumference at Shoulders

P.-M. Lividity Moderate

Rigor Mortis Slight

General Nourishment Good.

Pupils Moderate

Skin Slight eczematous eruption on top of thighs at Scrotum.
Face much congested.

IV. Circulatory Organs.—(*a*) **HEART** weighed (after being opened) 12 oz

Pericardial Sac Contains nearly half a pint of dark blood - mostly clot.

Diams. and competency of Valves.		Size of Cavities and Thickness of Walls.	
Aortic =	*compt.* ~~incompt.~~	*Left Ventricle* =	The Walls of both Ventricles
Mitral =	*compt. or incompt.*	*Wall* =	Show fatty degeneration & dilatation
Pulm. Artery =	*compt.* ~~incompt.~~	*Right Ventricle* =	Heart substance pale, fatty & friable
Tricuspid =	*compt. or incompt.*	*Wall* =	On the wall of the left ventricle (running from the septum) there is a rupture, fully ½" long.

Cause of death. Rupture of heart into the Pericardium. Fatty degeneration of Heart some years.

(abdominal)

(c) Other Arteries or Veins

V. Respiratory Organs.—(a) Nares

(b) Larynx and Trachea

14/9/95. Pompous & proud: in all his actions & deeds he is the King that he believes himself to be. On most other subjects he converses rationally

29/12/95. Is "the King of Spain" still? by his carriage & manners he might well be a royal personage.

1.8.1901. Continues as before this regal notions regarding the Spanish Crown were rather hurt by a new patient some months ago talking to him in Spanish but he soon resumed his chief subject. Is very polite & civil as a rule. Physical health good.

1st Aug. 1904. He has always ~~regarded~~ regarded himself as being the King of Spain & his demeanour has always been of an exalted nature. At the present time he is in average physical health.

1st Sept. 1905. Remains quiet and a good deal enfeebled in his mind and is still delusional regarding his identity. He reads a great deal, making himself very comfortable on a couch, with rugs & overcoats. He is deaf. Smokes & enjoys good health.

3rd Sept. 1906. Has been kept out at Friars Carse.

1 Aug. 1906. Is still out at Friars Carse. Unchanged mentally. Being very delusional. Reads and Smokes. Quite happy. Is in good bodily health.

7 Jan. 1907. Returned from Friars Carse. Unchanged mentally and physically

Sept. 1907. Is back again at Friars Carse

10 March 1908. Mr. Durand shows no change. He spends the greater part of the day lying on the Sofa smoking & reading - and the rest of the day taking exercise round his "own Estate" He remains in good bodily health, but is very deaf -.

8 Dec 1908. Is unchanged mentally but keeps in excellent bodily health He was today brought in to Oakfield -

1 July 1909. Remains at Oakfield where he continues to do well. Lies most of the day on the sofa. Is in fair health. Is very deaf.

1 Nov. 1909. Remains at Oakfield where he occupies the sofa most of the day Reads & Smokes - Speaks little, but keeps well physically.

2 July 1910. At Oakfield, & quite unchanged mentally & physically.

10 Jan 1911. Unchanged mentally or physically. Still at Oakfield.

25 March 1911 Patient was this morning found dead in his bed: He had complained of a slight cold on the previous day, and went early to his bed: Otherwise he seemed quite in his usual.

(abdominal)

(*c*) **Other Arteries or Veins**

V. Respiratory Organs—(*a*) **Nares**

(*b*) **Larynx and Trachea**

(*c*) **Lungs**—Left weighed Pleural cavity

Right weighed Pleural cavity

VI. Cavity of Abdomen—(*a*) **Contents**

(*b*) **Peritoneum**

VII. Gastro-Intestinal Tract—(*a*) **Tongue**

(*b*) **Pharynx**

(*c*) **Œsophagus**

(*d*) **Stomach**

(*e*) **Duodenum**

James Steers. from page 658.

14/9/95. Mr. Steers has so far improved that by his own special request he was allowed to get up out of bed a month ago & move into the mid west. No bad result followed & he is daily gathering strength. The lung however is still dull to percussion & there are numerous râles very much of the character of those met with in bronchiectasis.

29/12/95. Mr. Steers is still going on well. He is up & moving about; the râles still continue & from their character there is more than likely a bronchiectatic condition of the lung. His people seem desirous of having him at home but Mr. Steers is very anxious to remain where he is

6.4.96 Left for home, not improved physically

865

William Howard from 54.

10/12/95. Is a most unscrupulous liar. Deceives whenever he can with advantage to himself. Steals & is totally devoid of all morality. His Eczema continues but it gets no chance for he removes the bandages & scratches his legs violently even until they bleed. Mentally unaltered & still masturbates.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name Richard William Arnold. Admitted 12 Aug: 1682.

Died on 22nd June 1911 at 2.30 p.m. P.-M. on 24th June at 10.45 am.

Mental Disease Secondary Dementia.

Cause of Death Carcinoma of lung - fully 6 mos,

General Survey.

P.-M. Lividity Present on abdomen. Sides of chest.

P.-M. Rigidity present lower limbs: Passing to upper limbs.

Nutrition Poor. Pupils Equal. moderate

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin Healthy.

Subcutaneous Fat Scanty

Bones

Joints

Muscles and Fasciæ } Nothing abnormal.

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Not examined.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium

Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity

Weight of Encephalon (M. 49 oz., F 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

William Toward from 54

Circulatory System.

Pericardium —

Heart (M. 11 oz., F. 9 oz.) 11 oz.

Cavities Rt. V. contains pale clot: dark clot in both auricles

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.)

Muscle Pale, flaky, but firm

Aorta and Vessels small patch of atheroma at root of aorta.

Respiratory System.

~~Left~~ R. Pleura —

~~Left~~ R. Lung (M. 21 oz., F. 15 oz.) 21 oz. Pale & emphysematous, ~~and~~ supr. lobe. Infr. lobe slightly oedematous. Healed tubercular gear & calcareous nodule, size of bean, at left apex.

~~Right~~ L Pleura — Lower lobe completely adherent to diaphragm & parietes

~~Right~~ L Lung (M. 24 oz., F. 17 oz.) 23 oz. Lower lobe, in 2/3rds. of its substance, is the seat of an irregular infiltrating malignant growth, apparently carcinomatous, & at one spot has broken down forming a small cavity of irregular shape, full of offensive grumous greyish & bloody fluid.

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.)

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.)

Right Kidney (M. 5¼ oz., F. 4¾ oz.)

Bladder and ureters

Generative organs and passages

Not examined

Microscopical Examination.

Signature of Assistant Physician George R. Jeffrey

Revd Alexander S. Willison (from 1886.)

12/12/95. Mr Willison continues well. He is a favourite with all. A gentleman whose word is to be implicitly relied on & whose advice is worth giving heed to. The writer has found it to his advantage, to have his friendship Mr Willison does everything that he takes in hand well, is scrupulously tidy & abhors laziness

Rev.d Andrew Black.

12/12/85. Mr. Black's delusions still continue. He is the Emperor, the Law giver etc. etc. but is denied his rights & authority. Says that his wine is stolen & that he never gets a drop of it, that his cigars are stolen & that two ounces of inferior tobacco weekly are substituted for them; that the tobacco he smokes is poisoned & requires an antidote. He maintains that his food is poisoned & that corpses are served up for dinner. In his own imagination he slays people by the hundred & you have only to displease him when he will write out an order for you to be killed in many extraordinary fashions or have a red hot poker thrust down your throat. Sometimes it is hard for one to know whether Mr. Black believes all he says or whether he is fooling me but there is no doubt that his delusions strange as they may be & implicitly believes by himself

David Lorimer (from 812)

12/12/95. There is no change in the condition of this patient. Still maintains that he has lost his manhood, that he is here for political reasons or to gratify the desire of Lady Elizabeth Mary Mann & Alderman E. Shotton, by whom he maintains he was adopted which is of course a delusion. Still hunts up the papers to see if there are any advertisements referring to him. Is at times very much troubled by piles.

1. 6. 96 Is exactly in the same condition as regards his mental condition. He works in the stores & makes himself generally useful. Occasionally he is excited & very talkative.

30. 6. 94. No change mentally: keeps asking continually when he is going to be discharged, is always more excited & talkative after church service. Physical health is fair.

1. 8. 1901 Remains exactly as before. Is constantly asking about his release & also for Tanmeth to restore his lost manhood. Is rather offensive in his remarks at times & gets very angry if suddenly pulled up. See Chr. C.B. p. 51.

SEE CHRONIC CASE BOOK.

1st Aug. 1904. He continues what he has done for many years to declare that he suffers from nervous debility, and he is always asking for something to be done for him. He works well in the clerk's office and is in satisfactory physical health.

22nd April 1905. Was today sent over to the Second House. V. Chr. C.B. pp. 51.

Andrew. Black from page 801

1.96

16 Oct. Still has the delusion that he is the Emperor & that he gets poisoned food. Constantly talks about killing, burning & hanging people Physically he is well. Has a double Aortic Murmur.

.6.94. He still holds to his delusions and in his own way acts upon them, getting those whom he dislikes destroyed in all manner of ways. His physical health is precarious he sometimes shows heart symptoms frequency to be toned up.

.11.94. Patient's Aortic disease has now gone on to the 2nd stage mitral regurgitation being developed from dilatation of the left ventricle. On auscultation there is a mitral systolic murmur. Today he is suffering from Dyspnoea + bronchitis with cyanosis of lips + nose and has been ordered to bed. Given Tabellae Nitroglycerini 1/100 gr ℥ every four hours to ease the circulation there being a danger that the heart may be overcome, also Whiskey ℥ij per day.

[illegible]

David Lorimer (from 812)

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Andrew. Black from page 801

196

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5.11.94. Mr Black suffered from occasional paroxysms of cardiac dyspnoea last night but managed to get a few hrs sleep. On the whole he is better today no signs of dropsy or backward pressure other than cyanosis & bronchitis

.11.94. Very little change in symptoms pulse is stronger rate 100 per min it has lost its Corrigan quality & become mitral being of small volume & rapid

8.11.94. Mr Black has been removed from the Low East to the High West to a warmer bedroom. He is much better heart is stronger pulse is of better volume rate 88 per min. Tabellae stopped & a mixt substituted

℞. Ammon Carb grs v
Sp Chlorof m xv
Tr Scillae m x
Inf Senegae ad ℥x
Sig ℥ ter in die

1.11.94. Patient is much better, his heart is stronger his pulse better. He suffers less from Dyspnoea & sleeps better at night. Treatment as above continued

22.11.97 Since last entry patient developed dropsy extending half way up the legs, digitalis in 10 m doses was

added to his mixture with good results
the dropsy has disappeared and his heart
condition & general condition are much improved
Heart murmurs are very pronounced on
auscultation, being Aortic & Mitral systolics
Pulse rate 96 regular & of fair tension

Died 18/8/98

George Radcliffe
From Page. 50

About the middle of February 20th 97 Mr. Radcliffe was removed from Hannah field to C.R.I. He is still mentally the same, says very little in any question & incoherent in his answers.
At present the Ascitis has developed gradually & he is confined to bed & only taking liquid diet: Heart very feeble bps dropsical especially the right.

9th March 97. Mr. Radcliffe getting a little weaker. Still able to talk a little & recognise people otherwise his condition is much the same.

12th March 97. Mr. Radcliffe is gradually sinking & getting weaker. Still takes fluid nourishment. Still recognises people & talks distinctly —

18th March 97. Mr. Radcliffe is still getting weaker and not taking his food so well. Still recognising people & talks distinctly. Oedema much more marked in the legs & lower part of the back.

April 10th 97 Patient has been gradually getting weaker weaker. This morning he had an attack of syncope which proved fatal

P.M. report see P.M. Book.

Hugh Anderson Gemmell

from page 630.

30.4.97. No perceptible change in this patient's condition. He is weak minded talks very little, is very inactive spends most of his time lying on the sofa. Physical condition is average he has had two attacks of Jaundice in the last 3 months.

20.8.97. Continues as above described. Physical health is good.

18.1.98. Patient was seized last night with violent colic, pain being referred to the Umbilicus. Judging from his past history and the fact that he had a touch of Jaundice the diagnosis of Biliary Colic was made. He was healed with Morphia which relieved the pain and he passed a fair night.
This morning he had a recurrence of the pain this temperature went up to 102°.4. Pulse 120. No signs of mischief to account for the temperature could be made out. He is confined to bed under antiseptic treatment. At 12 M. temp 103.6° Respirations 40. In the afternoon he broke out into profuse perspiration and the temperature fell to normal at night.

19.1.98. He has had a severe shake and is very weak but is free from pain and temp is normal.
Put on light diet.
℞.
Bismuth Subnit 3ij
Sodii Bicarb 3ii
Tr Rhei 3ij
Inf Gent Co. ad 3vi
Sig
3ij ex aq. t.i.d. p.c.

23.1.98. Patient is picking up slowly but is still very weak. temp 98.6° Pulse 48.

28.1.98. For the last two mornings he had a suspicious oedema of the conjunctiva with swelling of the Eyelids. Urine was examined and showed that Albumen was present. It was said to be 10% considerable deposit of Albumen & Blood.

30.1.98. Patient is under treatment for this Brights condition His diet is farinaceous with white fleshed and an

Hugh Anderson Gemmell.

abundance of liquid.

℞.

Potass Acetatis

Bicarb āā ℥ß

Sp. Ether Nit ℥iß

Tr. Hyoscyami ʒi

Decoct. Scoparii ad ℥vi

Sig

℥ß ex aq t. i. d.

30.1.98 This condition of Albuminuria is abating and is probably only temporary, his strength is improving and his urine shows only a slight trace of Albumin

26.2.98. All trace of Albumin has disappeared from the urine. His general strength improves satisfactorily

30.3.98. He is now able to go out on warm days and has nearly returned to his normal state.

30.4.98. There is no appreciable mental change. He is delusional and weak minded inactive and refuses to work. Physical Health is good.

31.5.98. Removed to the Intermediate Department in the above condition

February 7th 1900:- In good health at present: He has had no recurrence of the colic or jaundice: Mentally he is a quiet inoffensive inactive man - cannot be got to work. He still believes he is "poisoned" and is suspicious of any prolonged conversation. Still "employs" himself drawing heads of rams on every scrap of paper he can get. The memory is very poor: He sleeps well & eats well.

July 28th 1900:- In good health: no albuminuria at present: Still idle & suspicious being "poisoned". He refuses to work and has been subject at times to mild impulsive conditions striking those about him.

January 19th 1901:- In good health: It fat lazy & demented patient who never speaks to you nor answers questions: Inclined to be nasty & quarrelsome with the others at times: Refuses to do any work: Draws with a burnt match on lavatory paper but never gets beyond "Rams".

Jany 16th 1902: No change.

Hugh Anderson Gemmell.

1902: July 16th: No Change: a disagreeable & excitable man: still spends his time drawing on scraps of paper. Keeps in fair health.

1903. July 10th: shows no change. excitable, delusional & disagreeable at times. Keeps in fair health.

1904 March 1st: No change. delusional & incoherent. irritable & ~~and~~ suspicious. In fair health.

SEE CHRONIC CASE BOOK

William Thomas Crumpton
from page 804.

exaggerated reflexes and well marked ataxia and inco-ordination

4. 9. 98 Physical health weaker, put on Tonics & Malt Extract.

16. 10. 98. Is suffering from the initial symptoms of an attack of excitement, is markedly impulsive and dirty in his habits. Tonics stopped & sedatives given: removed from Mid West to Low West.

23. 10. 98. Very excited and violent; sleepless at nights

2. 11. 98 He impulsively hit a General Paralytic on the nose and had to be removed to the Low North

14. 11. 98. Is quieter, but irritable and impulsive

26. 11. 98. Has quietened down and been removed to the Mid West.

2. 12. 98 Had a sudden impulsive attack of excitement this morning, threatening some of the patients in the gallery, removed to the Low West.

given ℥iii Mist. Sennae Comp.

1. 4. 1901 Wm Crumpton is at present Excited. Very untidy & dirty in his habits. Impulsive & threatening towards strangers & then quiet & religious for a time. He is in the Low West. Physical health is not good but he takes his food fairly well.

15. 7. 1901 Patient has become much quieter & has been removed to the Mid West Gallery. There he behaves very well & is clean & fairly tidy. He talks rationally at times & is quiet & gentle. Physical health not good.

1st Aug. 1904. The alternating phases of excitement and depression still exist, and with the completion of each circle, the mental state of the patient has become more enfeebled. Now, he is considerably demented. At times he becomes acutely excited & noisy, but these attacks do not last for any lengthy time. He is pale & thin & does not obtain much nourishment from his food. Outside daily for walking exercise. He is unemployed.

1st Aug. 1905. Demented. incoherent. restless. Very untidy with his clothing. At times becomes a good deal excited, when he is very noisy & is kept in the Low West for meals.

1st Aug. 1906. Demented. At times restless & unsettled. but usually is fairly quiet. Does nothing. Thin & pale.

1 Jan. 1907. Remains unchanged mentally, but in fairly good bodily health although thin.

10 Oct. 1907. No change. demented & restless. very untidy. tears his clothes &c

1 Ap. 1908. Dementia slowly progressing. Is in the Mid West gallery & remains in fairly good bodily health.

10 Aug. 1908. No change mentally or physically.

30 Jan. 1909. Remains unchanged in any respect. Still in Mid West most destructive to his clothing. Very incoherent at times. Bt. fair

Mr Crumpton.

1 July 1909. No change. Still destructive & restless. Tears his clothing constantly. Is in Mid East gallery & is in fair bodily health.

1 Nov. 1909. This gentleman is now in the Low West gallery – keeps wonderfully well physically, but is quite unchanged mentally.

1 May 1910. This gentleman is at present undergoing a prolonged course of bad treatment, in order to try & cure him of his bad destructive habits.

2 to July 1910. Mr Crumpton has been up again for about 2 weeks and is a little less destructive.

15 July 1910. Again commenced tearing his clothing. Otherwise he remains quite unchanged mentally or physically.

20 June 1911. No change, but is less destructive –

10 Dec 1911. I.S.Q. Is in Low East.

20 Mar 1912. Nothing special to report, except that for many weeks he has been much quieter, & at present is not tearing his clothing. B.H. good. Eats & sleeps well.

It is possible that he is just a little depressed. *

1913. Baby 4. I.S.Q. Anger. As above –

1914. Mar 4. Occasionally restless & tears his clothes. Is now in Bungalow

Sept. 30. Very shaky & feeble –

1915 July 1. at Bungalow – has incontinence of urine – no distension of bladder – thin but not excessively weak – feeble minded

1916 Jany 28. in statu quo – derives some benefit from Ac Sod Phosphate

Feby 20. This morning Mr Crumpton fainted & fell, bruising his nose, lip & left cheek. He was put to bed. His heart was acting very feebly, he was very cold especly his extremities – ordered Liq Strychn & Whisky

" 21. Much better this morning after a better night pulse 78. rather water hammer type – still pale & cold – some oedema of bases of lungs.

" 22. Weaker this morning, heart's action worse – quite conscious, free from pain, taking light food – ordered Whisky & spt Am Aromat

At one o'clock I saw him again. he was getting weaker.

At 10/5 he died, without pain, unconscious at the last.

Alexander Robson - 106

February 7th 1900:- In good bodily health.
A fat fatuous dement, dirty in all his habits: He is quite incoherent in talk and the sounds he make are at times almost inarticulate. He is restless and unable to sit still at times. destructive of clothing &c
Slups & eats fairly.

July 28th 1900: No change mentally as above.
This case is interesting as being a case with hypertrophy of the scalp. This is fairly marked the transverse folds at back of vertex being most marked: The whole scalp is low & freely moveable & is thickened.

January 19th 1901:- No change: In good health
Is in the barrow squad: A big fat dirty demented incoherent patient.

Jany 18th 1902 No Change.

July 10th 1902. No Chang mentally. Has suffered from small callous ulcer on leg which has kept him in from the Barrow squad for some months. In 3rd Div. Health as usual.

May 10th 1903. No Chang. Has become too stout to work & somewhat failed in health. Appetite still voracious -

1904 March 1st: No chang. Continues in 3rd Div. In good health & has an excellent appetite for his food.

Died 8/10/05.

John Hector — 780

February 8th 1900:- The physical health is fair: He has a more or less chronic bronchitis and at times an acute asthma for this he has been getting Rp. Tpt Ether Lobeliae: Tr Rhei āā ℥i Aq ad ℥iij ℥p dos. He occasionally also gets quinine.
Mentally: he has a key and parole and wanders up & down grounds talking to himself. He is then very reserved and will not speak to anyone. He still goes to the kitchen for his meals refusing to take him from hall & then goes to his room with them. He heads voices and talks an rapid and almost unintelligible speech when replying to them: He is cute and clever when spoken to personally but his delusions are always present: "Influences work upon me & prevent me being the man I should be" "Can you assist me to the source of these influences? I have traced them to the head Lunacy Authority here." He becomes very threatening at times and says that "If I am convinced who is acting I would be justified in removing him". He has never however as yet attempted any assault.
When anyone passes him in the corridor or elsewhere he will suddenly say "what were you saying about my sister" "You said she was dead" &c. He writes to the General Board, to the Secretary for Scotland and to the Admiralty also at time. He sleeps only fairly: takes food also variably.

July 28th 1900:- Physical health is better than during the winter and he is a good deal out of doors. He is comparatively quiet also but his turns are even more marked than usual when he is hearing the voices: He has on several occasions lately threatened Mr Smith and has frankly said that if he did not consider Mr Smith the stronger man he would go for him. The electricity still acts on him, & we are the responsible agents:

January 19th 1901:- Not much change: Still threatening to kill the lunacy authorities if he could attach the blame to them. Occasionally comes pleasantly to ask for

John Stector

Black draught and quinine powders:
He has not been sending so many letters & documents lately & has not been so often to the 1st Source.

Jany 31st 1902 Not much change: Still raving about in reply to these voices & influences. If anything more reasonable & less abusive

July 10th 1902. Shows no change. Continues to have the same fixed delusions of persecution and unseen agency. Complains bitterly of his treatment here both day & night. Most unreasoning - In fair health.

1903 Jan: 15th: now confined to bed with failing heart & general dropsy. Still delusional & unchanged mentally.

1903 Feb: 1st: Gradually grown weaker & he died today.

Died

1st February 1903.

July 28th 1900 :— In good health : an enormous eater and very stout : He paints a good deal but is very eccentric about his work occasionally deserting it for hours at a time. He is much troubled by spirits annoying him and swears loudly at them as he passes through the grounds. He is a disagreeable and troublesome in many little ways. Fitty in many of his habits :

January 19th 1901 :— No change : Still occasionally breaks parole for a night : He is a big fat lazy man with much freedom which is now to be curtailed.

January 1902 Has been at Annexe for some time

FARM ANNEXE

1902 July 10. Continues at Annexe and he now assists the painter. Has become a most useful man & keeps in fair health.

1903. July 10 : Still works with painter & lives in Annexe. Keeps in excellent health.

See Farm Ann. Case Book p. 186

1909 July 12 Is living at the farm. An attack of gastro intestinal irritation & urticaria yesterday but generally in good health. A useful man & much liked.

1910 July 24 — Keeps in very good bodily health and makes himself very useful around the farm — paints carts etc. and does it well.

1911. Aug 12 — Is on the Farm. Does painting.

1911 Dec 14th. Archie has had very severe sciatica in his right leg for the last 6 weeks. It is considerably swollen. He is not able to get about but sites at the fire with his leg supported.

1913 March 29th. Archie keeps fairly well & takes good long walks each day. He still has the curious delusions of persecution, but otherwise is very well

F.A. C.B. pp. 186

Robert Beck - 162

January 19th 1901:- In fair health at present: an idle easy going dirty dement who never speaks & pays no attention in any way to his surroundings.

Jany 10th 1901 No change to report in any way quiet - very enfeebled dement.

1902 July 10th: No change & in fair health.

1903 July 10th: Growing thinner & health running down.

Dec: 28th: Gradually from weaker & he died today.

Died

28th December 1903.

William Falders Duffon — From P. 270

Dec. 1900. Mr. Duffon remains much as before only he has failed considerably in strength. He never goes outside now, & sits all day in the dining hall either writing what he calls his accounts or washing the dishes. He is very reserved & will not allow any one to touch him, he always wears a hat even at night & also his shirt & collar. He ~~never~~ rarely has a bath, & is altogether difficult to keep clean. However he is very quiet & no trouble if left alone.

His mental power has failed much & he is quite demented.

1901

Jan. 5th. This patient has not been able to pass water for two days, so today it was drawn off by catheter. The urine was quite clear. He has a very large much hypertrophied prostate & also two strictures so the catheter was not passed without some difficulty.

" 7th. Mr. Duffon made his water for two days, but tonight it had to be drawn off again. It was dark brown with blood. He complains of some pain in abdomen, nothing made out physically.

" 10th. His water has been drawn off twice a day, it has been dark brown all the time.

The pain in abdomen seems more severe this he does not complain much. On examination the abdomen was found rigid all over especially on L. side. Dullness present all over left side of abdomen, pain severe on palpation.

Pulse 120 temp. normal.

℞. Whiskey ℥ii every 3 hrs.

℞. Tinct. Opii ♏xv.

repeated at night.

" 11th. Slightly better, but pain still severe.

" 12th. About 7 P.M. he became much worse, Pulse very feeble respirations slow & laboured. Pain severe. Was not able to take much nourishment.

At 9 P.M. water was drawn off. ~~still very dark with blood evidently hemorrhage~~ is much clearer.

1901
Jan? 13th Mr. Sufton died at 7.30 Am. he had been gradually getting weaker for the last day or two.

P.M. showed a large ~~ulceration~~ abscess of the left kidney just below the capsule. this had caused the haemmorhage into the bladder by eroding an artery & then had caused severe haemmorhage into the subperitoneal cavity. A cavity was formed by the slow stripping of the peritoneum from the abdominal filled with several quarts of blood this is what caused the pain & dulness.

DIED

1902.
1903.
1904.
1907.
1909.

James Kilpatrick.

From p: 222:

1902. July 10th No change in this my Delusional old man Keeps in wonderfully fair health. and wanders about on parole.

1903. July 10th Keeps in fair health. Is obviously failing but slowly & he does not recognise this himself.

1904 March 1st In failing health but wonderfully active. will not take care of himself.

SEE CHRONIC CASE BOOK

Retransferred from Chronic Case Book. :-

1907. June 12th old James Kilpatrick took an apoplectic like seizure of a mild nature. on the 4th June. He is an old man & very frail & weak & after it he seemed so collapsed like that his recovery was regarded as being improbable. However he has 'picked up' again & 'tho' still in bed in the sick room is wonderfully bright again.

1907. July 17. This old man has become gradually weaker & died to-day.

Died 17th July 1907.

James Haining.

From p: 294.

1902. July 10th. No change in this excitable troublesome dement. Noisy at times, shouting & speaking to himself in a loud tone of voice. In fair health.

1903. July 10th. Shows no change. Works in barrow squad. A troublesome, excitable & untidy dement. In fair bodily health.

1904. March 1st: No change. Very troublesome & excitable dement. In fair health.

See Chronic case Book.

James Proudfoot No 2732

Admitted 30 June 1884 Case Book No 1 N.S Page 749
Sent to Annexe 14 Nov 1899

December 18th 1899:– "Slatchey" is in good bodily health. Mentally he is a talkative cheery dement he rambles on in a very incoherent manner about Edinburgh, France, money left him &c and neither head nor tail can now be made of his delusions: He works well with the mason's squad.

February 17th 1900:– Doing well. Still talking profoundly & learnedly on Spain etc.

July 24th 1900:– No change: a chatty pleasant hard working dement.

January 18th 1901:– In good health. a rambling incoherent pleasant and active dement.

January 28th 1902:– In good health, works well Still rambling & incoherent in talk and very excited. Easily guided. Has parole.

1903 Jany 10th: Continues to work with mason. a food natured, chatty man. incoherent & delusional. Kufs in good health.

July 10th: No chauf in "Slatchey", pleasant. amusing & chattering. most incoherent. Recognises old friends in all he meets.

1904 Jany 10th: Much the same in every way. Kufs in good health.

1905 Nov 26th No change of any sort in this patient. Very lazy at his work.

1910 ~~Apr~~ May. This patient is now at Sanatorium. He has well marked bronchial breathing – probably fibroid phthisis as his occupation was that of a stone mason. Mentally he is very much in statu quo but physically his condition is not nearly so good as it

1902.

1903.

July

James Proudfoot.

From p: 751.

1902. July 10th Continues at Anneal. No Chaufs mentally incoherent silly and delusional. Works with mason and Keeps in fair health.

1903. July 10th No Chaufs mentally. Keeps in good health.

Farm Anneal.

July 1910 See Chr. Case Book

William Tyfz.

continued from page 214

P[1]Aug. 1904. Was quite demented. Occasionally expresses the delusion that he is a woman and recently when he was put back on account of a slight cold he said that he was about to be confined. He does nothing. He is in fair physical health.

1st Aug. 1905. Has remained unchanged during the last 12 months. Has kept in average physical health. Says very little. does nothing requiring attention so that he is kept clean. Takes his food, and sleeps well.

1st Aug. 1906. Quiet and demented. says almost nothing. and does nothing in the way of employment. Takes his food, and sleeps well.

Alexander D. Tolmie

1918

May 2. Struck Mr Murdoch hard in the face, so Dr. E gave him a good talking to.

1919. Sept. 2. Extremely methodical – Allows no one in his room – Helps with work in gallery & billiard room. Studies the papers. but is not able for the long tramps he used to take – Delusions as ever –

1920 June 24th Very much I.S.Q. – Was in Glasgow Lately for a day S.W.E.

" Decr. 28th. Broke down with febrile attack & Diarrhoea
" Was found on floor behind door in the d.m. Still headstrong, & wilful. Ordered to bed – but persists in going to W.C.
30th. Told if he did not stay in bed would be put in L. East. Temp 101° in the p.m. Ordered Febrifuge.
31st. More amenable – promised to stay in bed. Fed on simple diet. Sorted clothes & bedding y. day. Dr. E to write relatives, as he is old & ill

1924. Has kept wonderfully well during past year. Extremely methodical. Eats & sleeps quite well. Hearts action very irregular

1925. Feb. 11 Has been failing for some time past. Confined to bed during past 2 days with retention of urine. Bladder distended. Getting much weaker. & is now troubled with hiccough. Very unwilling to keep to his bed.

Feb. 17th. Died at 12.15 A.M.

Senile Decay several years.
Cardio Vasc. degen. do. do.

No. P.M.

Abraham Henry Johnie.

continued from page 845.

1. 8. 06. Unchanged in any respect. Still eccentric in his behaviour and dress. Methodical in all his doings. Keeps aways Sundays. Goes away every now and then, when he thinks any thing ails him, up to 60 or 70 miles on foot. Is in good bodily health.

1. 9. 07 Unchanged. but Keeps in good bodily health. Methodical eccentric in his manner & actions.

1 April 1908. Absolutely no change mentally or physically. Visits the Medical Officer every morning with the same words, "Slept very well and my bowels are all right" —.

9 June 1908. Went out on pass today — for this holiday —

22 June 1908. Returned today, and thoroughly enjoyed his holiday.

1 Dec 1908. Unchanged in any respect. Is as eccentric as ever. A change to Parkfield was suggested to him, and all the arrangements were carried out. His "fitting" was done in the most eccentric way. At the last moment his feelings got the better of him, and he strongly requested to be left to die in the main building. "Sorry his to Parkfield would only hurry on his post mortem" — he was consequently allowed to remain, but was put in the High South. —

1 July 1909. Mr Johnie is quite unchanged, and still carries out his eccentric plans & habits: "Slept very well and my bowels are all right" — or "East wind & no sleep" are about the only remarks that he ever makes to the doctor, unless he has to ask for something. He does everything for himself, & considering his age, is wonderfully well.

1 Nov. 1909. About this gentleman there is nothing fresh to report. He is as eccentric as ever, and occupies rooms in the High South.

3 Mar. 1910. Remains unchanged.

29 July 1910. Quite unchanged mentally and physically he keeps in good health, but advancing years are beginning to tell a little, he has lost his "colour" and is constantly "bilious" —

3 Feb. 1911. D.S.Q. 10 Sept 1911. D.S.Q. 23 Dec 1911. D.S.Q.

30 March 1912. Quite unchanged in any respect.

1913. June 4. D.S.Q. Augs. D.S.Q.

Sept. 30. D.S.Q.

Mar. 4 D.S.Q.

1915. June 30. Mr Johnie keeps in good health, is methodical & is wedded to his ancient customs - is quiet harmless & rather touchy - every morning his greeting is "slept pretty well, bowels all right".

October 7. No change in Mr Johnie, active & healthy - his salutation today was "East wind & damp, pepper in the soup, no brown bread at night".

1916. Jany 24. Keeps in good health. occupies himself with little household duties - is very regular & methodical in his ways - On Boxing day he took a 20 mile walk in the country as he has been accustomed to do on that day for many years. Mentally unchanged.

1917. Jany 6. Little change in his condition of body or of mind. He did not take his usual walk on Boxing day.

1918 Jany 5. no material change - BH Gould.

6899

William Jones.

from p. 830.

12 December 1908. This gentleman is unchanged mentally. He is much demented and very feeble in his habits - Physically he is getting weaker as he gets older. Today he is complicated both with a severe chill, bronchitis and irregular heart - and his temperature is over 102°7.

14 Dec. 1908. Much better again physically. Has a cut over his right eye brow, the result of getting out of bed and falling —

30 Jan. 1909. Much better again, but is still in bed in the low word. Is getting very frail.

6 Feb. 1909. Not so well again - and seems to be steadily getting weaker.

18 Feb. 1909. Patient who for the past 10 days has been steadily going down died tonight at 11.45 p.m.

James Poursky Shee.

from p. 852.

10 Aug. 1908. Remains unchanged. Except that he is becoming feebler with advancing years.

30 Jan. 1909. Unchanged mentally or physically. Not nearly so acrobatic now as he is considerably weaker physically.

1 July 1909. Mentally unchanged, but physically is becoming more frail. During the Winter he had several "cardiac attacks" from which he always rallied wonderfully.

1 Nov. 1909. This old gentleman is now in the Low North with the nurses, and for the past few weeks has been kept in bed - chiefly to protect him from the cold. Still inclined to humbug "heads over heels", but is not quite so able now for his acrobatic performance. He keeps wonderfully well physically. Eats & sleeps well.

3 Feb. 1910. Still in the Low North and is unchanged.

10 July " Still alive, notwithstanding that all his burial arrangements have been made. Eats & sleeps well, tumbles "somersaults" when he gets the chance, and lies in bed all day, gazing at a book — the title of his former literary tastes. B. H. Good.

3 Mar. 1911. I.S.Q. 30 Dec 1911. In Low North. Quite unchanged.

30 Mar. 1912. Still in bed in Low North and is steadily getting feebler. At present suffers from ulcers on his legs.

1913. Very demented and stupid, and in feeble physical condition - In Low

Jany. 16. North - up for most of day.

Nov. 29. As in last note - now in S.R. in Bungalow -

1914. Mar. 16. Has a severe cold - Temp. was 104° now 99.5°. In bed. Very weak.

" 20. Better & in his usual condition - up for part of day -

April 9th Seemed quite well yesterday - up as usual - Visited at 11 p.m. & seemed as usual - But at 11.50 p.m. was found dead - pupils equal - no signs of any light - Cause - heart failure.

Died.

From p. 442. George Watt Grainger.

1 July 1909 This gentleman who is much enfeebled mentally presents no essential change, but remains in fair bodily health.
1 Nov. 1909. Remains quite unchanged mentally or physically.
10 July 1910. In the Low East & shows absolutely no change.
20 Dec. 1910. No change. mental or physical.
10 Mar 1911. I.S.Q. 20 Dec 1911. I.S.Q.
21 Mar 1912. Quite unchanged in any respect.
1913. Feb. 4. I.S.Q. Aug. 1. I.S.Q.
1914. Mar 4. I.S.Q. Sept. 30 I.S.Q.
1915 July 1. In Statu quo
1916 Jany 28. No change, still in L.E. in good Bodily Health
July 7. Has been rather cyanosed in the face, with slight swelling of the legs & weak irregular pulse - a heart tonic has greatly improved him, & he seems now to be in his usual health.
× Sep 23 - Today a fellow patient Mr McConnell pushed Mr Grainger in L.E. dining hall - Mr G fell thrust his right hip - Mr G was put to bed.
" 24 - The R leg is ~~helpless~~ powerless & everted - there is pain on pressure over the Gt Trochanter - the R leg is ½ inch shorter than the Left.
R leg put between sand bags, in bed.
Oct 2. Going on satisfactorily, mentally quieter
Dec 23. He gets up & spends the afternoons in the Dining Room He walks with difficulty, likes something to hang on to. He has greatly improved in Bodily health from the enforced rest in bed, especially his heart.
1917 Jany 6. No change since last report.
March 5. Gets about the ward very well by pushing a chair in front of him - can walk without support, but seems afraid to trust himself unaided.
1918 Jany 25. Walks fairly, with a limp - has noisy outbursts of shouting & swearing, usually in the night, - weight maintained - extremely demented.
1919. Aug. 30. Dull & stupid - occasionally shouting & excited & quarrelsome - suffers from hydrocele & needs occasional rest in bed to allow it to diminish. In failing health.

1920 May 25. Much in the same condition as reported
O.W.G.

1924 Jan. In L.E. Restless noisy - hallucinated & demented. Stabili lad. E & S satis. Has had his teeth attended to lately.

1925 Feb. Much the same as above. Very difficult patient at times. Restless noisy hallucinated & demented.

George Watt Grainger

1927. June. In Low East. Demented delusional & hallucinated noisy at night E & S well B H poor.

1928 May. Mentally & physically as above.

1929. Feb. 9th. Died at. 12-15. a. m.

Influenzal Broncho Pneumonia. 10 days

John Soul.

from Page 436.

1 Jan. 1907. This patient works in the low west gallery and cleans the corridors. He is a case of Dementia Insanity, but is now demented and incoherent.

10 Feb. 1908. Discharged Recovered. Sent to the First House, works well & and keeps in good bodily health.

1 July 1909. Remains incoherent, but is a useful worker - Remains in the First House - works in the Low West & corridors.

12. Septr. 1909. This patient remains in the same bodily & mental state. He works regularly in the First House.

He is now 15 steps at the II House near Special Dormitory.

10. March 1910. No change has taken place in the above mentioned patient. either mentally or bodily.

30 Mar. 1912. D.S.Q. Still works about the Head Attendants Office in the First House.

12-11-16. Continues to work at the 1st House. Demented quiet and cheerful. Is becoming more feeble.

1.7.17. No longer working at 1st House as he was suspected of pilfering. Has habit of hoarding up rubbish.

20-2-18. The sore near his eye (? malignant ulcer) has lately been increasing in size.

28-3-18. He is laid up in bed in Infirmary No with a small but deep ulcer of the leg. The leg had been considerably swollen and inflamed but this condition has now disappeared.

Transf. Gr. C.B. p. 367.

Charles E. Barker.

from p. 834.

10 July 1900. Still at Rockcliffe, and for many months has shown no mental change, except that lately he has not been quite so irritable.
31 July 1910. Returned to First House from Rockcliffe.
1 July 1911. Went to Rockcliffe today.
3 Aug. " Returned to Crichton Hall.
20 March 1912. No change except that his parole has been for the time suspended as he has been posting letters. Eczema rather worse, and at present he is having Soda Baths –
1 July 1912. Went to Rockcliffe today for a month –
1913. Feb. 4. I.S.Q. Aug. 1. As above.
1914. Mar 4. No change to record.
Sept. 30. As above –
1915 July 4. Has an attack of diarrhoea – & suffers from Chronic Psoriasis especially on the back – smokes a good deal, quiet & amenable.
8. Quite recovered from diarrhoea – rubbing Psoriasis with Salicylic & Sulphur mgt.
Dec 21/15 Today Mr Barker was in Dumfries getting tobacco & other things for Xmas. He bought 2 oz of Sulphur lozenges & liked the taste of them, so he ate them all, – in the night he had severe diarrhoea
Dec 26/15. Mr Barker is quite well & looks rather better for his exploit.
1916. Jany 24. Keeps in good form, attends the weekly dance & dances, greatly enjoyed the Xmas presents which were sent him, mentally unchanged
Apl 17. a Carbuncle has developed on the nape of the neck. Glycerin acid carbol poultice together with Ensol injected into the carbuncle have been used, &
May 3. Carbuncle doing well, slough come away, healing up
13. Quite recovered from Carbuncle, in usual health.
1917 Jany 6. Mr Barker has kept in good health, his psoriasis still present but not irritable, he eats & sleeps well, & takes a constitutional most afternoons
He is less irritable mentally, enjoys his cigars greatly
Mar 3. Keeps in good form, not attending the dances this year.
May 11. Went to Portpatrick with Att.t Chambers, staying at Mrs Campbell's boarding house –
June 1. returned today looking very well, enjoyed Portpatrick, where he was very comfortable
1918 Jany 25. Bodily health maintained, has put on weight lately – is much demented – walks to Dfries & back, has Parole, 10/- a week pocket money which mostly goes in tobacco.
His skin condition is much less troublesome – mentally unaltered
Feby 16. When washing today he turned giddy & fell, cutting his forehead above the Reye, (apparently cardiac faint) – 3 stitches were inserted & he was taken to L.W.
23. The cut is healed.
25. Mr Barker returned to his own rooms in H.N.

to 909.

Chas. E. Barker.

1918

Apl 22. Has seemed a little dazed at times – it was thought this might be due to Petit Mal, & so he was moved to L.W. for observation.

29. Moved back to H.N. No epilepsy noticed

1919. Sept. 2. Has had two similar attacks to above – both while seated at table – no convulsions – marked pallor & poor pulse for a few minutes. Probably heart attacks. Heart fatty & irregular. Is failing both in body & mind —

1920. March 30 – Usually I.S.Q. – but this morn^g the Attendant Carruthers reports his bed, was "wet", and poss^d Mr. B. had a fit. Advised to be kept in-doors, unless accompan^d.

" June 1st & Keeping very well – [illegible]

from p 407. Andrew Veitch.

has continued to increase in size - it is now about 1/2" in diameter. It is deeply fissured and occasionally bleeds. ? Rodent ulcer.
He is in a demented condition. B.H. Prov.

1917. April. The growth has increased somewhat in size.

1918. March. No mental change. and but little alteration in size of ulcer.

Chr. C.B.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name David Gorman.

Died on 29.5.18 at 7.15 a.m. P.-M. on 30.5.18 at 12 noon.

Mental Disease Dementia.

Cause of Death Broncho Pneumonia & Senile Decay.

General Survey.

P.-M. Lividity not marked

P.-M. Rigidity present

Nutrition emaciated. Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat diminished in quantity

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F. 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium

Heart (M. 11 oz., F. 9 oz.) 11 oz.

Cavities

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.) Mitral valve thickened & puckered.

Muscle soft.

Aorta and Vessels slight atheroma

Respiratory System.

Left Pleura Some recent dry Plewing.

Left Lung (M. 21 oz., F. 15 oz.) 30 oz Broncho Pneumonia of lower lobe

Right Pleura slightly adherent.

Right Lung (M. 24 oz., F. 17 oz.) 26 oz. Lower part a good deal congested. Old Tubercular Disease, now quiescent, at apex

~~Respiratory passages~~

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.)

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz., F. 5 oz.)

Right Kidney (M. 5¼ oz., F. 4¾ oz.)

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician

David Seaman from p. 122

1917. April 3. Now in bed at Methodist Home. Feeble bodily condition. Demented

1918 March 3. Feeble and bed ridden but goes on well in spite of his years.

1918. May 29. Died at 7.15 a.m.

~~First House patents in the Vol.~~
~~Feb. 1925.~~

~~Mr A. D. Yolanie p 899~~ Died
~~Mr G. W. Grainger p 904.~~ Died